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The Role of Parenting Practices in Adolescent Aggression and Impulsivity

Elizabeth G. Payne

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The Role of Parenting Practices in Adolescent Aggression and Impulsivity

by

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A Thesis
Submitted to the Honors College of
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Abstract

Parents have an influential role in adolescent development. Previous findings have found a relationship between parenting practices and adolescent behavioral problems. The purpose of this study was to analyze different parenting practices' influence on impulsive and aggressive behaviors in adolescents. This study uses data gathered from a unique population of at-risk adolescents from a military-style bootcamp who were asked about their parents' behaviors and their own behaviors. Findings from this study expand upon previous research on parenting practices by analyzing a specific population of at-risk youth and looking at specific forms of impulsive and aggressive behaviors. Data was collected through computerized questionnaires at the adolescents' residential facility. A total of 173 adolescents, consisting of 146 males and 27 females (63.8% Caucasian, 25.9% African American, 9.8% Other race/ethnicity), completed questionnaires asking about their upbringing when living at home and their display of aggressive and impulsive behaviors. The results found that positive parenting practices (e.g., parental involvement) were associated with fewer aggressive and impulsive behaviors. In contrast, negative parenting practices (e.g., inconsistent discipline) were correlated with more aggressive and impulsive behaviors. The results of this study could be used to promote healthier parenting practices for the betterment of adolescent development and parent-child relationships.

Keywords: parenting practices, adolescents, behavioral problems, aggression, impulsivity

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Dedication

I would like to dedicate this thesis to all who encouraged me along the way during this process. My family, friends, mentors, and colleagues were there for me through it all. I could not have achieved this without their unwavering support and belief in me.

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List of Abbreviations

APQ	Alabama Parenting Questionnaire
M	Mean
PCS	Peer Conflict Scale
SD	Standard Deviation
UPPS-P	Impulsive Behavior Scale
YCA	Youth ChalleNGe Academy

Chapter I: Introduction

Adolescence and Behavior Problems

Adolescence is a crucial developmental period filled with physiological, behavioral, emotional, cognitive, and social changes during puberty until emerging adulthood (Kipke, 1999, p. 1). During this period, adolescents develop knowledge, skills, relationships, and emotion regulation (Farley & Kim-Spoon, 2014). This time is also a period of many changes including levels of education, multiple jobs, and different living conditions (Zaky, 2016). Adolescence is defined as a period of development with social and independent exploration to find an identity that can produce unpredictable emotions and behaviors (Somerville et al., 2017). Professionals, like Kipke, studying this stage of development suggest that adolescents undergo a period of self-discovery to find one's individuality and sense of freedom. They tend to begin to separate from their parents and desire acceptance from their peers. By gaining a newfound independence, this allows the adolescent to learn to make decisions unassisted and overcome new challenges.

Adolescence is frequently defined as a time filled with more risk-taking due to this self-exploration. This causes the adolescent to participate in risky behaviors, such as experimentation with substance use and unsafe sex practices (Kipke, 1999, p. 10).

Because of these factors, adolescence is a key stage that should be understood in order to provide the best care as youth develop.

Adolescence is also associated with a higher probability for the development of emotional and behavioral problems when compared to other developmental stages.

Behavioral problems can coincide with emotional problems putting the adolescent at higher risk of substance use, risky sexual practices, poor academics, or suicide (Connell,

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2009). These emotional problems can be internalizing, such as anxiety and depression, or externalizing, such as violence and attention problems (Lorence et al., 2019).

Additionally, Kipke also noted that emotional and behavioral problems can cause consequences, including reduced school attendance, lower learning capabilities, violence, poorer social relationships, and substance use. Adolescents who suffer from these problems are at a higher risk of developing mental health problems in the future, which can inhibit daily living. Untreated behavioral problems can lead to the development of behavioral disorders and other mental health problems. Conduct disorders, attention deficit disorder, anxiety, and depression are common disorders seen during adolescence (Kipke, 1999, p. 40). Behavioral problems like these can cause an increase in violence and delinquent behaviors in adolescents due to the lack of emotional control. Adolescents who participate in violence and delinquent behaviors are more likely to become adult criminal offenders (Flannery, Hussey, & Jefferis, 2005, p. 416). These behavioral problems have negative consequences that continue into adulthood, including complications with family functioning, education, mental disorders, employment, substance use, and criminal acts (Magai, 2018). Since this stage is filled with many potential risks and harmful outcomes, it is important to understand the possible risks, associations, and causes that lead to these emotional and behavioral problems.

The most common behavioral problems seen in adolescents are substance use, behavioral disorders/mental health problems, violence, and delinquency (Kipke, 1999, p. 25). Substances used can include tobacco, alcohol, and prescription and illegal drugs. Adolescents experiment with substances to experience something new, but also due to peer pressure and to distract from problems at home. Continued substance use can lead to

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participation in other risky behaviors, such as unsafe sex, driving while intoxicated, and other social and health risks like school performance, memory deficiency, mental disorders, and even overdose/death (National Institute on Drug Abuse, 2020). Because drugs and other substances can be harmful to the well-being of an adolescent, it is important to monitor and research what leads to their use to help prevent use in the future.

Parenting Practices

Parents and their parenting practices have a major influence on an adolescent's emotional and behavioral development. Because adolescence is such a critical stage of life, adolescents should be treated carefully with parental guidance and compassion (Zaky, 2016). Parents have a major role in this critical stage of life by ensuring a healthy upbringing with a positive support system to provide the adolescent with a safe environment to develop and discover their identity (Shaw, 2014). Based on previous studies, parents have a major impact on how people develop, who we become, and the decisions we make as individuals. A strong parent-child relationship is key for healthy child/adolescent development (Kazdin, 2000). Healthy adolescent development includes positive self-esteem, academic success, social and communication skills, decision-making skills, and emotional control (Elmore & Gaylord-Harden, 2012). A strong parent-adolescent relationship involves low conflict, high levels of support, and open communication, which are important to have during an adolescent's emotional development. The lack of a strong bond between adolescents and parents can lead to substance use, risky behaviors, and physical and mental health problems (Shaw, 2014).

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This is why parents should be aware of their influence in order to maintain a strong, healthy bond with their adolescent.

Based on previous findings, there is no single dominant parenting practice, rather, it is a combination of practices that contribute to an adolescent's development (Aunola & Nurmi, 2005). Parenting practices can be measured in levels of affection, warmth, support, involvement, monitoring, and discipline. Parental displays of affection, warmth, and responsiveness are linked to better adolescent outcomes (Shaw, 2014). These positive outcomes include better communication skills, higher self-esteem, fewer psychological and behavior problems, improved academic performance, and healthier coping skills. Adolescents who have affectionate parents are less likely to engage in risky behaviors and to spend time with poor peer influencers (Child Trends Databank, 2002). Adolescents with affectionate and caring parents also tend to display fewer delinquent and violent behaviors and lower levels of social withdrawal and mental and physical problems (Oliver, Guerin, & Coffman, 2009).

Parental support is characterized by warmth, empathy, and acceptance, which in turn, creates a secure attachment with the parent. Support is seen as a vital factor in healthy adolescent development, especially within racially and socioeconomically minority communities. Supportive parenting is associated with fewer maladaptive behaviors and internalizing and externalizing behaviors. It is also correlated with higher levels of academic achievement and self-esteem. An inadequate amount of support can lead to feelings of alienation, hostility, lower self-esteem, and development of antisocial and risky behaviors (Elmore & Gaylord-Harden, 2012). Parental involvement is similar to support; however, support focuses on emotions by listening while involvement

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emphasizes quality time and interest in the adolescent's daily life. Involvement is associated with higher levels of confidence and self-efficacy, stronger academic performance, and better social skills (Ruholt, Gore, & Dukes, 2015).

Parental monitoring and rule-setting also play a significant role in preventing adolescent behavioral problems (Connell, 2009). By monitoring adolescents' activity and acquaintances, they are less likely to be involved in delinquency, risky sexual behaviors, substance use, and overall unsafe behaviors harmful to their well-being. Supervision is also associated with higher academic performance and a healthier home environment (Shaw, 2014). Rule-setting and discipline provides a safe and healthy environment to grow and learn while offering boundaries. Limit setting teaches the adolescent self-discipline, creates motivation, and influences smarter choices (Oliver et al., 2009). It also plays an important role in finding one's moral identity by learning what is right and wrong (Patrick & Gibbs, 2011). By further researching the influence of parenting practices on an adolescent's well-being, parents can recognize their role and apply beneficial practices associated with better outcomes for their adolescent.

Parenting practices can positively or negatively impact an adolescent's well-being. Some parenting practices can be beneficial to an adolescent's development, while other practices can be detrimental to their well-being. Positive parenting is defined as a continuous relationship between the parent and child that involves teaching, caring, guiding, communicating, and providing for the need of the child to successfully develop. Practicing positive parenting behaviors can lead to the development of a strong parent-child relationship, healthy environment for adolescent development, and fewer behavior problems (Seay, Freysteinson, & McFarlane, 2014). Some examples of positive parenting

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behaviors include warmth, affection, support, communication, and supervision. These behaviors are associated with less depression and greater confidence, future optimism, and school gratification. Negative parenting practices involve harsh discipline with lack of involvement, support, or care. These behaviors include strict rules with little to no affection, harsh punishments, little to no supervision, and lack of support (Smokowski et al., 2014). They are correlated with the development of problematic adolescent behaviors, such as substance use, delinquency, and externalizing and internalizing behavior problems (Dallaire et al., 2006). They are also linked to more depressive symptoms, anxiety, low self-esteem, little school satisfaction, and parent-child conflict (Smokowski et al., 2014). Parenting practices, both positive and negative, can have an influence on adolescents' impulsivity and aggression, which are further discussed in this review.

Impulsivity

Individual differences in impulsivity influence many risk-taking behaviors displayed in adolescents, and the most dangerous outcomes of these behaviors are linked to impulsive traits seen in the early stages of adolescent development (Romer, 2010). Impulsivity is defined as rash, risky thoughts or actions without the contemplation of consequences that are associated with unfavorable, rather than desirable, outcomes (American Psychiatric Association, 2013). Examples of impulsive behaviors seen in adolescents include participating in dangerous activities without consideration of how it will affect oneself or others, inability to overcome temptations, making unpredictable decisions, fighting, blurting out thoughts and interrupting others, and developing behavioral disorders. Behavioral disorders tied to impulsivity include borderline personality disorder, attention-deficit hyperactivity disorder, substance use disorders,

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eating disorders, and antisocial personality disorder (Bakhshani, 2014). High levels of impulsivity can lead to more risk-taking behaviors in adolescents, which can have detrimental outcomes due to not considering the consequences of those behaviors and actions.

Impulsive behaviors can have three multidimensional forms: acting without thinking, impatience, and sensation or novelty seeking. Acting without thinking is depicted by rash decisions without the thought of possible outcomes. Impatience is choosing a small, instant reward over a delayed, large reward in order to satisfy immediate gratification. Sensation-seeking is the experimentation in new and stimulating experiences and sensations despite possible harmful outcomes (Romer, 2010). Past research has shown that sensation seeking is one of the most frequent risk factors seen adolescent development (Pérez Fuentes et al., 2016). These impulsive behaviors are associated with an increase in substance use, injuries, and risky sexual behaviors (Romer, 2010). The continuation of impulsive behaviors can cause adolescents to become desensitized to long-term, negative effects of behaviors triggering an increase in behavioral problems (Bakhshani, 2014). Due to these factors, it is important to understand the effects and forms of impulsivity to recognize and prevent the continuation of impulsive behaviors.

Aggression

Aggression can often go hand-in-hand with impulsivity. With that said, not every impulsive person displays aggressive behaviors. Aggression can come in two forms depending on its motivation: proactive and reactive. Pérez Fuentes and colleagues define proactive aggression as purposeful actions to achieve a particular goal outside of physical

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violence, while reactive aggression focuses on emotional response to attack with plans to retaliate. Those who display proactive aggression tend to overestimate the possibility of helpful outcomes and belittle the possibility of punishment for their actions. Reactive aggression is associated with problems with emotion regulation, internalization symptoms, rejection from peers, and victimization (Pérez Fuentes et al., 2016).

Aggressive behaviors can be direct (physical) or indirect (relational). Direct aggressive behaviors intend physical harm, including hitting, punching, using weapons, or breaking things. Physical aggression is more frequently seen in males. Indirect aggressive behaviors intend to cause emotional harm by manipulating or damaging relationships or social status. Relational aggression is more common among females (Card et al., 2008). It is important to understand the different forms of aggression in order to protect not only the adolescent from their own behaviors, but also the targets of those aggressive behaviors.

Aggressive behaviors displayed by adolescents include physical violence, verbal and nonverbal intimidation (i.e., threats), bullying, gossiping, intentional destruction of property, violent crimes, and behavioral disorders (Card et al., 2008). Aggression in adolescents negatively affects development and creates damaging outcomes later in life. These effects include symptoms of anxiety and depression in reactive aggressors as well as the creation of antisocial and delinquent behaviors with impulse control in proactive aggressors. Many aggressive behaviors in adolescents result from exploratory behaviors of sensation seeking and risk taking, which can result in rule-breaking and negative consequences. This is due to the inability to control impulses and low levels of moral reasoning (Pérez Fuentes et al., 2016). These behaviors progress throughout adolescent

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development from less to more severe over time. They can also linger into adulthood causing further problems and conditions to arise, such as adult violence, criminality, and behavioral disorders including conduct disorder, attention-deficit hyperactivity disorder, oppositional defiant disorder, mood disorders, substance-related disorders, and personality disorders (Buka & Earls, 1993). Aggression can come in many, often subtle, forms, so it is essential to comprehend their effects on an adolescent's development to further prevent any destructive outcomes.

Current Study

In conclusion, parenting practices can influence many positive or negative behavioral outcomes in adolescents. However, minimal research has been conducted on the influence of parenting practices on impulsivity and aggression in diverse samples. The current study analyzes what specific parenting practices are correlated with impulsive and aggressive behaviors in adolescents. This particular sample involves at-risk adolescents in a military-style bootcamp environment who have displayed behavioral problems, underperformed academically, experienced a difficult home life, and/or been involved with the legal system. Based on previous findings, there are anticipated outcomes when investigating this topic. The first hypothesis of this study is that positive parenting practices, such as warmth, affection, support, communication, and monitoring will be associated with fewer adolescent impulsive and aggressive behaviors and other behavior problems. Conversely, the second hypothesis is that negative parenting practices, like harsh or overly lenient parenting will be linked to higher levels of aggression and impulsivity and other behavioral problems. By further examining these particular practices and their effect on impulsivity and aggression, researchers can better

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understand potential causes of adolescent behavior problems and further inform parents of beneficial parenting practices for healthy adolescent development and the prevention of behavioral problems.

Chapter II: Method

Participants

Data for this study was conducted at Camp Shelby's Mississippi National Guard Youth Challenge Academy (YCA). The YCA is a military-style boot camp intervention program that was first introduced in 1994 and has grown in popularity due to its successful outcomes for youth. The program is for at-risk adolescents aged 16-18 who have underperformed in traditional academic settings, displayed behavioral problems, experienced a difficult home environment, or who have had contact with the legal system. Adolescents voluntarily agree to participate in the 22-week residential program. The goal of this program is to instill self-discipline, education, values, responsibility, physical fitness, leadership, community service, and other life skills that are needed to become successful members of the community and society. To do so, the program provides education, job training, military training, discipline, and counseling to its participants. The program also provides each participant a mentor to provide support, advice, and to monitor the progress of the adolescent. By providing this style of intervention, the program hopes to reduce the number of high school dropouts in the state. The program strives to provide a safe, enriching environment for adolescents who may have come from a difficult upbringing to transform into productive individuals. Data collection began with the adolescents who enrolled in the program in spring 2016 and continued until the end of 2016.

Demographic Information. One hundred and seventy-four of individuals from the Youth Challenge Program participated in this study. The age of the participants ranged from 16 to 19 years of age. Of these participants, 146 identified as male and 27 identified

as female. In terms of race and ethnicity 111 identified as White/Caucasian, 45 as Black/African-American, and 17 as Other. To collect this information, participants completed a demographic questionnaire asking about race, age, sex, and other demographic information. In addition to this, the questionnaire also asked about why they chose to join the program and who primarily raised them.

Measures

Alabama Parenting Questionnaire (APQ; Frick, 1991). The APQ measures several dimensions of parenting that have corresponded with the etiology and treatment of child and adolescent behavioral problems and delinquency such as: positive parent involvement, supervision and monitoring, consistent discipline techniques, positive reinforcement, and use of corporal punishment. There is both a parent and child version of the form, however, since the parents were not available, only the child report version was answered for this study. The APQ child report version consists of 42 items with five subscales of involvement, positive parenting, poor monitoring/supervision, inconsistent discipline, and corporal punishment. Each question had a rating scale of 5 options. For example, “Your parents do not punish you when you have done something wrong.” Participants response on a 5-point scale: *1 = Never, 2 = Almost Never, 3 = Sometimes, 4 = Often, 5 = Always*. The measure is scored by summing together all the items in a given parenting dimension. Higher scores indicate a greater use of that parenting dimension.

Peer Conflict Scale (PCS; Marsee et al., 2011). The PCS measures aggressive behaviors displayed in children and adolescents. The scale assesses the different forms and functions of aggression, such as Physical Proactive Aggression, Physical Reactive Aggression, Relational Proactive Aggression, and Relational Reactive Aggression. The

specific questionnaire used for this study was the Youth Self-Report version. To analyze each form of aggression, it uses the same number of items, similar rating formats, and the same level of severity across all four subscales. In total, the PCS includes 40 items, with 20 items each to assess for reactive aggression and proactive aggression. Within these 20 items for reactive aggression are 10 items measuring for reactive physical and 10 items for reactive relational. For the 20 items measuring for proactive aggression, 10 items accounted for proactive physical and 10 items for proactive relational. Each item, for example “I start fights to get what I want,” is rated on a 4-point scale: *0 = Not at all true*, *1 = Somewhat true*, *2 = Very true*, *3 = Definitely true*. Scores are computed by summing together responses for each item on all four subscales. Higher scores imply a higher level of aggression present.

UPPS-P Impulsive Behavior Scale (UPPS-P; Lynam et al., 2006). The UPPS-P is a scale that includes subscales measuring Negative Urgency, Premeditation (lack of), Perseverance (lack of), Sensation-Seeking, and Positive Urgency. The model on which this measure is based suggests that impulsivity is multi-dimensional and contains five different factors. There are three versions of this measure: English 59-item version, English short version, and child version. The English 59-item version was used for this study. It is composed of 59 items with 10-14 items per scale. The measure consists of 2nd order and 1st order factors with the 1st order factors categorized under the 2nd order factors. The 2nd order factors contain certain 1st order factors, which are the previously mentioned impulsive personality traits: Emotion Based Rash Reaction (Negative and Positive Urgency), Sensation Seeking (Sensation Seeking), and Deficits in Consciousness (Premeditation and Perseverance). Items such as “I have trouble controlling my

impulses” are scored on a 4-point scale: *1 = Agree Strongly, 2 = Agree Some, 3 = Disagree Some, 4 = Disagree Strongly*. This measure is scored by averaging together item scores from each scale. The higher the value recorded, the higher the level of impulsivity.

Procedure

Before collecting data, permission was granted for research to be conducted in the program by the program director, who serves as *guardian ad litem* for youths enrolled in the program and thus was able to provide informed consent for adolescents under age 18 to participate in the study. Participants who were 18 years old provided informed consent and participants under 18 provided assent. Program residents who declined to participate were not disciplined for doing so. The procedure of consent and data collection process was approved by the university’s Institutional Review Board.

Data was collected through computer surveys administered in a classroom on-site at the program. The surveys were taken in groups of 15 participants at a time under supervision by undergraduate and graduate students involved in the research study. The battery of measures consisted of the measures for this study (i.e., APQ, PCS, and UPPS-P) and other questionnaires included as part of a larger research project. Questionnaires were distributed into four sessions that lasted around 45 minutes each.

Data Analysis

The complete data file was reviewed and any participants who did not complete one of the primary measures of interest for this study (i.e., APQ, PCS, UPPS-P) were removed from the file. The demographics of the remaining participants were analyzed

and bivariate correlations between parenting practices and scores on the outcomes measures were conducted.

Chapter III: Results

One participant (0.6%) was removed from data analyses due to missing data. This left a sample of 173 adolescents aged between 16-19 ($M = 16.7$, $SD = .741$). Of these adolescents, 83.9% identified as male and 15.5% identified as female. In terms of race and ethnicity, 63.8% identified as White/Caucasian, 25.9% as Black/African American, 2.3% as Hispanic/Latino, 0.6% as Asian/Pacific Islander, 0.6% as American Indian/Alaska Native, 5.2% as Multiracial, and 1.1% as Other.

Regarding the participants' living situation before joining the program, 18.4% reported living with both biological parents, 57.5% reported living with one biological parent, and 23.6% reported another living situation not with a biological parent (i.e., relative, foster parents, foster care, living shelters, etc.). Primary caretakers were recounted as 44.8% raised by solely their biological mom, 7.5% raised by only their biological dad, 27.0% raised by both their biological parents, and 20.1% raised by someone else.

The participants reported on their legal history with 35.6% reporting having been arrested and 63.8% with no previous arrests. They also reported their educational history with 81.6% having dropped out of school and 16.7% never dropped out; an additional 1.7% participants did not report their drop out history.

Bivariate logistic regression tests were used to determine how parenting practices influenced different adolescent behaviors. To do so, parenting practices were inserted as the independent variable, while either an aggressive or impulsive variable was entered as the dependent variable. Shown in the tables below, findings indicated multiple significant

relationships between parenting practices and aggressive behaviors, and few significant relationships between parenting practices and impulsive behaviors.

Table 1 displays the correlations between certain parenting practices and types of adolescent aggressive behaviors. Results indicated that positive parenting practices had a significant effect on reactive overt ($r = -.207, p < .01$), proactive overt ($r = -.255, p < .01$), reactive relational ($r = -.149, p < .05$), and proactive relational ($r = -.200, p < .01$) aggression. This suggests that the implementation of positive parenting practices may lessen the display of aggressive behaviors, and vice versa. Inconsistent discipline showed to also have a strong relationship on reactive overt ($r = 2.00, p < .01$), proactive overt ($r = .169, p < .05$), reactive relational ($r = .250, p < .01$), and proactive relational ($r = .226, p < .01$) aggression. These results suggest that inconsistent discipline may have an influence on the display of more aggressive behaviors. Poor monitoring by parents was associated with the display of reactive overt aggressive behaviors ($r = .279, p < .01$). Findings also showed that mother involvement had a more significant effect on the reduction of aggressive behaviors as compared to father involvement, and overall parental involvement showed to have an influence on the reduction of aggressive behaviors.

Table 1: *Correlations between parenting practices and aggression variables.*

	Reactive Overt	Proactive Overt	Reactive Relational	Proactive Relational
Parent Involvement	-.191*	-.244**	-0.132	-.172*
Positive Parenting	-.207**	-.255**	-.149*	-.200**
Poor Monitoring	.276**	.167*	0.109	.175*
Inconsistent Discipline	.200**	.169*	.250**	.226**
Mother Involvement	-.224**	-.252**	-0.138	-.163*
Father Involvement	-0.105	-.174*	-0.093	-0.134
Corporal Punishment	0.048	0.046	0.065	0.079

*p < .05, **p < .01.

Table 2 indicates the relationship between specific parenting practices and types of adolescent impulsive behaviors. Findings implied that only poor monitoring, inconsistent discipline, and mother involvement had a significant relationship with negative urgency and positive urgency. Poor monitoring showed to have a significant effect on negative ($r = .246, p < .01$) and positive ($r = .202, p < .01$) urgency. Inconsistent discipline also had a significant effect on negative ($r = .220, p < .01$) and positive ($r = .280, p < .01$) urgency. These results suggest that the implementation of these, or lack thereof, may cause an increase, or decrease, in negative and positive urgency impulsive behaviors. Mother involvement also showed to have an effect on negative urgency ($r = -$

.166, $p < .05$). Other parenting behaviors and impulsive variables did not show to have a significant correlation.

Table 2: *Correlations between parenting practices and impulsivity variables.*

	Negative Urgency	Lack Premediation	Lack Perseverance	Sensation Seeking	Positive Urgency
Parent Involvement	-0.08	-0.091	-0.061	-0.022	-0.007
Positive Parenting	-0.139	0	-0.015	-0.03	-0.059
Poor Monitoring	.246**	0.14	0.062	0.138	.202**
Inconsistent Discipline	.220**	0.077	0.097	0.074	.280**
Mother Involvement	-.166*	-0.026	-0.011	-0.074	-0.101
Father Involvement	0.004	-0.119	-0.096	0.034	0.066
Corporal Punishment	0.113	0.032	0.03	0.022	0.118

* $p < .05$, ** $p < .01$.

Chapter IV: Discussion

Overall, findings demonstrate that parenting practices do have a significant role in adolescent impulsive and aggressive behaviors. In summary, positive parenting practices were associated with fewer aggressive behaviors and negative parenting practices were associated with more aggressive behaviors. Similarly, adolescents who reported having more parental involvement also displayed fewer aggressive behaviors and vice versa. Contrastingly, those who indicated poor monitoring and inconsistent discipline by parents showed more aggressive behaviors than those who did not. Mother involvement, or lack thereof, also showed an effect on the presence or absence of aggressive behaviors by adolescents, and father involvement only affected the display of proactive overt aggressive behaviors. Parenting practices had fewer effects on impulsivity; however, there were still some significant relationships. Adolescent negative and positive urgency were affected by poor monitoring and inconsistent discipline. The mother's involvement only affected negative urgency.

Previous literature has shown that adolescence is an impressionable developmental period. Due to this impressionability, adolescence has been found to be associated with a higher probability of developing behavioral problems (Connell, 2009), leading to long-term and short-term consequences that put their safety, mental and physical health, and development at risk and can linger into adulthood (Kipke, 1999, p. 30). Furthermore, studies have found that parenting practices can have positive or negative effects on adolescent behavior (Shaw, 2014). This study's findings build upon this prior literature by analyzing how certain parenting practices affect specific forms of

adolescent aggression and impulsivity. The findings support prior studies on the correlation between positive parenting practices (i.e., involvement, support, supervision, positive discipline) and fewer behavioral problems (Smokowski et al., 2014).

Additionally, these findings are consistent with previous studies on the influence of negative parenting practices (i.e., lack of involvement, poor monitoring, inconsistent discipline) on delinquency, violence, and internalizing and externalizing behavior problems (Dallaire et al., 2006). These results also align with previous research on how poor monitoring and rule-setting by parents can have an influence on adolescent behavior problems (Connell, 2009), in this case, impulsive and aggressive behaviors. Even though the parenting practices analyzed in this study did not significantly affect every form of aggression and impulsivity, the results still suggest that certain parenting practices play a role in the development of adolescent behavior problems.

One particular strength of this study is the specific population (i.e., at-risk adolescents from a military-style bootcamp) which has not been extensively researched in previous literature. Another strength of this study is the simplistic comparisons between specific forms of each adolescent behavior used (forms of parenting practices vs. forms of aggression and forms of parenting practices vs. forms of impulsivity). By doing this, it is easier to see how each parenting practice and form of adolescent behavior is being affected rather than comparing parenting, aggression, and impulsivity as a whole. A limitation of this study is that only the adolescents' perspective was recorded instead of both the parent and adolescent. Another limitation of this study is that adolescents generally report less father involvement as compared to mothers. Since fewer adolescents reported father involvement, these findings are less certain than the other responses.

To build upon these findings, future studies should compare parenting practices and their effects among more diverse samples, such as adolescents from different cultures, socioeconomic backgrounds, sexual orientations, and religions/spiritualities, or analyze specific samples like this study, such as adolescents in juvenile detention centers or correctional facilities. Future research should also include the perspective of the parent when gathering data. Furthermore, future research could analyze parenting practice's effects on other forms of behavioral problems, risky behaviors, or outcomes of particular behaviors.

In closing, this study sought out to determine how parenting practices influence adolescent impulsivity and aggression. It is concluded that parenting practices do have an effect on the prevalence of the presence or absence of these problem behaviors. Because of these findings, researchers and parents can better understand which practices are correlated with negative or positive adolescent behaviors and, therefore, limit or implement those practices. These findings promote a healthier parent-child relationship and the implementation of improved parenting practices for the betterment of adolescents' development and their future.

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