

***Family Matters:
The Importance of Family Social Support, Feeling Valued, and Family
Cohesion in Promoting Positive Adolescent Development***

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I. The Need for Strengthening Families

Strong families are essential to positive development,¹ including avoiding problems such as academic failure and mental disorders that may have implications for life-long functioning. The family exerts a powerful influence on the developing child and this impact continues into adolescence to a greater degree than previously believed.^{2,3} Yet, at the same time, there has been a decline in the quality of the child-family environment.⁴ Gaining a better understanding of the potentially modifiable health-promoting features of the family will ultimately aid in the development of science-based parenting programs to help strengthen families.

Most previous research on the protective aspects of the family has been conducted in samples of high risk youth (e.g., children and adolescents experiencing trauma). Findings generally show that supportive, cohesive families help decrease the risk for negative outcomes among those considered at risk.⁵⁻⁷ Yet few studies have sought to identify aspects of the family that promote positive development among children and adolescents who are not at high risk for poor outcomes, but may nevertheless experience later difficulties. To help fill this critical void, we investigated possible modifiable elements of the family environment that may be associated with healthy development in a community population as a whole, rather than a group selected due to having risk factors for poor mental health and compromised adaptation. We focused specifically on the relationship between family factors, from childhood (age 9) and mid-adolescence (age 15), and important areas of late adolescent functioning (age 18). The family factors selected for study encompass three major areas: (1) family social support, (2) feeling valued by family members, and (3) family cohesion. These factors were chosen because they reflect characteristics of “healthy families” hypothesized by researchers and practitioners to promote healthy development in children and adolescents.⁸ Functioning in late adolescence was assessed by a comprehensive array of measures indicating how well adolescents achieved the developmental tasks that characterize a successful transition to adulthood. These indices of age-appropriate functioning included four domains: (1) academic functioning, (2) current mental health status, (3) evidence of suicidal behavior, and (4) social, psychological, and behavioral functioning.

II. Study Overview

Sample

Our findings come from our community-based study, the Simmons Longitudinal Study (SLS), that has traced the life course of a single-aged cohort from childhood to adulthood. The SLS, located at the Simmons College School of Social Work in Boston, Massachusetts, is one of the longest-running and most comprehensive mental health studies in the U.S. We have followed a single-aged working class Massachusetts group (400 participants) from early childhood (age 5), through adolescence (15-18), to adulthood (age 30). Data were collected from multiple informants at eight major time points. This report focuses on data from three time periods: age 9 (1980), age 15 (1987), and age 18 (1990). Information on hypothesized family health-promoting factors was collected at ages 9 and 15 while several aspects of late adolescent functioning were assessed at age 18.

A total of 386 participants (195 males and 191 females) were included in the current analyses. At age 18 most participants were seniors in high school. Almost all participants were white (98%) and the socioeconomic status of their families was predominately working or lower-middle class.⁹

Information Gathered

Assessments of hypothesized family health-promoting factors and functioning in late adolescence were based on self-reports, mother reports, and school records.

Family Health-Promoting Factors at Ages 9 and 15

Family social support. At age 15, participants were asked to indicate whether immediate family members (parents and/or siblings) were available to: (1) provide advice, and (2) act as confidants. Open-ended questions asked participants: “Who would you go to if a situation came up when you needed some advice?” (Advice) and “If you wanted to talk to someone about things that are very personal, who would you talk to?” (Confidant).¹⁰ The family was considered to be available if participants identified at least one parent or sibling in response to these questions.

Feeling valued by family. At ages 9 and 15, participants’ perceptions of being valued in the family were evaluated by true/false items such as “I am an important member of my family” and “I am a disappointment to my family”.¹¹

Family cohesion. At age 15, participants and their mothers provided evaluations of cohesion in the immediate family (parents and siblings) by rating items on a 5-point scale (from “almost never” to “almost always”) such as “Family members feel very close to each other” and “Family togetherness is very important”.¹²

Functioning in Late Adolescence (Age 18)

Measures of current functioning at age 18 were designed to capture a full array of age-appropriate developmental tasks characterizing late adolescence. These measures reflect areas of current functioning, such as dropping out of school and mental disorders,^{13, 14} that may continue to have an impact on quality of life well beyond adolescence into adulthood.

Academic functioning. Six indicators of academic functioning were based on self-reports and school records. These indicators included both positive aspects of academic functioning (i.e., earning good grades (A or B average), receiving honors, and planning to attend college in the next year), as well as academic and school-related difficulties (i.e., failing ≥ 1 courses, dropping out of high school, and being suspended or expelled in the past year).

Current mental health status. At age 18 we obtained diagnoses of current (1-year) disorders for three serious problems among adolescents: (1) major depression, (2) alcohol abuse-dependence, and (3) drug abuse-dependence.¹⁵

Suicidal behavior. We assessed both current thoughts of suicide as well as lifetime suicide attempts. Participants were coded as having suicidal ideation if they endorsed the statement “I think about killing myself but I would not do it” or “I want to kill myself”,¹⁶ or provided a “somewhat” or “very true” response to the statement “I think about killing myself”.¹⁷ Lifetime suicide attempts by age 18 were determined from a positive response to the question “Have you ever attempted suicide?”

Social, psychological, and behavioral functioning. *Self-esteem* was measured through adolescent reports of the extent to which they agreed with statements such as “I feel that I have a number of good qualities” and “On the whole, I am satisfied with myself”.¹⁸ *Interpersonal problems* were assessed by a

scale that asked adolescents how often they experienced problems such as “not having enough close friends” or “having problems communicating with others”.⁹ *Internalizing and externalizing behavior problems* were assessed by self-reports.¹⁷ Internalizing difficulties reflect problems such as withdrawn behavior, somatic complaints and anxious-depressed behavior, while externalizing behavior includes problems such as delinquency and aggressiveness.

Analyses

Analyses were conducted to examine the association between each hypothesized family health-promoting factor and each aspect of late adolescent functioning. This reflects our goal of identifying several different types of family factors that promote healthy functioning across multiple domains of development, and which may serve as foci for programs designed to strengthen families. Based on our findings from our previous work with this study group,^{19, 20} we also examined whether the relationship between family factors and functioning differed for males and females. Only those findings that were found to be statistically significant are presented below.

III. Important Findings

Family factors from as early as age 9 were found to be significant predictors of age 18 functioning. All of the hypothesized family health-promoting factors were linked to multiple areas of functioning at age 18, but the patterns of association differed by type of family factor. Also, while the relationship between these family factors and areas of later functioning were largely similar for males and females several exceptions were found.

Family Social Support

Participants who believed they could rely on family members for *advice* differed in a number of meaningful ways at age 18 from their peers without this type of support. These differences were found across all four areas of late adolescent functioning. Specifically, we found that having a family member available for advice:

Positively Predicted...

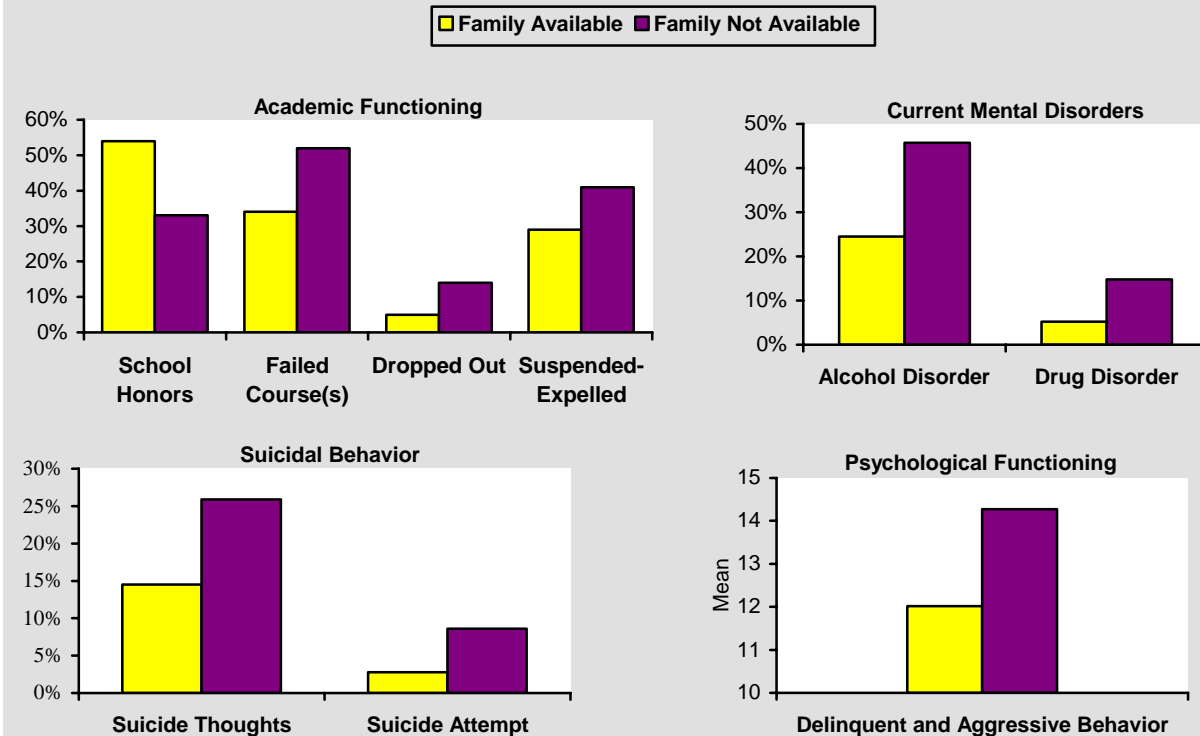
- Achieving scholastic honors and awards

Reduced Risk for...

- Failing courses
- Dropping out of high school
- Being suspended or expelled from high school
- Alcohol abuse-dependence
- Drug abuse-dependence
- Thoughts of suicide
- Suicide attempts
- Delinquent and aggressive (“externalizing”) behavior

Significant Findings:

The Relationship between Family Social Support at Age 15 (Advice) and Areas of Age 18 Functioning



The availability of parents and/or siblings as *confidants* at age 15 also impacted late adolescent functioning in many areas similar, but not identical, to those found for family advice. We found that having a family confidant:

Positively Predicted...

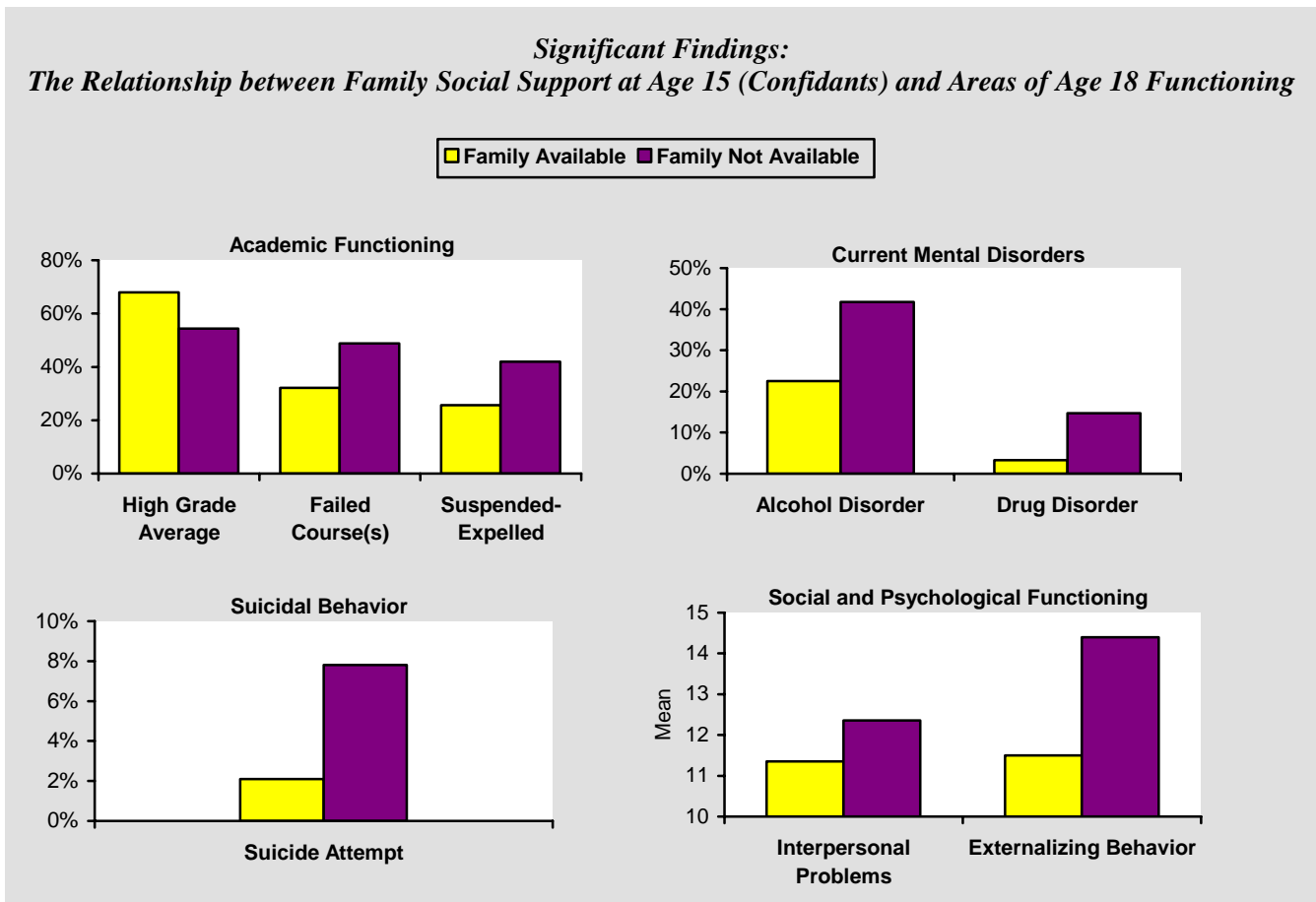
- High grade average (A or B)

Reduced Risk for...

- Failing courses
- Being suspended or expelled from high school
- Alcohol abuse-dependence
- Drug abuse-dependence
- Suicide attempts
- Interpersonal problems
- Delinquent and aggressive (“externalizing”) behavior

Significant Findings:

The Relationship between Family Social Support at Age 15 (Confidants) and Areas of Age 18 Functioning



Feeling Valued by Family

Perceptions of being valued by family members at **age 9** played a significant role in promoting good social, psychological, and behavioral functioning at age 18, and in greatly reducing the risk for current mental disorders and suicidal behavior. This factor, however, was not linked to academic outcomes.

We found that feeling valued in the family at age 9:

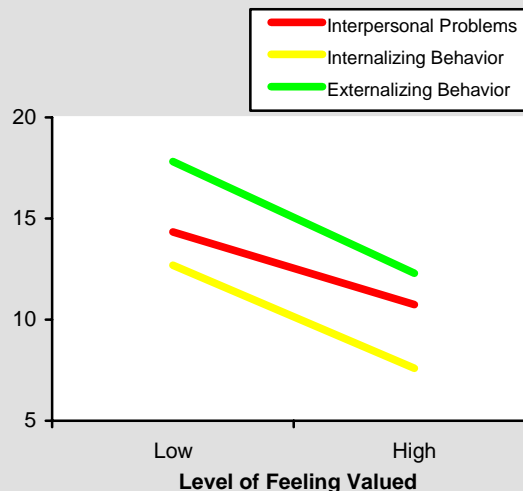
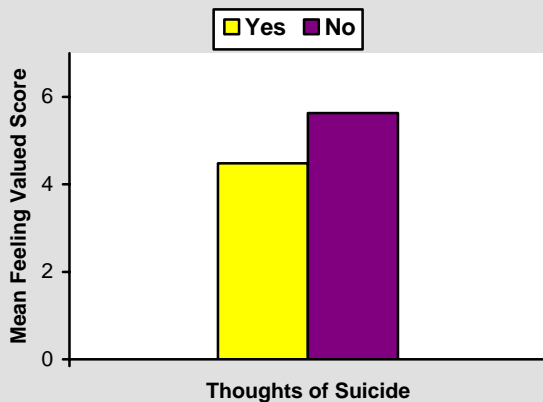
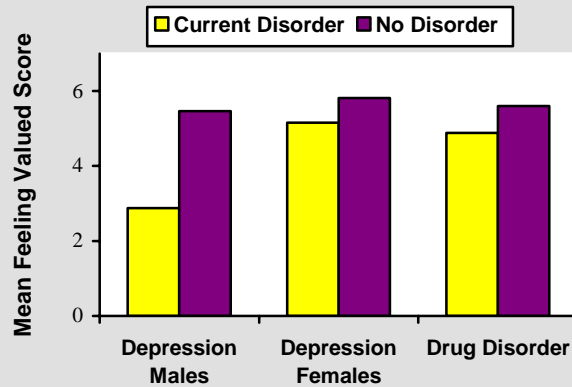
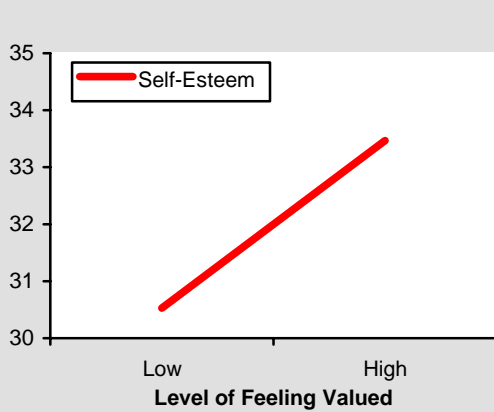
Positively Predicted...

- Self-esteem

Reduced Risk for...

- Depression, especially for males
- Drug abuse-dependence
- Thoughts of suicide
- Interpersonal problems
- Withdrawn and anxious-depressed (“internalizing”) behavior
- Delinquent and aggressive (“externalizing”) behavior

***Significant Findings:
The Relationship between Feeling Valued in the Family at Age 9 and Areas of Age 18 Functioning***



Feeling valued by the family at *age 15* was also strongly related to functioning at age 18, in an even larger number of areas of functioning than feeling valued at age 9. Feeling valued in the family at age 15:

Positively Predicted...

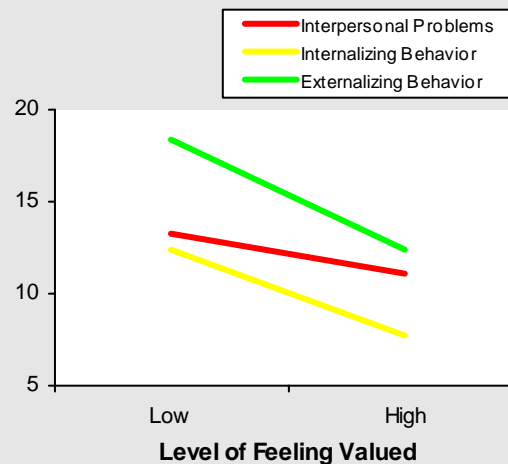
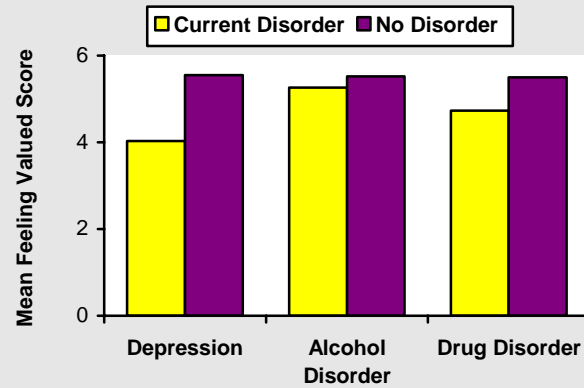
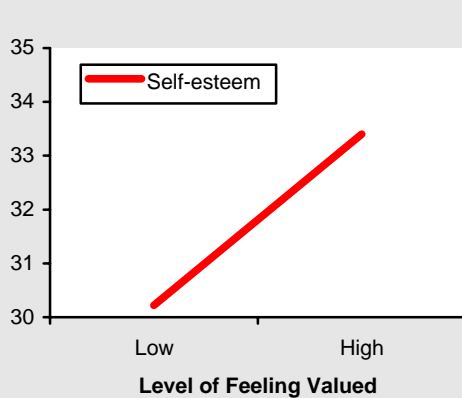
- Self-esteem

Reduced Risk for...

- Depression
- Alcohol abuse-dependence
- Drug abuse-dependence
- Thoughts of suicide
- Suicide attempts
- Interpersonal problems
- Withdrawn and anxious-depressed (“internalizing”) behavior
- Delinquent and aggressive (“externalizing”) behavior, for males only

Significant Findings:

The Relationship between Feeling Valued in the Family at Age 15 and Areas of Age 18 Functioning



Family Cohesion

Both adolescent and maternal assessments of family cohesion at age 15 were useful in predicting later functioning at age 18. Adolescent-rated and mother-rated family cohesion were both strongly related to age 18 outcomes in three of the four domains examined: (1) academic functioning, (2) current mental health status, and (3) social, psychological, and behavioral functioning.

Higher *adolescent* ratings of family cohesion:

Positively Predicted...

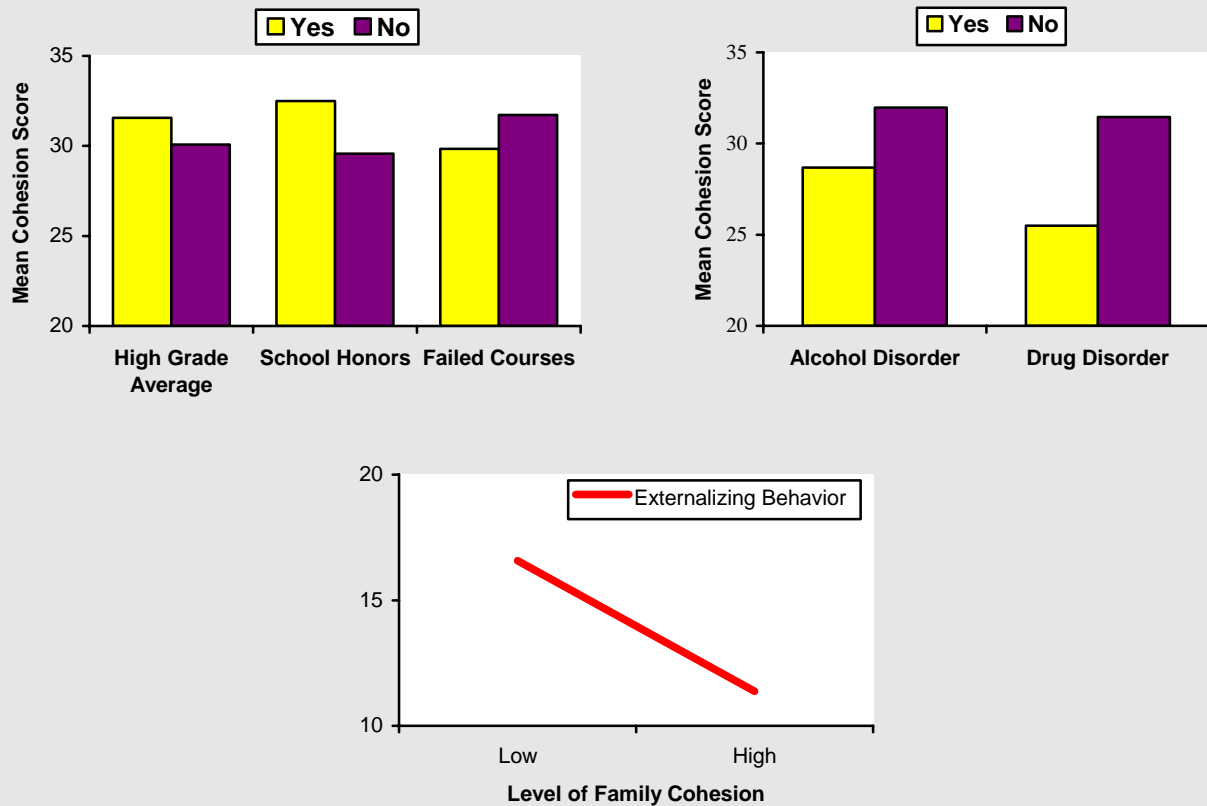
- High grade average (A or B)
- Achieving scholastic honors and awards

Reduced Risk for...

- Failing courses
- Alcohol abuse-dependence
- Drug abuse-dependence
- Delinquent and aggressive (“externalizing”) behavior

Significant Findings:

The Relationship between Adolescent-Rated Family Cohesion at Age 15 and Areas of Age 18 Functioning



Higher *mother* ratings of family cohesion:

Positively Predicted...

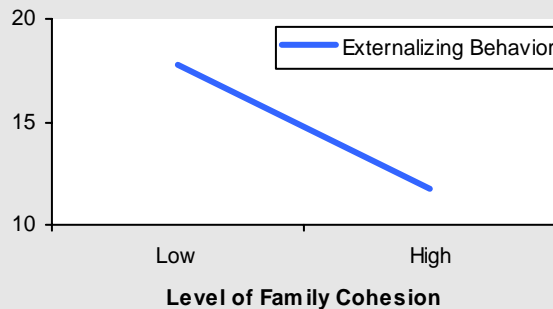
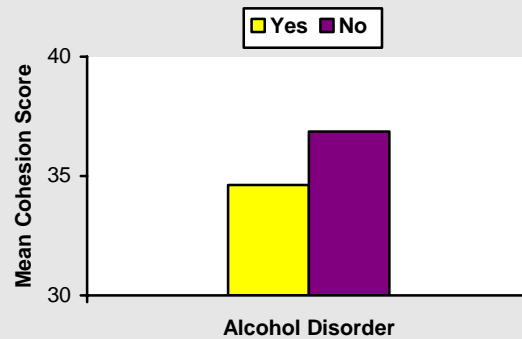
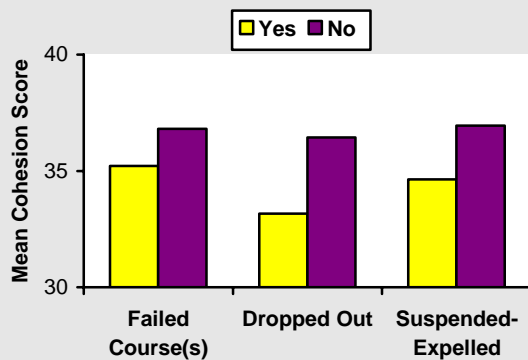
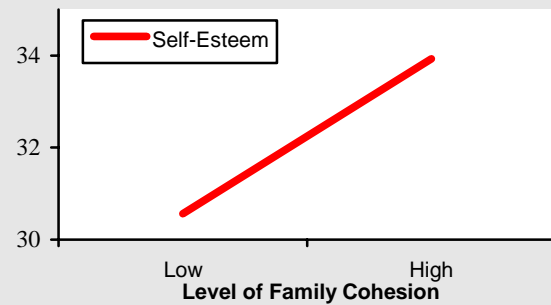
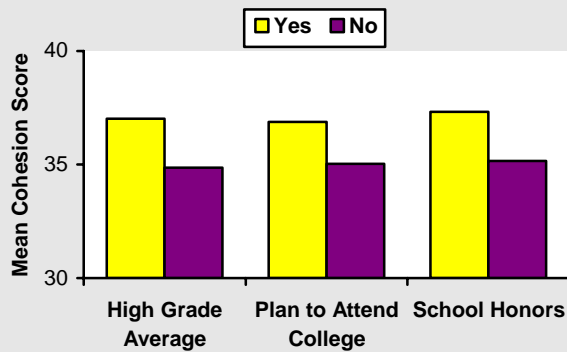
- High grade average (A or B)
- Intent to attend college
- Achieving scholastic honors and awards
- Self-esteem

Reduced Risk for...

- Failing courses
- Dropping out of high school
- Being suspended or expelled from school
- Alcohol abuse-dependence
- Delinquent and aggressive (“externalizing”) behavior

Significant Findings:

The Relationship between Mother-Rated Family Cohesion at Age 15 and Areas of Age 18 Functioning



IV. Summary

Our results underscore the importance of critical family factors in childhood and adolescence both in enhancing strong positive functioning (e.g., academic successes) and in reducing the risk of negative outcomes (e.g., mental disorders). While there were general influences of the family factors across multiple domains of adolescent functioning, the patterns of associations differed by type of health-promoting factor. For example, feeling valued by the family at ages 9 or 15 was strongly associated with all types of social, psychological, and behavioral functioning, but not with academic functioning. In contrast, family social support and family cohesion played a significant role in academic functioning in late adolescence, but were associated with fewer areas of social, psychological, and behavioral functioning than feeling valued. Similarly, only feeling valued by family reduced the risk for serious major depression at age 18. Such specificity has both theoretical and applied applications for designing targeted family programs. It suggests that multiple aspects of the family environment should be targeted in prevention efforts to impact the greatest number of developmentally relevant outcomes. Since these results are based on a sample of mostly white adolescents from a working-class community it will be important for future studies to examine these relationships in more racially and economically diverse groups.

V. Implications

These results are forceful in arguing for both family-based policy and program initiatives to develop healthy functioning in adolescence. Although the developing child and adolescent is exposed to a variety of social contexts in schools and the community, the family continues to play a central role in healthy development.² Effective parenting has been found to be more influential in promoting positive adolescent behavior than peers and the media in promoting problem adolescent behavior.^{1,2} Parents must be empowered to understand that a strong family has the ability to overcome the impact of negative influences. As policy and service program advocates, it is critical that we provide accurate, science-based information on what defines a strong family and how to be an effective parent. Due to this lack of information, together with a lack of use of evidence-based programs by community agencies, parents have had limited opportunities offered to them to become more effective and to develop stronger families.¹ Resources and adequate information needs to be readily available. For practitioners to truly create an integrated and comprehensive program for prevention of negative behavior and enhance positive well-being among children and adolescents, it is essential to incorporate elements of social support, sense of being valued, and cohesion identified in our work.

It is widely agreed upon that comprehensive, integrated prevention programs produce the most substantial and long-lasting results in enhancing the well-being of children and adolescents.²¹⁻²³ While such programs may incorporate the school and the community, the role of the family is critical. In a number of current prevention programs, parents are taught skills needed to create a cohesive, supportive family environment.^{1, 22, 24, 25} Recent research has also suggested that negative adolescent behavior can be avoided through earlier childhood intervention by strengthening family relationships and promoting healthy family dynamics.¹

In summary, the current study has revealed strong and compelling relationships between hypothesized family health-promoting factors and late adolescent functioning. The continuing task remains for those who work with youth to translate the findings of studies into viable and on-going programs of health promotion, prevention, and treatment.

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