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Adolescent Perceptions of Parental Autonomy Support and Involvement: Outcomes on Adolescent Self-Efficacy

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Abstract

Adolescence is a challenging developmental period across domains of functioning. Parenting interactions impact one's adjustment and well-being through this developmental period. These include Parental Autonomy Support, along with its reverse, psychological control, and Parental Involvement (Beato, Pereira, Barros, & Muris, 2016; Lansford et al., 2014; Levpušček, 2006; and Savard et al., 2013). Additionally, these parental characteristics influence the development of adolescent Self-Efficacy and its 3 subdomains: Emotional, Academic, and Social Self-Efficacy. The objective of this study was to explore how Parental Autonomy Support and Involvement, along with the subdomains of Parental Availability, Knowledge, and Concern and Social-Emotional Assets and Resilience predict adolescent Self-Efficacy. Students were recruited from one rural, public, combination middle and high school in the Pacific Northwest. Participants ranged in age from 12-18 and included Latin/x and European American youth, with an equal distribution of males to females. All students in the Pacific Northwest school were

invited to participate. The Perceptions of Parents Scale-The Child Scale (POPS), the Self-Efficacy Questionnaire for Children (SEQ-C), Social-Emotional Assets and Resilience Scales-Adolescent Short Form (SEARS-A-SF) and a demographic questionnaire were administered to the participants. The first hypothesis was that Parental Autonomy Support, Parental Involvement, and Social-Emotional Assets and Resilience would positively predict Self-Efficacy in Academic, Social, and Emotional subdomains. The second hypothesis was that demographic variables would moderate the above relationships, indicating that racial/ethnic minorities and those with lower socioeconomic status required increased parental autonomy support, parental involvement, social-emotional functioning and resilience in order to establish similar levels of self-efficacy in academic, social, and emotional subdomains, as compared to their European American counterparts. The hypotheses were partially supported, with all groups (European American males, European American females, Latino males, and Latina females) having significant results suggesting parenting behaviors are impactful regardless of culture.

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Chapter 1

Introduction

Adolescence is one of the most notable times of transition and change in the lifespan. While challenging, these transitions and changes can also be formative biologically, cognitively, socially, and emotionally. Biological changes include the beginning of puberty and related physical growth. Regarding cognitive development, the prefrontal cortex completes myelination, resulting in related development of higher-level, abstract, and multidimensional thought and improvements in executive functioning (Smith, Xiao, & Bechara, 2012). In addition, changes in social roles including increased independence signals the approaching adulthood (Shahinuzzaman, Saha, & Akiitar, 2016). Alongside transitions in physical and cognitive development and social roles, adolescents also experience role changes within their family system (McAdams et al., 2017; Stocker, Richmond, Rhoades & Kiang, 2007; Zonash & Iqbal, 2017). Specifically, adolescents and their families navigate the intricacy of facilitating adolescent independence while maintaining loving and supportive family relationships (Zonash & Iqbal, 2017). In regard to emotional development, adolescent emotional intensity has been found to be greater than adult emotional intensity (Williams, Ciarrochi, & Heaven, 2012). Specifically, these emotional experiences were found to be both broader in range and more frequent in adolescents than in adults. In addition to increased intensity and frequency of emotional experiences, adolescent moods have also been found to be more labile, further compounding the adjustment difficulties common in this age range (Stocker et al., 2007). Because of the many biological,

cognitive, social and emotional changes occurring in adolescence, it is also a time in which behavioral difficulties often first reveal themselves (McAdams et al., 2017).

Adolescent development in rural areas is met with additional challenges, particularly in rural families with lower socioeconomic status. Smokowski, Bacallao, Cotter, and Evans (2015) explored rural family stressors and found that rural families are more likely to face geographic isolation, restricted social networks and limited community resources. For instance, poverty is more common and substantially difficult for the rural population (Proctor & Dalaker, 2002). Related to these restrictions, adolescents in rural settings have higher rates of risky behaviors than those in urban and suburban settings. Additionally, adolescents in rural communities are more likely to have mental health issues including both internalizing and externalizing problems as compared to those in those in urban and suburban settings (Robbins, Dollard, Armstrong, Kutash, & Vergon, 2008). Finally, adolescents in rural settings are more likely to have family histories of sexual abuse than those in urban and suburban settings. Limited access to resources for these families makes appropriate intervention and support difficult to obtain. Specific to rural families with lower socioeconomic status, Smokowski et al. (2015) found that parents are more likely to be over-controlling in their discipline and inadequate in adolescent support. A primary aim of the present study was to explore parental autonomy support and its relationship with adolescent self-efficacy. The next section outlines research related to parental autonomy support in adolescent development.

Autonomy Support

Related to individuation and the development of independence, supporting adolescent autonomy is a vital developmental task in families of adolescents (Lansford et al., 2014;

Levpušček, 2006). Autonomy has been defined as regulating or initiating behaviors with motivation from within the self, rather than feeling controlled (De Charms 1968; Ryan et al. 2006; Savard et al., 2013). The autonomy development process is two-fold, first including differentiation from parents, and second, changes in the parent-child relationship to one that is more egalitarian in nature, involving mutual decisions and interactions (Levpušček, 2006). Levpušček (2006) highlights the difference between individuation and disconnection, arguing the importance of ongoing parental support in adolescent development. While individuation certainly looks different in individualist versus collectivistic cultures, autonomy is a universal drive that highlights one's need to have their own contribution and role in family and community relationships (Savard, Joussemet, Emond Pelletier, & Mageau, 2013).

Definition of autonomy support. Shih (2013) defined autonomy support as a context where "an individual in a position of authority takes the other's perspective, allows opportunities for self-initiation and choice, provides a meaningful rationale for the requirement, and acknowledges the other's feelings while minimizing the use of pressures and demands" (p. 270). Research has found that autonomy support is a gradual process that takes place in the family, beginning in late childhood and the beginning of adolescence and increases sharply after the age of 15 (Seiffge-Krenke & Pakalniskiene, 2011). There is evidence that environments that feature autonomy support positively influence adolescent overall well-being as well as academic engagement, emotional regulation skills, and social behaviors (Lekes, Gingras, Philippe, Koestner, & Fang, 2010; Roth, Kanat-Maymon, & Assor, 2016). Seiffge-Krenke and Pakalniskiene (2011) explored the coping styles of 196 adolescents, and their parents, over four years. This research found that family environments with both adolescent freedom and ongoing

support more positively influenced effective coping skills in adolescence. Romich,Dollard, Armstrong, Kutash, and Vergon (2009) described the process by which adolescents become more involved in joint decision-making with their parents. In so doing, parent-child conflicts were noted to decrease. Duineveld, Parker, Ryan, Ciarrochi, and Salmela-Aro (2017) found that parental autonomy support and involvement predicted adolescent well-being and school achievement. Finally, autonomy support has been found to foster adolescent motivation and enhanced performance. These outcomes were even found in children that were deemed "difficult" (Savard et al., 2013).

Conversely, in families where parents struggle to support autonomy, adolescents have been found to display increased psychological reactance, oppositionality, internalizing and externalizing problems (Van Petegem et al., 2015). Savard et al. (2013) also found evidence that parental controlling behaviors were related to decreased adolescent motivation. In combination, these findings uniformly support the importance of autonomy support in families with adolescents.

Cultural considerations in autonomy support. Because of increased variability in cultural diversity among the rural population involved in this study (among them a large percentage of Latin/x adolescents), cultural considerations with regard to adolescent development were explored. Research on parenting has worked to become more generalizable to international samples, and inclusive of families from diverse cultural backgrounds (Smetana, 2017). One such shift has been to consider parenting dimensions (e.g., behavioral control, psychological control and parental knowledge; Smetana, 2017) instead of the categorical parenting styles first coined by Baumrind (1971). Regarding the specific dimension of autonomy

support, Ferguson, Kasser, and Jahng (2011) found that individualistic and collectivistic cultures had some key differences. Individualistic cultures were found to emphasize freedom and independence, with goals based on individual achievement. In collectivistic cultures, however, the relationship between authority figures and adolescents was noted to provide fewer occasions for adolescents to explore autonomy and individuation. Smokowski et al. (2015) studied Latin/x families, and described that rules and strict enforcement are valued (behavioral control), often making deviation from established rules a shameful transgression. The idea of *respeto* is an important value in many Latin/x families, describing respect for authority, and it has been linked with parenting practices that are more authoritarian in nature. The practice of *respeto* in Latin/x families is perceived as important in encouraging acceptable behavior. Although some of these practices have been linked with psychological control (the converse of autonomy support), it is important to consider the differences between behavioral control (which does not necessarily have maladaptive effects or a relationship with autonomy support and may even be beneficial within some environmental contexts) and psychological control (using guilt and love withdrawal as motivation in parenting). Indeed, it is possible for parents to engage in increased levels of behavioral control without using the more maladaptive psychological control strategies (Henninger IV & Gross, 2016). One final noted cultural consideration that may be a benefit of *respeto* is the practice of Latin/x adolescents receiving criticism or feedback more frequently, and their corresponding ability to respond adaptively rather than with distress (Coohey, Renner, & Sabri, 2013). Regardless of these differences, autonomy support was found to be a formative parenting practice across the cultures explored.

Psychological Control

Another parenting dimension, psychological control, is defined as "parental manipulation of the child's sense of self by means such as guilt induction and love withdrawal" (Sorkhabi & Middaugh, 2014, p. 1228). Savard et al. (2013) found that psychological control is the opposite of autonomy support. If parents of an adolescent are psychologically controlling, they may struggle to control their own emotions, lacking the ability to model emotional regulation in the home (Cui, Morris, Criss, Houltberg, & Silk, 2014). In this way, lack of parental emotion regulation may be a predictor for emotionally controlling parenting practices. Psychological control is associated with negative outcomes for adolescents, such as internalizing problems, externalizing problems, and negative self-concept. Adolescents may be the most negatively affected by psychological control, as they are in a developmental stage that entails high autonomy seeking (Cui et al., 2014). Parenting behaviors that lead the child to feel guilty, fearful, or resentful may rob the child from enacting self-regulation skills in a safe environment (Williams et al., 2012). Savard et al. (2013) found that although it sounds paradoxical, controlling behaviors by parents actually diminish adolescent motivation. Psychological control has a higher prevalence in ethnic minority groups as well as families with low socioeconomic status (SES; Cui et al., 2014). The negative outcomes that result from psychological control are numerous and acute, regardless of the culture in which it occurs (Lansford et al., 2018).

Parental Involvement

While autonomy support is an important component of parenting adolescents through individuation, parents are cautioned from disengaging altogether, as negative outcomes for adolescents has been found from disengaged families (Beato, Pereira, Barros, & Muris, 2016).

Rather, successful parents navigate the needs for both autonomy support and ongoing involvement. Chen and Gregory (2009) found that in the context of school, students who had parents that were more involved received better grades, less discipline issues, and better school attendance than student with less involved parents. In Latin/x families, higher parental involvement leads to better overall adolescent well-being and less externalizing symptoms (Davidson & Cardemil, 2009). The construct of parental involvement is made up of three components: availability, knowledge, and concern, each of which are described in more detail.

Parental availability. First, parental availability is defined as the parent's responsiveness to the emotional needs of their children (Alegre & Benson, 2010). Insufficient parental availability has been found to lead to both internalizing and externalizing problems (Beato et al., 2016). For instance, there is evidence that when adolescents have parents who are not emotionally available, they may not be able to develop effective emotional regulation abilities (Steinberg & Davila, 2008). Hassett, Green, and Zundel, (2018) found that parents who had higher involvement felt more confident in their ability to help their adolescents when in a mental health crisis. Another study found a positive relationship between parental availability to adolescent emotional intelligence (Alegre & Benson, 2010). Additionally, Garthe, Sullivan, and Kliewer (2015), found that adolescents' perceived connectedness and perceived parental availability was related to parental warmth and responsiveness.

Parental knowledge. Parental knowledge is a second subcomponent of parental involvement, which describes awareness of "adolescents' whereabouts, friends, and activities." Thus, adolescent disclosure is found to be the primary source of parental knowledge (Marceau et al., 2015, p.). There is also evidence that higher levels of warmth in the parent-adolescent

relationship predicted higher adolescent self-disclosure, which then lead to higher parental knowledge overall (Dotterer & Day, 2019). Garthe et al. (2015) referred to disclosure as the "driver of parental knowledge" (p. 820). Parents whose knowledge was gained through voluntary adolescent disclosure knew more about their child's life than those whose knowledge was gained from outside sources or from questioning their child (Darling, Cumsille, Pena-Alampay, & Coatsworth, 2009).

Predictors and outcomes. Factors that determine if adolescents will disclose to their parents include feelings of closeness, positive parental response to disclosures, and the quality of the parent-adolescent relationship (Lansford et al., 2014). Concurrent research has found that parents whose adolescents were more open with them were characterized as being high in warmth, control, and monitoring (Sorkhabi & Middaugh, 2014, p. 1229). These findings suggest that increases in the parental warmth and affection toward adolescents contribute to adolescents being more likely to voluntarily disclose information (Kearney & Bussey, 2015). In regards to parental knowledge, research has found increased parental knowledge to be related to decreased externalizing problems in adolescents, confirming the importance of ongoing parental involvement as pertains to monitoring (Marceau et al., 2015).

In a Latin/x population, there is evidence that parental monitoring of everyday activities is linked to positive outcomes such as decreased substance use and fewer depressive symptoms in Latin/x youth (Pereyra & Bean, 2017; Roche et al. 2019). Cultural values around togetherness and respecting parents may be associated with these outcomes. Long-term parental knowledge of Latin/x adolescents is also predictive of lower externalizing problems in later adolescence (Chang & Qin, 2018).

Parental concern. The third subcomponent of parental involvement is parental concern, which describes parenting behaviors that communicate parental care about child thoughts, feelings, and experiences (Grolnick, Ryan, & Deci, 1991). Parents' understanding, validation, and empathic response to their adolescent's emotional experiences has been noted to be vital to adolescent development (Stocker et al., 2007). Additionally, Trumpeter, Watson, O'Leary, and Weathington (2008) agree that empathy is a crucial component of parenting. By showing concern or care in this way, parents play an essential part in the development of their child's adaptive emotional regulation styles (Brenning, Soenens, Van Petegem, & Vansteenkiste, 2015). The best parenting strategies typically involve some tailoring for the individual parent-child dyad. Darling et al. (2009) described the importance of this individual tailoring for the constructs of appropriate monitoring and parental care.

Outcomes. Wide-ranging outcomes related to parental concern have been researched. Psychological theory around emotion postulates that when parents express concern for adolescent emotions and assist in emotion management, it prevents adolescents from becoming emotionally overwhelmed (Stocker et al., 2007). Other researchers hypothesize that parental nurturance is a protective factor for risky or problem behaviors related to difficult adolescent emotions of fear, anger, or insecurity (Arim, Dahinten, Marshall, & Shapka, 2011). Third, Donnelly, Renk, and McKinney (2013) found that health outcomes were better for individuals who perceived their relationships with their parents as warm. In a study on Latin/x families, paternal emotional support was linked to increased self-esteem in adolescents (Behnke, Plunkett, Sands, & Bámaca-Colbert, 2011). Additionally, Sbicigo and Dell'Aglio (2012) found evidence that "children who internalize affirmative and uplifting messages from their parents acquire a

strong basis from which they feel capable of setting and achieving goals" (p. 620). Finally, adolescents who reported believing that their parents were interested in their lives also reported increased feelings of closeness with parents (Garthe et al., 2015). In sum, effective parental concern may facilitate adolescent emotional regulation, decrease adolescent problem behaviors, lead to better adolescent health outcomes, and promote adolescent-parent closeness.

Social-Emotional Assets and Resilience

Definition. Social-Emotional Assets and Resilience is defined as "social and emotional knowledge and competence, peer acceptance and relationships, resilience in the face of difficulties, coping skills, problem-solving abilities, empathy, global self-concept, and other positive traits" (Cohn, Merrell, Felver-Grant, Tom, & Endrulat, 2009, p. 1). These characteristics are considered strengths that can aid individuals who have been through, or are currently involved in, challenging circumstances.

Related concepts, predictors, and outcomes. When looking specifically at social-emotional competence in adolescents, there is evidence that parenting behaviors have an impact, which can vary by gender, with bigger effects on females overall (Zhu, 2018). Layous, Nelson, Oberle, Schonert-Reichl, and Lyubomirsky (2012) also found that when adolescents and pre-adolescents engaged in prosocial behavior, not only did they have a better view of themselves, they also gained more peer acceptance as a result. Coping skills have been linked with outcomes such as cohesiveness, acceptance, and caring (Kaur & Singh, 2013). Resilience is a complex and important characteristic for adolescents to have. The variables, which can be environmental, social, or individual, are considered to be the protective factors that promote coping with difficult situations, which can reduce negative outcomes such as pathology (Bali & Sharma, 2018; Fergus

& Zimmer, 2005). Protective factors are known to aid in overcoming adversity and in promoting healthy development (Bai & Sharma, 2018). Bai and Sharma (2018) posit there are three general sources of resilience: intrapersonal factors (i.e., good problem-solving skills, early childhood experiences), family and secure attachments (i.e., strong parent-child relationship, stability in family), and community (i.e., access to resources outside the self and family unit, social skills building). Resilience is influenced by many variables, and this study explores the influence of parenting behaviors on social emotional assets and resilience.

Self-Efficacy

Definition. As an outcome of effective parenting of adolescents, self-efficacy of the adolescent refers to "one's belief in one's own ability to complete tasks and reach goals" (Ma, Zeng, & Ye, 2015, p. 311). Self-efficacy is viewed both broadly and within more specific subdomains. For instance, academic self-efficacy involves the judgment one makes of his/her academic abilities (Ye, Posada, & Liu, 2017). Emotional self-efficacy is defined as "the ability to regulate affective responses in regard to specific environmental demands" (Valois, Zullig, & Hunter, 2015, p. 238). Social self-efficacy involves the ability of individuals in building and cultivating relationships (Dinç, 2011). Self-efficacy has been found to be robustly related to coping skills, relationships with peers and parents, learned ingenuity, and academic achievement.

Related concepts, predictors, and outcomes. As noted above, strong coping skills have been found to enhance self-efficacy in adolescents, improving adolescent abilities to deal with difficult situations (Fathiandastgerdi, Eslami, Ghofranipour, Mostafavi, & Ebrahimi, 2016; Ma et al., 2015). Additionally, strong attachment between an adolescent and their parents is positively connected to adolescent self-efficacy (Zonash & Iqbal, 2017). Social self-efficacy has been

predicted by parent attachment styles, peer attachment, problem-solving abilities, learned ingenuity, parent intimacy level and maternal social relationships (Zonash & Iqbal, 2017, p. 78). Rivers et al. (2012) found that self-efficacy is also associated with achievement and academic performance. Finally, there is evidence that self-efficacy and social support can be helpful in avoiding anxiety disorders. Conversely, lower self-efficacy is connected to risky behaviors as well as mood disturbance in teenager (Raknes et al., 2017).

Additional self-efficacy considerations in Latin/x adolescents. Research has outlined some additional considerations in self-efficacy development for Latin/x adolescents. For instance, Latin/x adolescents often combat stereotypes and discrimination, which influences self-efficacy (Brubacher, McMahon, & Keys, 2018). Latin/x adolescents also face increased rates of poverty, discrimination, and acculturative stress which may influence the development of self-efficacy (Kuperminc, Wilkins, Roche, & Alvarez-Jimenez, 2009. Given gender-related roles and norms in many Latin/x families, mothers and fathers may have differential effects on adolescent self-efficacy (Yomtov, Plunkett, Sands, & Reid, 2015). This population is also more likely to have lower academic achievement overall, though clear parental expectations for academics can increase academic self-efficacy (Cross, Marchand, Medina, Villafuerte, & Rivas-Drake, 2019).

As a whole, these findings demonstrate the importance of the development of self-efficacy in healthy adolescent maturation and growth, highlighting the benefits of self-efficacy as well as the risks of its absence. Parental autonomy support and involvement (and the subdomains of parental availability, knowledge, and concern) are hypothesized to be important components in facilitating adolescent self-efficacy, leading to the development of the current study.

Current Study

The objective of this study is to explore the relationships between parental autonomy support and involvement (along with the subdomains of parental availability, knowledge, and concern) and adolescent self-efficacy. The hypotheses are the following:

1. It is hypothesized that parental autonomy support, parental involvement, and Social-Emotional Assets and Resilience will positively predict self-efficacy in academic, social, and emotional subdomains.
2. Demographic variables such as race/ethnicity and socioeconomic status are hypothesized to moderate the above relationships so racial/ethnic minorities and those with lower socioeconomic status require increased parental autonomy support, parental involvement, social-emotional functioning and resilience in order to establish similar levels of self-efficacy in academic, social, and emotional subdomains.

Chapter 2

Methods

Participants

Students were recruited from one rural, public, combination middle and high school in the Pacific Northwest, which comprises all students within the school district. Participants ranged in age from 12-18 and include Latin/x and European American individuals, with a fairly even distribution of Latin/x/a and European Americans. All students in the school were invited to participate and there was a relatively equal distribution of males to females.

Demographics

There were 80 participants who ranged in age from 12 to 18 (M = 15.31, SD = 1.75). The sample was 53% female (n = 43), 46% male (n = 37), and 0% other. Regarding ethnicity, 61% were European American, 35% were Latin/x, and 1.3% were biracial.

Materials

Perceptions of Parents Scales- The Child Scale (POPS, Grolnick et al., 1991). The POPS was administered to address the degree of autonomy support and parental involvement the participants perceive their parents to provide (See Appendix A). The POPS is a four-factor measure with results detailing Maternal Involvement, Maternal Autonomy Support, Paternal Involvement, and Paternal Autonomy Support. The measure includes 22 multiple choice items with 11 items describing mothers and 11 items describing fathers. Cronbach's alpha is 0.938 with construct validity also established (Wintre & Yaffe, 1991).

Self-Efficacy Questionnaire for Children (SEQ-C, Muris, 2001). The SEQ-C was administered to the participants to assess the level of Social, Emotional, Academic, and Total Self-Efficacy the participants demonstrate (See Appendix B). The measure is composed of 24 items that ask the respondent to assess their own abilities in a variety of ways. A five-point Likert scale is used to scale the items, and items are combined to yield a Total Self-Efficacy score as well as three subdomain scores (Academic Self-Efficacy, Social Self-Efficacy, and Emotional Self-Efficacy). Mean scores reported in the psychometric development research are provided in Table 1 (Muris, 2001).

Table 1

Means and Standard Deviations of SEQ-C in Test Development Sample (Muris, 2001)

	Total Sample (N = 330)	Girls (n = 190)	Boys (n = 140)
TSE*	76.8 (11.2)	75.3 (11.4)	78.9 (10.6)
ASE*	23.6 (5.8)	23.3 (5.9)	23.9 (5.7)
SSE*	28.2 (4.3)	28.0 (4.3)	28.5 (4.1)
ESE*	25.0 (5.0)	24.0 (5.0)	26.5 (4.5)

Note. * TSE = Total Self-Efficacy, ASE = Academic Self-Efficacy, SSE = Social Self-Efficacy, ESE = Emotional Self-Efficacy.

In the test development sample (Muris, 2001), Cronbach's alpha were .88 for the total sample, and between .85 and .88 for the subscales. Exploratory factor solution analysis yielded a three-factor solution that accounted for 56.7% of the total variance (Suldo & Shaffer, 2007). In this study, Cronbach's alpha for the three subscales were 0.82 for social self-efficacy, 0.84 for academic self-efficacy, and 0.86 for emotional self-efficacy.

Social-Emotional Assets and Resilience Scales- Adolescent Short Form (SEARS-A-SF, Merrell, 2011). The SEARS-A-SF is a strength-based measure of resilience and social strength for adolescents between grades 7-12. The short form includes 12 self-report items that detail global self-concept in adolescents. The items involve participants rating themselves on a 4-point Likert scale on statements involving their thoughts, feelings, and behaviors. Cronbach's alpha was 0.83 and test-retest reliability was demonstrated at 0.80-0.84. Convergent validity was established with the Social Skills Rating Scale and Student Life Satisfaction Scale, which yielded correlations of 0.67-0.72 and 0.44, respectively. Discriminant validity was explored between genders and findings indicated a significant difference with a small effect size, consistent with research on male and female social-emotional functioning (Cohen's $d = 0.31$; Nese et al., 2012).

Demographics. A custom demographic survey (See Appendix C) was also given to the participants and included age, ethnicity, gender, and average hours the participants interact with their mother and father each day.

Procedure

This study was approved by the George Fox University Human Subjects Research Committee and data collection was completed in collaboration with a behavioral health service contracted by the school district to provide behavioral health care to district students. Behavioral health services in these schools are provided by psychology graduate students in supervised practicum training positions. In these positions, supervised psychology practicum trainees provide assessment, therapy, and consultation within a rural school district that would otherwise have limited access to mental health professionals.

For the purposes of this study, school administrators have agreed to allow for school-wide distribution of the surveys during a study hall class at the end of the school day. Prior to the administration of the survey, the parents and guardians of the participants were sent an opt-out form, a customary procedure in the schools involved (see Appendices D and E). The participants were reminded that they may withdraw participation at any time, until data analysis, without consequence. The participants were informed that they were contributing to research on adolescents and to answer questions as honestly as they could. A researcher and an assistant distributed the measures to the participants and monitored the administration. When all consented and assented participants in the class had finished, a researcher provided candy to all in the class, regardless of participation.

Chapter 3

Results

Descriptive Statistics

Descriptive statistics for the measures included in this study are provided in Table 2, including score means, standard deviations, skewness, and kurtosis.

Table 2

Descriptive Statistics

	Mean (*SD*)			
	Male		Female	
	E/A (*n* = 28)	Latino (*n* = 8)	E/A (*n* = 21)	Latino (20)
Mat. Inv.*	3.50 (.30)	3.4 (.44)	3.50 (.42)	3.40 (.49)
Mat. AS*	2.54 (.44)	2.29 (0.48)	2.66 (.44)	2.64 (.63)
Pat. Inv.*	3.04 (.71)	2.72 (.86)	3.00 (.52)	3.06 (.73)
Pat. AS*	2.45 (.45)	2.28 (.58)	2.52 (.56)	2.74 (.54)
Hours Mom	26.76 (30.23)	25.75 (21.31)	25.43 (16.88)	60.00 (52.21)
Hours Dad	27.11 (30.96)	22.63 (19.08)	22.43 (17.70)	45.5 (46.00)
SEARS T	53.89 (8.5)	48.75 (10.50)	53.1 (8.46)	50.95 (8.86)
TSE*	88.54 (11.22)	81.5 (16.17)	85.62 (12.24)	86.2 (9.32)
ASE*	29.57 (4.53)	24.13 (7.32)	30.1 (5.98)	30.40 (4.24)
SSE*	30.54 (4.73)	29.00 (4.60)	30.1 (4.12)	29.75 (3.57)
ESE*	28.43 (4.80)	28.38 (5.58)	25.43 (5.28)	26.00 (5.05)

*Mat. Inv. = maternal involvement, Mat. AS = Maternal Autonomy Support , Pat. Inv. = paternal involvement, Pat. AS = Paternal Autonomy Support, TSE = Total Self-Efficacy, ASE = Academic Self-Efficacy, SSE = Social Self-Efficacy, ESE = Emotional Self-Efficacy

Correlations

Pearson correlation coefficients by gender and ethnicity were used to explore the relationships between Perceptions of Parents Scales, hours per week with mother, hours per week with father, Social Emotional Assets and Resilience Scales, and the Self-Efficacy Questionnaire for Children. Findings are described separated by gender and race/ethnicity status (see Table 3).

Table 3

Pearson R Correlations Among Key Study Variables

			SEARS-T	TSE	ASE	SSE	ESE
Mat. Inv.	E/A	Males	-0.35	-0.15	0.00	-0.05	-0.31
		Females	0.05	0.16	0.08	0.03	0.25
	Latin/x	Males	-0.10	-0.25	-0.39	-0.20	-0.06
		Females	0.50	0.47	0.64	0.21	0.20
Mat. AS	E/A	Males	0.15	0.31	0.43	0.16	0.16
		Females	0.37	0.44	0.23	0.40	0.45
	Latin/x	Males	-0.47	-0.14	0.03	-0.05	-0.39
		Females	0.57	0.42	0.52	0.04	0.32
Pat. Inv.	E/A	Males	0.08	-0.24	-0.11	-0.21	-0.26
		Females	0.37	0.39	0.32	0.27	0.34
	Latin/x	Males	0.26	0.54	0.57	0.58	0.34
		Females	0.57	0.20	0.18	0.19	0.08
Pat. AS	E/A	Males	0.24	-0.05	0.19	-0.05	-0.24
		Females	0.26	0.25	-0.01	0.29	0.35
	Latin/x	Males	-0.39	0.17	0.32	0.28	-0.16
		Females	0.44	0.20	0.23	0.31	-0.04

Note. *Mat. Inv. = maternal involvement, Mat. AS = Maternal Autonomy Support, Pat. Inv. = paternal involvement, Pat. AS = Paternal Autonomy Support, TSE = Total Self-Efficacy, ASE = Academic Self-Efficacy, SSE = Social Self-Efficacy, ESE = Emotional Self-Efficacy.

European American males had lower correlations across the board except for in the domain of Maternal Involvement, demonstrating a weak negative relationship between Social Emotional Resilience and Emotional Self-Efficacy. Maternal Autonomy Support demonstrated a weak positive relationship with Total Self-Efficacy and Academic Self-Efficacy.

For European American females, Maternal Autonomy Support had weak positive correlations with Social Emotional Resilience, Total Self-Efficacy, Social Self-Efficacy, and Emotional Self-Efficacy. In addition, Paternal Involvement had weak positive correlations with Social Emotional Resilience, Total Self-Efficacy, Academic Self-Efficacy, and Emotional Self-Efficacy.

For Latinos, Maternal Involvement had a weak, negative correlation with Academic Self-Efficacy, and Maternal Autonomy Support had weak, negative correlations with Social Emotional Resilience and Emotional Self-Efficacy. However, Paternal Involvement was moderately positively related to Total Self-Efficacy, Academic Self-Efficacy, and Social Self-Efficacy, and had a weak, positive correlation with Emotional Self-Efficacy. Finally, Paternal Autonomy Support had a weak, negative correlation with Social Emotional Resilience, and a weak positive relationship with Academic Self-Efficacy.

For Latinas, Maternal Involvement was moderately positively correlated with Social Emotional Resilience and Academic Self-Efficacy, and had a weak positive correlation with Total Self-Efficacy. Maternal Autonomy Support had a moderately positive correlation with Academic Self-Efficacy, and a weak positive correlation with Social Emotional Resilience, Total Self-Efficacy, and Emotional Self-Efficacy. Paternal Involvement was moderately positively

correlated with Social Emotional Resilience. Finally, Paternal Autonomy Support was weakly positively related to Social Emotional Resilience and Social Self-Efficacy.

Regression

Standard multiple regressions were conducted to determine the accuracy of the predictor variables (Maternal Autonomy Support, Maternal Involvement, Paternal Autonomy Support, Paternal Involvement) in predicting Social Emotional Resilience (SEARS T-score), Total Self-Efficacy and its subcategories of Academic, Social, and Emotional Self-Efficacy by race/ethnicity and gender. Significant predictors are outlined below, though each finding had insufficient power due to sample size. It should be noted that for the Latino males, no predictors were found to be significant in the regression analyses (due to lower sample size than the other samples). In addition, none of the predictors were significant in predicting Social Self-Efficacy in any of the samples.

Social emotional resilience. For European American participants, none of the predictor variables were identified as significant predictors of Social Emotional Resilience. However, preliminary results (with insufficient power) indicate that for Latinas, Maternal Autonomy Support significantly predicted Social Emotional Resilience ($R^2 = .33$, $R^2_{adj} = .29$, $F(1, 18) = 8.12$, $p < .01$, power = .35), accounting for 29% of the variance. (see Table 4).

Table 4.

Coefficients for Maternal Autonomy Support Predicting Social Emotional Resilience for Latina Females

	B	**β**	*t*	*p*
Mat. AS	8.125	.57	2.97	<.01

Total self-efficacy. For male participants, none of the predictor variables were identified as significant predictors of Total Self-Efficacy. However, preliminary results (with insufficient power) indicate that for Latinas, Maternal Involvement significantly predicted Total Self-Efficacy ($R^2 = .22$, $R^2_{adj} = .17$, F(1, 18) = 4.98, $p < .05$, power = .25), accounting for 17% of the variance. (see Table 5).

Table 5

Coefficients for Maternal Involvement Predicting Total Self-Efficacy for Latinas

	B	**β**	*t*	*p*
Mat. Inv.	8.86	.47	2.32	.04

In addition, preliminary results (with insufficient power) indicate that for European American females, Maternal Autonomy Support significantly predicted Total Self-Efficacy ($R^2 = .20$, $R^2_{adj} = .15$, F(1, 19) = 4.61, $p < .05$, power = .23), accounting for 15% of the variance (see Table 6).

Table 6

Coefficients for Maternal Autonomy Support Predicting Total Self-Efficacy for European American Females

	B	**β**	*t*	*p*
Mat. AS	12.44	.44	2.15	<.05

Academic self-efficacy. For European American female participants, none of the predictor variables were identified as significant predictors of Academic Self-Efficacy. However, preliminary results (with insufficient power) indicate that for European American males, Maternal Autonomy Support significantly predicted Academic Self-Efficacy (R^2 = .18, R^2_{adj} = .15, F(1, 26) = 5.85, p < .05, power = .30), accounting for 15% of the variance (see Table 7).

Table 7

Coefficients for Maternal Autonomy Support Predicting Academic Self-Efficacy for European American Males

	B	**β**	*t*	*p*
Mat. AS	4.39	..43	2.42	.02

In addition, preliminary results (with insufficient power) indicate that for Latinas, Maternal Involvement significantly predicted Academic Self-Efficacy (R^2 = .41, R^2_{adj} = .38, F(1, 18) = 12.44, p < .01, power = .41), accounting for 38% of the variance (see Table 8).

Table 8

Coefficients for Maternal Involvement Predicting Academic Self-Efficacy for Latinas

	B	**β**	*t*	*p*
Mat. AS	5.53	.64	3.53	.002

Emotional self-efficacy. For European American male and Latina participants, none of the predictor variables were identified as significant predictors of Emotional Self-Efficacy. However, preliminary results (with insufficient power) indicate that for European American

females, Maternal Autonomy Support significantly predicted Emotional Self-Efficacy (R^2 = .20, R^2_{adj} = .16, F(1, 19) = 4.88, p < .05, power = .23), accounting for 16% of the variance (see Table 9).

Table 9

Coefficients for Maternal Autonomy Support Predicting Emotional Self-Efficacy for European American Females

	B	**β**	*t*	*p*
Mat. AS	5.49	.45	2.21	.04

Chapter 4

Discussion

The current study focuses on the impact of parental interactions during adolescence, a complex developmental period where parenting behaviors evolve with the changing of roles between adolescents and parents (McAdams et al., 2017; Stocker et al., 2007; Zonash & Iqbal, 2017). Adolescents and their families have to navigate the intricacy of increasing adolescent independence while continuing to foster warm and supportive family relationships (Zonash & Iqbal, 2017). While many parents allow their adolescents to increase their individuation, support from the parents during this process has been found to be equally important (Levpušček, 2006).

Essential parenting behaviors include autonomy support and involvement, which have been shown to effect adolescents' well-being and ability to cope (Beato et al., 2016; Lansford et al., 2014; Levpušček, 2006; Savard et al., 2013). These behaviors can lead to changes in adolescent self-efficacy within the subdomains of emotional, academic, and social self-efficacy as well as total self-efficacy. Culture influences parenting factors, and the field has begun shifting the way it explores these differences, exploring parenting dimensions (e.g., behavioral control, psychological control, parental knowledge; Smetana, 2017) instead of the categorical parenting styles first coined by Baumrind (1971). Additionally, parenting styles can differ based on culture, and there is evidence that values and practices around gender roles impact parenting as well (Ferguson et al., 2011; Yomtov et al., 2015). Specifically, the Latin/x population is more likely to encounter additional challenges (e.g., discrimination, marginalization, etc.) which may

contribute to parenting behaviors and how the adolescents internalize those behaviors (Kuperminc et al., 2010).

This study sought to explore the impact of parenting behaviors on adolescent social emotional resilience and self-efficacy, among four groups (European American males, European American females, Latinos, and Latinas). Hypotheses were that Parental Autonomy Support, Parental Involvement, Social-Emotional Assets and Resilience (SEAR) would positively predict Self-Efficacy in Academic, Social, and Emotional subdomains and that demographic variables such as race/ethnicity and socioeconomic status would moderate the above relationships. It was also hypothesized that racial/ethnic minorities and those with lower socioeconomic status require increased Parental Autonomy Support, Parental Involvement, Social-Emotional Assets and Resilience in order to establish similar levels of Self-Efficacy in Academic, Social, and Emotional subdomains.

European American Males

European American males were the group that had the lowest correlations overall suggesting that parenting behaviors may not be as connected with outcomes related to Self-Efficacy and Social Emotional Resilience. Increased Maternal Involvement was weakly associated with lower Social Emotional Assets and Resilience, as well as Academic Self-Efficacy. However, increased Maternal Autonomy Support was weakly associated with Total and Academic Self-Efficacy. These findings perhaps highlight the importance of the developmental process of individuation for this population, a time of development when parents become less influential than peers. This is consistent with past research findings that in

individualistic cultures, families were more likely to emphasize goals based on individual achievement and independence (Ferguson et al., 2011).

European American Females

Different from their European American male counterparts, European American females had a weak positive relationships between parenting and Self-Efficacy, suggesting that increased Maternal Autonomy Support and increased Paternal Involvement facilitated improved outcomes for Social Emotional Assets and Resilience and Self-Efficacy domains. These findings suggest that parental influence is weakly protective for the European American adolescent female population, perhaps because adolescent females are more responsive to parental influence than their male counterparts.

Latino Males

Similar to European American adolescent males, a weak negative correlation was found between Maternal Involvement and Academic Self-Efficacy. Paternal Involvement, however, had a moderate positive correlation with Total Self-Efficacy, Academic Self-Efficacy, and Social Self-Efficacy along with a weak positive correlation with Emotional Self-Efficacy. These findings highlight the importance of Paternal Involvement for Latino adolescent males. These findings differ slightly from existing research indicating that the involvement of both parents leads to positive outcomes in this population (Davidson & Cardemil, 2009). However, they perhaps describe the influence of *machismo* dynamics for adolescent males who are differentiating from mothers and aligning more with their fathers.

Interestingly, Parental Autonomy Support was either unrelated to outcomes (Paternal Autonomy Support) or negatively associated with outcomes (Maternal Autonomy Support),

contrary to the other three groups. This may have to do with cultural values and norms around parenting, falling in agreement with past research regarding Latin/x emphasis on respect for parents and submission as compared to European American families (Smokowski et al., 2015).

Latina Females

Latina females had the strongest correlations of all groups, with overall results indicating that increased Parental Involvement and Autonomy Support were associated with improved outcomes. While Paternal Involvement was unrelated to outcomes, Maternal Involvement and Autonomy Support from both parents influenced outcomes positively. The difference in results for the Latin/x genders may be related to differences in gender expectations within the culture (Yomtov et al., 2015), highlighting the ongoing influence that parents have on Latina adolescent females.

Summary

In sum, these results indicate the importance of Parental Autonomy Support for European American males, European American females, and Latina females, which current research also deems a vital process for healthy development (Lansford et al., 2014; Levpušček, 2006). Savard et al. (2013) found that autonomy support was important in individualistic and collectivistic cultures, and although autonomy support emerged as an important factor, it did not always positively influence the adolescents in this study. For instance, social emotional assets, resilience, and self-efficacy of Latino adolescent males are minimally or negatively influenced by parental autonomy support, describing some important and distinct gender-specific differences in parent influence. This may be linked with the idea of *respeto* that Smokowski et al. (2015) describes and the influence of gender roles and expectations.

As a second summative finding, Maternal Involvement was weakly and negatively associated with adolescent male outcomes, suggesting that males have a harder time building Self-Efficacy and Social-Emotional Resilience with increased Maternal Involvement. This highlights a shift of influence from parents to peers, which is typical in this age range (except that paternal involvement remained helpful for Latino males).

In Latin/x adolescents of both genders, there were positive outcomes for same-gendered Parent Involvement. Males fared better when their fathers were involved, while females fared better when their mothers were involved. These results were not found in the European American population, which may indicate a difference in family structure and connection between the two samples.

As this study investigated both maternal and paternal parenting behaviors and their influence, we can see that both parents play an important role during adolescent development, though there is high variation on how this occurs depending on gender and ethnicity. Although these results do not encourage Autonomy Support and Involvement as helpful factors for every family, there is evidence about their efficacy and they are important parenting factors to explore in each family.

Limitations

When looking at the results, it is important to take limitations of the study into account. Only two ethnic groups (European American and Latin/x) were meaningfully represented, giving the model limited generalizability to other ethnic and cultural groups. The data were collected in a specific part of the United States, which may also affect the generalizability of the results in terms of cultural variability in parenting behaviors. There were barriers to measuring

socioeconomic status (SES) as parents were not asked about current jobs or careers and the adolescents themselves reported this information. Since data were collected this way, there was inconsistent reporting with some participants being unsure about current jobs or careers and some omitting this information. This made it difficult to use the data in analyses and therefore, it was excluded. This study also did not differentiate between households with both or single parents, which could have had an influence on the results.

Future Research

Even with the given limitations, this study provides relevant information about the influence of parenting behaviors on adolescent well-being. It would be helpful to know more about parenting behaviors in the context of varying identity factors to see if additional group differences emerge. It would also be advantageous to look at differences between those in single and double parent households.

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Appendix A

Perceptions of Parents Scales (POPS) The Child Scale

Name: _____ Boy or Girl (circle one)

Teacher: _____ Age: _____

Things About My Parents

We are interested to know more about your mother and your father. First we will ask about your mother, and then we will ask about your father. Each number is followed by four statements that describe four different types of parents. There will be a description of four types of mothers, as well as descriptions of four types of fathers. In either case, read the four statements about the four types of mothers or fathers, and decide which one is the best description of your own mother or father. Different people's mothers and fathers are different, and we want to know about yours.

*Now please think about your mother and compare her to these descriptions of people's mothers. If you do not ever spend time with your mother but another woman lives in your household instead, please respond about that woman. So, begin with number 1, and read the four descriptions. If your mother is most like the mothers in the first statement, then circle the letter "**a**" in front of that statement. If she is most like the mothers in the second statement, then circle the letter "**b**" in front of that statement. If she is most like the mothers in the third statement, then circle the letter "**c**" in front of that statement. If she is most like the mothers in the fourth statement, then circle the letter "**d**" in front of that statement.*

1. a. Some mothers **never have enough time** to talk to their children.
   b. Some mothers **usually don't have enough time** to talk to their children.
   c. Some mothers **sometimes have enough time** to talk to their children.
   d. Some mothers **always have enough time** to talk to their children.

2. a. Some mothers **always explain** to their children about the way they should behave.
   b. Some mothers **sometimes explain** to their children about the way they should behave.
   c. Some mothers **sometimes make** their children behave because they're the boss.
   d. Some mothers **always make** their children behave because they're the boss.

3. a. Some mothers **always ask** their children what they did in school that day.
   b. Some mothers **usually ask** their children what they did in school that day.
   c. Some mothers **usually don't ask** their children what they did in school that day.
   d. Some mothers **never ask** their children what they did in school that day.

4. a. Some mothers **always get very upset** if their children don't do what they're supposed to right away.
   b. Some mothers **sometimes get very upset** if their children don't do what they're supposed to right away.
   c. Some mothers **sometimes try to understand** why their children don't do what they're supposed to right away.
   d. Some mothers **always try to understand** why their children don't do what they're supposed to right away.

5. a. Some mothers **always have the time to talk** about their children's problem.
   b. Some mothers **sometimes have the time to talk** about their children's problem.
   c. Some mothers **don't always have the time to talk** about their children's problem.
   d. Some mothers **never have the time to talk** about their children's problem.

6. a. Some mothers **never punish** their children; they **always talk** to their children about what was wrong.

   b. Some mothers **hardly ever punish** their children; they **usually talk** to their children about what was wrong.

   c. Some mothers **usually punish** their children when they've done something wrong **without talking to them very much**.

   d. Some mothers **always punish** their children when they've done something wrong **without talking to them at all**.

7. a. Some mothers **always** tell their children what to do.

   b. Some mothers **sometimes** tell their children what to do.

   c. Some mothers **sometimes** like their children to **decide for themselves what to do**.

   d. Some mothers **always** like their children to **decide for themselves what to do**.

8. a. Some mothers **always think it's OK** if their children make mistakes.

   b. Some mothers **sometimes think it's OK** if their children make mistakes.

   c. Some mothers **always get angry** if their children make mistakes.

   d. Some mothers **sometimes get angry** if their children make mistakes.

9. a. Some mothers **never want to know** what their children are doing.

   b. Some mothers **usually don't want to know** what their children are doing.

   c. Some mothers **sometimes want to know** what their children are doing.

   d. Some mothers **always want to know** what their children are doing.

10. a. Some mothers **always get upset** when their children don't do well in school.

    b. Some mothers **sometimes get upset** when their children don't do well in school.

    c. Some mothers **hardly ever get upset** when their children don't do well in school.

    d. Some mothers **never get upset** when their children don't do well in school.

11. a. Some mothers **always like to talk to their children's teachers** about how they are doing in school.

    b. Some mothers **sometimes like to talk to their children's teachers** about how they are doing in school.

    c. Some mothers **usually don't like to talk to their children's teachers** about how they are doing in school.

    d. Some mothers **never like to talk to their children's teachers** about how they are doing in school.

Now, please think about your father. If you do not see your father but some other man lives in your household, please respond about that man.

12. a. Some fathers **never have enough time** to talk to their children.

    b. Some fathers **usually don't have enough time** to talk to their children.

    c. Some fathers **sometimes have enough time** to talk to their children.

    d. Some fathers **always have enough time** to talk to their children.

13. a. Some fathers **always explain** to their children about the way they should behave.

    b. Some fathers **sometimes explain** to their children about the way they should behave.

    c. Some fathers **sometimes make** their children behave because they're the boss.

    d. Some fathers **always make** their children behave because they're the boss.

14. a. Some fathers **always ask** their children what they did in school that day.

    b. Some fathers **usually ask** their children what they did in school that day.

    c. Some fathers **usually don't ask** their children what they did in school that day.

    d. Some fathers **never ask** their children what they did in school that day.

15. a. Some fathers **always get very upset** if their children don't do what they're supposed to right away.

    b. Some fathers **sometimes get very upset** if their children don't do what they're supposed to right away.

    c. Some fathers **sometimes try to understand** why their children don't do what they're supposed to right away.

d. Some fathers **always try to understa**nd why their children don't do what they're supposed to right away.

16. a. Some fathers **always have the time to talk** about their children's problem.

b. Some fathers **sometimes have the time to talk** about their children's problem.

c. Some fathers **don't always have the time to talk** about their children's problem.

d. Some fathers **never have the time to talk** about their children's problem.

17. a. Some fathers **never punish** their children; they **always talk** to their children about what was wrong.

b. Some fathers **hardly ever punish** their children; they **usually talk** to their children about what was wrong.

c. Some fathers **usually punish** their children when they've done something wrong **without talking to them very much**.

d. Some fathers **always punish** their children when they've done something wrong **without talking to them at all**.

18. a. Some fathers **always tell** their children what to do.

b. Some fathers **sometimes tell** their children what to do.

c. Some fathers **sometimes** like their children to **decide for themselves** what to do.

d. Some fathers **always** like their children to **decide for themselves** what to do.

19. a. Some fathers **always think it's OK** if their children make mistakes.

b. Some fathers **sometimes think it's OK** if their children make mistakes.

c. Some fathers **always get angry** if their children make mistakes.

d. Some fathers **sometimes get angry** if their children make mistakes.

20. a. Some fathers **never want to know** what their children are doing.

b. Some fathers **usually don't want to know** what their children are doing.

c. Some fathers **sometimes want to know** what their children are doing.

d. Some fathers **always want to know** what their children are doing.

21. a. Some fathers **always get upset** when their children don't do well in school.

b. Some fathers **sometimes get upset** when their children don't do well in school.

c. Some fathers **hardly ever get upset** when their children don't do well in school.

d. Some fathers **never get upset** when their children don't do well in school.

22. a. Some fathers **always like to talk to their children's teachers** about how they are doing in school.

b. Some fathers **sometimes like to talk to their children's teachers** about how they are doing in school.

c. Some fathers **usually don't like to talk to their children's teachers** about how they are doing in school.

d. Some fathers **never like to talk to their children's teachers** about how they are doing in school.

Appendix B

Self-Efficacy Questionnaire for Children (SEQ-C)

	1 Not at all	2	3	4	5 Very well
1. How well can you get teachers to help you when you get stuck on schoolwork?	○	○	○	○	○
2. How well can you express your opinions when other classmates disagree with you?	○	○	○	○	○
3. How well do you succeed in cheering yourself up when an unpleasant event has happened?	○	○	○	○	○
4. How well can you study when there are other interesting things to do?	○	○	○	○	○
5. How well do you succeed in becoming calm again when you are very scared?	○	○	○	○	○
6. How well can you become friends with other children?	○	○	○	○	○
7. How well can you study a chapter for a test?	○	○	○	○	○
8. How well can you have a chat with an unfamiliar person?	○	○	○	○	○
9. How well can you prevent to become nervous?	○	○	○	○	○
10. How well do you succeed in finishing all your homework every day?	○	○	○	○	○
11. How well can you work in harmony with your classmates?	○	○	○	○	○
12. How well can you control your feelings?	○	○	○	○	○
13. How well can you pay attention during every class?	○	○	○	○	○
14. How well can you tell other children that they are doing something that you don't like?	○	○	○	○	○
15. How well can you give yourself a pep-talk when you feel low?	○	○	○	○	○
16. How well do you succeed in understanding all subjects in school?	○	○	○	○	○
17. How well can you tell a funny event to a group of children?	○	○	○	○	○

18. How well can you tell a friend that you don't feel well?	○	○	○	○	○
19. How well do you succeed in satisfying your parents with your schoolwork?	○	○	○	○	○
20. How well do you succeed in staying friends with other children?	○	○	○	○	○
21. How well do you succeed in suppressing unpleasant thoughts?	○	○	○	○	○
22. How well do you succeed in passing a test?	○	○	○	○	○
23. How well do you succeed in preventing quarrels with other children?	○	○	○	○	○
24. How well do you succeed in not worrying about things that might happen?	○	○	○	○	○

Note. Three items of this questionnaire were taken from Bandura et al. (1999). See: Bandura, A., Pastorelli, C., Barbaranelli, C., & Caprara, G.V. (1999). Self-efficacy pathways to childhood depression. *Journal of Personality and Social Psychology*, 76, 258-269.

Appendix C

Demographic Survey

1. What is your age? _____
2. Circle your gender: Male Female Other (please specify): _____
3. Circle your ethnicity:

   European American (White) Native American

   Latin/x/a Asian/Pacific Islander

   African American or Black Other (please specify): _____
4. How many hours a week do you interact (having a conversation, doing an activity together, etc.) with your mother or other female caregiver? _____
5. How many hours a week do you interact (having a conversation, doing an activity together, etc.) with your father or other male caregiver ? _____
6. What languages are you fluent in (fluent = you can read and speak the language well)?

   _____
7. What do(es) your parent(s) do for work? (If you have two parents and they both work, list both) _____
8. How often do you see your extended family (grandparents, aunts, uncles)? You can answer by noting times per week, times per month, or times per year (e.g. 3 times/year):

   _____

Appendix D

Consent (English)

Dear Parent/ Guardian of St. Paul Middle/High School student,

As part of St. Paul School District's ongoing partnership with George Fox University's Rural Child and Adolescent Services within the Graduate Department of Clinical Psychology, we seek to maximize our services with research to build knowledge about student growth. This notification is to inform you about a current project which aims to build understanding of adolescent social and emotional development. This project is being led by graduate student counselors who are currently providing behavior health services to youth at St. Paul, under the supervision of Dr. Elizabeth Hamilton.

All middle and high school students will be invited to participate in a brief research survey during their study hall period on (MM/DD/YEAR). Four short multiple-choice surveys (63 items total) will be administered during study hall at the end of the school day. The surveys should take approximately 20 to 30 minutes to complete. Questions ask about student's social networks, support systems, emotional strength, and resilience. This research was approved by the George Fox University Human Subjects Research Committee, ensuring that it meets appropriate ethical standards. The surveys will be de-identified (numbered instead of identified by name), to protect student confidentiality. In return for their participation, students will be given a small token of appreciation (e.g. candy or a snack). A summary of our findings will be available to parents, with all student information de-identified.

If you prefer that your son or daughter do not participate in this research, please complete and return this form to the school office by (MM/DD/YEAR). Otherwise, thank you kindly for your collaboration and we look forward to learning more about fostering adolescent social and emotional development.

Sincerely,

Meagan Deuser, BA
Student Counselor
St. Paul School District

Elizabeth B. Hamilton, Ph.D.
Licensed Supervisor
George Fox University

*COMPLETE IF YOU PREFER THAT YOUR SON OR DAUGHTER DO NOT PARTICIPATE IN THIS RESEARCH.

Return completed form to school office by MM/DD/YEAR.

Student's Legal Last Name _____

Student's Legal First Name _____

I decline the opportunity for my child to participate in this research on adolescent social and emotional development.

_____

Parent/Guardian (signature) Date

Parent/Guardian (printed name) _____

Appendix E

Consent (Spanish)

Consentimiento

Queridos Padres/ Guardianes de estudiantes de intermedia y secundaria,

En vez en cuando, la escuela de St. Pablo participa en investigaciones sobre el conocimiento en el desarrollo y crecimiento de los estudiantes. Esta notificación es para infórmale sobre la investigación que estamos por hacer. Todos los estudiantes en la escuela estarán invitados a participar en una encuesta de investigación durante el periodo de estudios (el mes/dia/ ano). Esta investigación es en colaboración con el programa del Departamento De Psicología Clínica de la Universidad de George Fox y el programa de Servicios de Psicología Para Niños Rural y Adolescentes. El objetivo del estudio es para ayudar crear entendimiento del desarrollo social y emocional de los adolescentes.

El Programa de Servicios de Psicología Para Niños Rural y Adolescentes es un programa de consulta para servicios de psicología contratado por El distrito escolar de St. Pablo. El programa dispone servicios para conducta saludable en colaboración con el programa del Departamento De Psicología Clínica de la Universidad de George Fox. Estudiantes del programa de psicología estand bajo la licencia y supervisión para proveer servicios de consejería y evaluaciones escolares para el distrito.

Cuatro encuestas consistiendo de 63 artículos van a hacer administrados durante el periodo de estudios. Las encuestas deben tomar 20 minutos para completar. El contenido será basado en emociones de conducta social incluyendo impactos y resiliencia. Esta investigación fue aprobada por el Comité de Investigación de Sujetos Humanos de La Universidad de George Fox que se

asegura de las éticas apropiadas para la investigación. La investigación usara números envés de nombres para proteger la identidad de los estudiantes. En regreso los estudiantes recibirán una botana.

O si usted prefiere que su hijo/hija no participe in la investigación por favor complete y regrese la forma a la escuela (mes/ dia/ ano). O si usted decide que participe su estudiante no regrese nada. Gracia por so colaboración esperemos aprender mas sobre los desarrollos emocionales y sociales en los adolescentes.

Sinceramente,

Meagan Dueser, MA	Elizabeth B. Hamilton, Ph.D
Consejera Estudiante	Supervisora Licenciada
Distrito de San Pablo	La Universidad de George Fox

COMPLETE ESTA FORMA O SI USTED NO QUIERE QUE SO HIJO/ HIJA PARTICIPE EN LA INVISTIGACION.

Regrese la forma a la oficina de la escuela (mes/ dia/ ano).

El ultimo nombre legal del estudiante _____

El primer nombre legal del estudiante _____

Yo niego la oportunidad para mi hijo/ hija que participen en la investigación de los desarrollos sociales y emocionales de los adolescentes.

_____

Padres/ Guardianes (firma) Fecha

Padres/ Guardianes (firma de molde) _____

Appendix F

Curriculum Vitae

Meagan Miller

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Tigard, OR 97223
(208) 661-0103

Professional Interests

My professional interests are primarily in trauma as well as identity development in adolescents and young adults. My dissertation is focused on adolescent self-efficacy and social-emotional resilience and how parental involvement and autonomy support influence these dimensions.

Education:

Psy.D	**Clinical Psychology**, Anticipated Graduation April 2021, George Fox University, Newberg, Oregon
M.A.	**Clinical Psychology**, April 2018, George Fox University, Newberg, Oregon
B.A.	**Psychology**, May 2015, Northwest Nazarene University, Nampa, Idaho

Supervised Clinical Experience

August 2019-Present	**Pre-Internship** Student Therapist and Clinic Manager, Behavioral Health Center Therapy Clinic, Newberg, OR **Responsibilities:** I conduct individual and group therapy with low-income and underinsured members of the community and connect them with community resources when needed. I complete administrative tasks within the clinic including scheduling, training, and stocking of materials. **Supervisor:** Dr. Joel Gregor

February 2019-July 2019	**Practicum II** Behavioral Health Consultant, Physician's Medical Center, McMinnville, OR **Responsibilities:** I provided brief and ACT-focused therapy to children, adults, and the geriatric population. I connected patients with resources in the community and coordinated care with primary care providers. **Supervisor:** Dr. Kristie Schmidlkofer
July 2018-January 2019	Behavioral Health Consultant, Childhood Health Associates of Salem, Salem, OR **Responsibilities:** I provided brief, intervention focused therapy to children and their families. I followed pediatricians and provided psychological interventions during medical appointments. **Supervisor:** Dr. Joel Lampert
September 2017- June 2018	**Practicum I** Student Therapist, Rural Child and Adolescent Psychological Services, St. Paul High/Middle School, St. Paul, OR **Responsibilities:** I provided therapy to students as well as consultation to parents. I gave psychological assessments to students, wrote assessment reports with the results, and aided in conducting Individual Education Plan meetings with the parents of students. **Supervisor:** Dr. Elizabeth Hamilton

Other Professional Experience

July 2018-Present	Clinical Responder, Parry Center for Children, Trillium Family Services, Portland, OR **Responsibilities:** I respond to calls on the children's inpatient unit regarding manual restraint, seclusion, suicidal or homicidal risk, and other behavioral concerns. I also authorize manual restraints, seclusion, and adjust risk level of clients as needed. **Supervisor:** Alyssa Robert
September 2015- August 2016	Applied Behavioral Analyst Sequel Alliance Family Services, Coeur d'Alene, ID **Responsibilities:** I worked one-on-one with

	children with developmental disabilities and maladaptive behaviors with a focus on functionality in the schools and community as well as independence. All paperwork was done according to Medicaid and state standards. **Supervisor:** Hailey Scott
June 2013- August 2016	Habilitative Supports and Habilitative Interventionist, TESH Inc., Coeur d'Alene, ID **Responsibilities:** I worked one-on-one with children and adults with developmental disabilities and provided interventions focused on community participation and independence with them each day. I also completed all of the paperwork required by Medicaid and the state for each client. **Supervisor:** Paula Witkowski

Teaching Experience

January 2020-Present	Adjunct Professor, George Fox University, Newberg, OR **Responsibilities:** I taught a General Psychology course to undergraduate students with duties including lecturing, meeting individually with students, and grading. **Supervisor:** Dr. Chris Koch
August 2017- December 2018	Teaching Assistant, George Fox University, Newberg, OR **Responsibilities:** I ran study sessions, graded assignments and exams, provided student meetings, and guest lectured for a Lifespan Development course. **Supervisor:** Dr. Celeste Jones

Honors and Awards:

May 2014	Research Forum's Top Psychology Researcher, Northwest Nazarene University
March 2014	Psi Chi Honors Society, Psi Chi International Honor Society
May 2013- 2015	Dean's List Scholar, Northwest Nazarene University
August 2012	Cunningham Scholarship, Northwest Nazarene University

Research Presentations

2019	**Deuser, M**., Jones, C., & Smith, K. (2019). *The Impact of Parental Autonomy Support on Adolescent Self-Efficacy*. Poster Presented at Oregon Psychological Association Annual Conference in Eugene, OR.
2018	**Deuser, M**., Peters, K., & Jones, C. (2018) *Training environments that work for young adults with ASD: In their words*. Poster presented at American Psychological Association Annual Convention in San Francisco, CA.
2015	**Deuser, M**. (2015). *A Glimpse into the Mind of a Special Education Teacher: A Qualitative Look at the Perspective of Teaching Effectiveness in Public School Education.* Presented at the Rocky Mountain Psychological Association Convention, Boise, ID.

Other Research Involvement

2016-2017	Research Assistant- Fairy Tale Test **Responsibilities:** Conducted structured interviews with children between the ages of 5 and 12 where they were shown a series of pictures and asked to tell a story based on required prompts. Recorded responses verbatim and supplied data to the original researcher. **Creator**: Carina Coulacoglou, PhD **Primary Supervisor**: Glena Andrews, PhD George Fox University

Professional Associations

2016-Present	American Psychological Association
2013-Present	Psi Chi Honor Society

University Involvement

2017-2019	Student Interest Group Leader **Responsibilities:** I co-lead a student interest group about child and adolescent considerations. This involved

planning the events, contacting speakers, gathering content, and leading group discussions.

Select Relevant Clinical Trainings and Workshops

Avigail Lev, Psy.D., and Robyn Walser, Ph.D. (August 2019)
Integrating ACT, Schemas, and Nonviolent Communication to Treat Victims of Narcissistic Abuse
Bay Area CBT Center
Webinar

Steven Hayes, Ph.D (October 2017)
ACT II Workshop
Praxis Continuing Education and Training Inc.
Seattle, WA

Presentations Attended

Cheryl Forster, PsyD (October 2019)
Intercultural Prerequisites for Effective Diversity Work
George Fox University Colloquium
Newberg, OR

Everett Worthington Jr., PhD (September 2019)
Promoting Forgiveness
George Fox University Colloquium
Newberg, OR

Douglas Marlow, PhD (March 2019)
Foundations of Relationships Therapy-The Gottman Model
George Fox University Colloquium
Newberg, OR

Diomaris Safi, PsyD and Alex Millkey, PsyD (February 2019)
Opportunities in Forensic Psychology
George Fox University Grand Rounds
Newberg, OR

Scott Pengelly, PhD (October 2018)
Old Pain in New Brains
George Fox University Grand Rounds
Newberg, OR

Lisa Graham McMinn, PhD and Mark McMinn, PhD (September 2018)
Spiritual Formation and the Life of a Psychologist: Looking Closer at Soul-Care
George Fox University Colloquium
Newberg, OR

Mike Vogel, PsyD (March 2018)
Integration and Ekklesia
George Fox University Grand Rounds

Carlos Taloyo, PhD (February 2018)
History and Application of Interpersonal Psychotherapy
George Fox University Colloquium
Newberg, OR

Jeff Sodahl, Psy.D (November 2017)
Telehealth
George Fox University Colloquium
Newberg, OR

Eleanor Gil-Kashiwabara, Psy.D (October 2017)
Using Community Based Participatory Research (CBPR) to Promote Mental Health in American Indian/Alaska Native (AI/AN) Children, Youth and Families
George Fox University Grand Rounds
Newberg, OR

Patricia Warford, Psy.D and Sgt. Todd Baltzell (March, 2017)
Domestic Violence: A Coordinated Community Response
George Fox University Colloquium
Newberg, OR

Sydney Brown, Psy.D (February, 2017)
Native Self Actualization: Its Assessment and Application in Therapy
George Fox University Grand Rounds
Newberg, OR

Wendy Bourg, Ph.D (November, 2016)
When Divorce Hits the Family: Helping Parents and Children Navigate
George Fox University Grand Rounds
Newberg, OR

Brooke Kuhnhausen, PhD (October, 2016)
Sacredness, Naming and Healing: Lanterns Along the Way
George Fox University Colloquium
Newberg, OR

Relevant Courses

- Psychopathology
- Ethics for Psychologists
- Lifespan Development
- Family Therapy
- Psychometrics
- Social Psychology
- Child and Adolescent Assessment
- Cognitive-Behavioral Therapy
- Cognitive Assessment
- Psychodynamic Psychotherapy
- Neuropsychological Assessment and Interpretation
- Consultation, Education, and Program Development
- Statistics
- Biological Basis of Behavior
- Professional Issues
- Supervision and Management
- Substance Abuse
- Theories of Personality and Psychotherapy
- Clinical Foundations I, II
- Personality Assessment
- Integrative Approaches to Psychology and Psychotherapy
- Learning, Cognition, and Emotion
- Bible Survey for Psychologists
- Research Design
- Multicultural Psychology
- History and Systems of Psychology
- Selected Topics: Integrated Primary Care
- Spiritual and Religious Diversity in Professional Psychology
- Christian History and Theology Survey
- Child and Adolescent Treatment
- Spiritual and Religious Issues in Psychology

References

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