GROWING TOGETHER

Participation in and outcomes of programs for parents of adolescents

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To Ester, with love and thanks in advance
for reminding me of this when you get older.

Abstract

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This thesis is focused on parenting during children's adolescence and its overarching aim was to investigate universal supports offered to parents of adolescents, specifically group-based parenting programs. The thesis builds on a research project which followed 315 parents (of children aged 10–17) enrolled in community parenting programs in south-west Sweden. Three papers reporting on the project are included. **Study I** examined the characteristics of parents in universal (available to all parents in the population) parenting programs and their reasons for enrolling. The results showed that on a group level, parents who enrolled in these programs reported a more difficult psychosocial situation than parents do in general. Further, while the majority of parents gave general reasons for enrolling, about a fifth gave problem-oriented reasons. This replicates findings from studies of younger children and points to a difference between "universal" and "targeted" needs among parents, further supported by the findings showing that parents with problem-oriented motives reported greater child-related difficulties than those with general reasons. **Study II** explored the short- and long-term effects of both universal and targeted (aimed at families at risk or with identified problems) parenting programs on parenting strategies, family climate, and parental and adolescent mental health. The results revealed small to moderate changes in almost all outcome variables and in all parenting programs. Overall, parents in COMET reported the largest short and long-term changes. No substantial differences in change were seen between the other programs. The findings are mostly consistent with earlier studies of parents of adolescents as well as younger children. **Study III** investigated the adolescents' perspectives on their parents' participation in these programs. The results revealed consistent, yet mostly non-significant, patterns of perceived change in desirable directions. When relevant risk factors were considered, significant improvements were seen in adolescent psychological well-being during the intervention period, and adolescent attachment security and psychological problems showed positive change at one-year follow-up. In contrast, adolescents with reported exposure to increased interpersonal stress during the study period experienced a rise in psychological problems during the intervention period, which was maintained at one-year follow up. The pattern of change could not be traced to any particular program. The findings in the present thesis show that when programs for parents of adolescents are offered universally, they do reach parents in actual need of support whether they have general or more problem-oriented reasons for enrollment. The results further support the effectiveness of generic parenting programs when offered in real-world settings to parents with different needs. Finally, the results suggest that relevant contextual stress factors during adolescence need to be considered when the outcomes of parenting programs are investigated. The findings contribute to further understanding of participation in and outcomes of parenting programs during children's adolescence, from both the parental and the adolescent perspective.

Keywords: Adolescence, Adolescent mental health, Prevention, Universal prevention, Parenting, Parental support, Parenting programs

Svensk sammanfattning

Tonårstiden, eller *adolescensen* som perioden kallas med utvecklingspsykologisk terminologi, är vid sidan av spädbarnsåren den period i ett barns liv som föräldrar tycks känna sig mest nervösa och ängsliga inför. Det finns en allmän uppfattning av tonårstiden som konfliktfylld och turbulent och av tonåringen som lynnig, svår och trotsig. Även om forskning pekar på att det inte förhåller sig på detta sätt generellt, utan att övergången från barndom till tonår snarare är en relativt problemfri upplevelse i de allra flesta familjer, så ställs tonåringar och föräldrar inför flera utmaningar som kan vara svåra under denna period. Det är en utvecklingsperiod som medför stora fysiska, kognitiva, känslomässiga och sociala förändringar i och runt tonåringen under kort tid, med bland annat ökad autonomi och avidealisering av föräldrarna. Andra relationer blir allt mer viktiga och tonåringen skaffar sig nya sociala arenor. Dessutom finns det tecken på att den psykiska ohälsan har ökat i denna åldersgrupp under de senaste decennierna. Även föräldrarna utvecklas under denna period och balansen i familjerelationerna behöver omformuleras. Detta kan leda till ökade konflikter. Ifrågasättande av föräldrarna som kan vara ett uttryck för tonåringens träning av nyvunna kognitiva förmågor kan upplevas som ett avvisande av förälderns omdöme och värderingar, och att föräldern har misslyckats i sin roll. Samtidigt erbjuder denna period av omförhandlingar och omorientering också nya möjligheter. Ett exempel på detta är hur anknytningsrelationen utvecklas. En trygg anknytning under adolescensen har visat sig ha samma positiva effekter på utvecklingen som i tidig barndom. Även om anknytningen tar sin form under spädbarnsåren är den påverkbar genom nya erfarenheter, inte bara under de första åren utan även under senare barndom och tonår och det finns potential för en initialt otrygg anknytningsrelation att förbättras, exempelvis genom att föräldern ökar sin känslighet och lyhördhet gentemot sitt barn. Detta kan underlättas eller försvåras av flera olika faktorer – så som tillgången till socialt stöd, arbetslöshet och ekonomisk stress, konflikter mellan föräldrar och psykisk hälsa – vilka påverkar förälderns förmåga att vara en tillräckligt bra förälder under tonårstiden. Forskning har påpekat betydelsen av vilken föräldrastil föräldrarna uppvisar för tonåringens utveckling. Samtidigt är det viktigt att ha i åtanke att likväl som föräldrarnas beteende påverkar tonåringen så påverkar tonåringens beteende föräldrarna i en ständigt fortgående process. Vidare påverkas hela familjesystemet av det omgivande samhället. Sammantaget gör detta att många föräldrar uttrycker ett behov av stöd i sitt föräldraskap under barnets adolescens och det finns en potential att främja en positiv utveckling hos tonåringar genom att stödja föräldrar. Även om många olika krafter

påverkar barnet under adolescensen har föräldrarna en fortsatt mycket stor betydelse under denna period.

Föräldraskapsstöd är ett brett begrepp och kan innefatta olika typer av insatser på olika förebyggande nivåer. Beroende på var barnet befinner sig utvecklingsmässigt och vad som sker i familjen och i samhället kan behovet av stöd växla under barnets uppväxt. *Promotion* syftar till att främja individers välmående och positiva utveckling medan *prevention* avser insatser för att minska risken för ohälsa. *Universell* prevention vänder sig till samtliga i en viss population medan *riktad* prevention vänder sig till grupper av individer baserat på någon gemensam riskfaktor eller i uppenbar risk för att utveckla hälsoproblem, vanligen på grund av en redan förhöjd symptomnivå. Beroende på vilken preventiv nivå en insats erbjuds kan olika effekter förväntas. Relativt små effekter kan förväntas i grupper av individer där problemen redan från början är små, medan större effekter krävs för att en intervention ska anses lyckad i grupper av individer med uttalade problem. Strukturerade, gruppbaserade *föräldrastödsprogram*, med fokus på att stärka föräldra-barnrelationen för att främja positiv utveckling och förebygga psykisk ohälsa hos den unge, har visat sig vara en lovande form av stöd. Det flesta av dessa program utvecklades ursprungligen i Nordamerika och Australien för föräldrar med yngre barn och för familjer med identifierade problem. På senare tid har programmen spridit sig över världen och rekommenderats som preventiva insatser mer generellt, även för föräldrar med tonåringar. En ihållande fråga är i vilken utsträckning dessa program har förmågan att producera likvärdiga effekter i andra sammanhang än där de utvecklades. Forskningen är inte entydig men pekar på att någon grad av anpassning måste göras när ett program implementeras i en ny kontext. Studier på effekterna av föräldrastödsprogram för föräldrar med tonåringar är än så länge få. Historiskt sett har program för denna målgrupp huvudsakligen inriktat sig på typiska tonårsproblem, så som alkohol-, tobak-, och drogkonsumtion samt kriminellt beteende, med påvisade goda effekter. Endast en handfull studier har undersökt de mer generella programmen men positiva effekter har setts i föräldrastrategier, familjeklimat och föräldrars och tonåringars psykiska hälsa. Tonåringarnas perspektiv på dessa program har sällan studerats och de få studier som genomförts har blandade resultat. Ett av de mest robusta forskningsfynden rörande föräldrar och tonåringar är att familjemedlemmar ofta är oense i sina upplevelser av exempelvis föräldrars och barns beteende och psykiska hälsa och det är oklart om dessa skillnader är kopplade till typisk eller ohälsosam utveckling hos den unge. När dessa och liknande fenomen studeras är det dock viktigt att inkludera både barns och föräldrars upplevelser eftersom de återspeglar olika familjemedlemmars unika perspektiv.

Syftet med denna avhandling var att undersöka fenomenet universellt föräldraskapsstöd, med betoning på gruppbaserade föräldrastödsprogram. I forskningsprojektet som ligger till grund för avhandlingen följdes 315 familjer i sydvästra Sverige, med barn i 10 till 17 års ålder, där föräldrarna valt att delta i ett föräldrastödsprogram i sin hemkommun. Tre studier har hittills genomförts i projektet. I **Studie I** undersöktes vilka föräldrar som sökt sig till universellt erbjudna föräldrastödsprogram samt deras anledningar till varför de gjort det. Resultaten visade att föräldrarna, som grupp betraktad, rapporterade en mer problematisk psykosocial situation än föräldrar i allmänhet, med högre grad av arbetslöshet och/eller långtidssjukskrivning och psykisk ohälsa hos både förälder och barn. Mammor deltog i högre utsträckning än pappor och var mer högutbildade än mammor i allmänhet. Medan majoriteten av föräldrarna uppgav mer generella anledningar till sitt deltagande – så som intresse för ökad(e) kunskap, förståelse och strategier – så angav ca en femtedel av föräldrarna mer problemorienterade anledningar till sitt deltagande. Resultaten är i linje med studier på föräldrar till yngre barn och pekar på en skillnad mellan ”universella” och ”riktade” behov hos föräldrar, en slutsats som stöds av resultatet att föräldrarna med problemorienterade motiv till deltagande rapporterade fler barnrelaterade svårigheter än föräldrarna med generella anledningar.

I **Studie II** undersöktes kort- och långtidseffekterna från både universella och riktade föräldrastödsprogram på föräldrastrategier, familjeklimat, och föräldrars och tonåringars psykiska hälsa. De fem programmen som studerades var *Aktivt Föräldraskap*, *Connect*, *COPE*, *KOMET* och *LFT*. Resultaten visade på små till måttliga effekter i nästan alla utfallsvariabler och i samtliga program. Överlag var förändringen störst i KOMET både på kort (under programmens gång) och på lång sikt (ett år efter att programmen startade). Ingen betydelsefull skillnad i utfall upptäcktes mellan övriga program. Resultaten är huvudsakligen i linje med tidigare studier av föräldrar med tonåringar såväl som med yngre barn.

I **Studie III** undersöktes tonåringarnas perspektiv på deras föräldrars deltagande i föräldrastödsprogrammen. Resultaten visade på konsekventa, men oftast icke-signifikanta, mönster av upplevd förändring i önskvärd riktning. Efter att relevanta riskfaktorer hade kontrollerats för, sågs signifikanta förbättringar i tonåringarnas känslomässiga välbefinnande på kort sikt, medan positiva förändringar sågs i tonåringarnas anknytningstrygghet och psykiska problem vid långtidsuppföljningen. Bland tonåringar med ökad interpersonell stress (i form av stress i familjen och/eller utsatthet för mobbning) under studietiden visade däremot resultaten på ökade psykiska problem under programmens gång, vilka höll i sig vid långtidsuppföljningen. Förändringarna i de två grupperna av tonåringar gick inte att härleda till något specifikt program.

Resultaten i den aktuella avhandlingen visar att när program för föräldrar med tonårsbarn erbjuds universellt, lyckas de nå föräldrar med ett faktiskt behöv av stöd, oavsett om de har generella eller mer problemorienterade motiv för sitt deltagande. Vidare pekar resultaten på att föräldrastödsprogram för föräldrar med tonårsbarn är effektiva i att stärka föräldra-barnrelationen och i att främja en positiv utveckling och minska problem när de erbjuds i kommunal regi till föräldrar med olika behov. Avslutningsvis pekar resultaten på att relevanta kontextuella stressfaktorer behöver tas med i beräkningarna när effekterna av föräldrastödsprogram studeras. Resultaten bidrar till en ökad förståelse av deltagande i och effekter från föräldrastödsprogram under adolescensen, från såväl föräldrars som tonåringars perspektiv.

List of publications

This thesis is based on the following three papers, which are referred to by their roman numerals:

I. Alfredsson, E. K., & Broberg, A. G. (2016). Universal parent support groups for parents of adolescents: Which parents participate and why? *Scandinavian Journal of Psychology, 57*, 177-184. doi: 10.1111/sjop.12278

II. Alfredsson, E. K., Thorvaldsson, V., Axberg, U., & Broberg, A. G. (2018). Parenting programs during adolescence: Outcomes from universal and targeted interventions offered in real-world settings. *Scandinavian Journal of Psychology*. doi: 10.1111/sjop.12446

III. Alfredsson, E. K., Thorvaldsson, V., Axberg, U., & Broberg, A. G. *Outcomes from programs for parenting adolescents: The adolescent perspective.* Manuscript submitted for publication.

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Thank you all.

Elin Alfredsson
Gothenburg, May 2018

Contents

Preface

Adolescence[1] is one of the most rapid phases in human development, characterized by major biological, cognitive, and social changes. Although most youths handle the transition into adulthood without too much trouble, around 20% of all adolescents, in any given year, experience some mental health problem, most commonly depression or anxiety (WHO, 2016). In 2018, the World Health Organization (WHO) considers mental health problems to be one of the greatest disease burdens among adolescents. Results from a range of studies suggest that the problems are worse today than a few decades ago, and may in fact still be increasing, especially among girls (Bor, Dean, Najman & Hayatbakhsh, 2014; Collishaw, 2015). Preventive efforts and interventions addressing mental health problems among adolescents is therefore a prioritized concern (WHO, 2016).

Many factors operating on individual, contextual, and societal levels impact adolescent development. Despite increasing involvement with their peers and surrounding environment during this period, adolescents' mental health and well-being continue to be profoundly influenced by their parents (Chu, Farruggia, Sanders & Ralph, 2012) and the parent–adolescent relationship is relatively easier to target for interventions than other factors. Thus, measures aimed to improve adolescent mental well-being, including improving parenting practices, are warranted. Interventions to support parents of adolescents have generally been scarce, but policy makers and researchers worldwide have increasingly called for large-scale evidence-based parenting programs aimed to prevent adolescent mental health problems in the general population (Chu et al., 2012). The evidence for the efficiency of these programs is promising, but it stems primarily either from work with parents of pre-adolescent children or from studies targeting specific adolescent problem behaviors such as substance abuse or antisocial behavior (Chu, Bullen, Farrauggia, Dittman & Sanders, 2015; Bremberg, 2006). More research is needed into programs offered to

[1] Developmental researchers usually divide adolescence into *early adolescence* (around 10–13 years), *middle adolescence* (around 14–17 years), and *late adolescence* (around 18–21 years) (Steinberg, 2014). In this thesis, alternative definitions are sometimes used such as *older children* (10–12 years) and *teenagers* (13–19 years), and the more inclusive *youths* and *young people*. When the expression *child/children* is used by itself, it usually refers to children of all ages up to 18 years. *Younger children* refers to children under 10 years. *Early adult*s refers to those in the range of around 20–29 years.

parents in general, regardless of potential risk factors, and to parents of older children and teenagers.

This thesis is focused on parenting during children's adolescence and its overarching aim is to investigate universal support for parents of adolescents, with an emphasis on group-based parenting programs[2]. The thesis builds on a research project in which we followed families (with children aged 10–17) where parents had enrolled in parenting programs in their local communities in south-west Sweden. Three scientific papers reporting on the project are included. The first (**Study I**) examined the characteristics of parents enrolled in universal (available to all parents in the population) parenting programs and their reasons for enrollment. The second (**Study II**) explored the short- and long-term effects of both universal and targeted (aimed at families at risk or with identified problems) parenting programs on parenting style, parental mental health, family climate, and adolescent mental health. The third (**Study III**) investigated the adolescents' perspectives on their parents' participation in these programs.

The thesis begins with an exploration of the conditions and characteristics of parenthood during the children's adolescence, as well as what constitutes good parenting in general, and of adolescents in particular. The phenomenon of parental support is then described, followed by a presentation of the Swedish context and the present research project. The thesis ends with a summary of the studies and a general discussion of the results.

[2] Alternative terms for the phrase *parenting programs*, such *as parent support groups, parent support group programs*, and *parenting group programs* are used elsewhere and by other authors. In Study I, the term parent support groups was mainly used.

Introduction

Parenthood during adolescence

Parents[3] are the most significant people in a child's life. Their importance for the child's development runs from infancy all the way through adolescence into adulthood, and the quality of the parent–child relationship has proven to be the single most important predictive factor for the youth's mental health and well-being (Sroufe, 2005).

However, the family is not an isolated unit. The ability to parent well is greatly influenced by contextual factors, such as the family's interplay with the surrounding social and economic systems, which directly and indirectly affect the interaction between the parents and between parents and their children.

The theoretical framework for this thesis begins with Bronfenbrenner's (1979; 2005) *bio-ecological model*, which describes the interplay between individuals and their environment and the interaction between different systems of environmental factors that surround them and constitute layers of context as they develop. The innermost layer in the model is the *micro-system* that forms the child's immediate environment, including such sub-systems as the family, school, or peers. This system also includes the individual children, including their biological factors and genetic heritage. The *meso-system* represents the interactions between two or more micro-systems, such as exchanges between the parents and the school. The *exo-system* contains the environmental factors that affect the individual indirectly, such as a parent's workplace. The *macro-system* is the outermost layer of the model and encompasses the culture, history, norms, values, and laws of the surrounding society. A fifth system, the *chrono-system*, describes environmental change over time, such as adjustments to structural changes in the family or living arrangements.

Bronfenbrenner (2005) noted that not only do the environmental and cultural contexts affect the individual, but the individual also influences those contexts. With this, his developmental theory approaches Sameroff's (2009)

[3] In this thesis, a parent refers to an adult person who currently has or has had long-term caregiving responsibility for a child. It is usually, but not necessarily, the child's biological parent.

transactional model, which describes the individual's development as a result of continuous exchange or transactions between different systems, where current exchanges immediately build the foundation for possible subsequent exchanges. Thus, the time factor is central to the transactional model. The transactional process also implies that exchanges between two parties, for example between a parent and a child, are bidirectional. That is, the child's behavior affects the parent's behavior, which in turn affects the child's behavior, and so on.

The transactional and bio-ecological models can both be described as umbrella theories for other more specific developmental theories. One such model is *attachment theory* (Bowlby, 1969; 1973; 1980), which stresses the importance of close relationships for emotional well-being and positive development throughout the life span. Attachment theory is pre-eminently applicable in understanding parenting and the parent–child relationship and is described more fully later in the thesis.

The final contributes to the theoretical foundation of this thesis, *family systems theory* (Minuchin, 1974), emphasizes the interconnections between various family relationships, such as between parents, siblings, or parents and children. In this theory, family relationships change most when individual family members or family circumstances change, because the earlier established equilibrium is disrupted (Steinberg & Silk, 2012). One such imbalance occurs when the child enters adolescence and challenges how the family functions.

The parent–adolescent relationship—a basis for conflict?

The child's adolescence is a period of great change, which can be challenging for both youths and their parents. After infancy, it is the one developmental period that parents feel the most nervous and apprehensive about (Steinberg & Silk, 2012). These worries probably stem from the myth of the teenage years as turbulent and filled with conflict and the idea of the adolescent as moody and defiant. This stereotypical picture can be found both in early descriptions of adolescence as a time of "storm and stress" (Freud, 1958) and in present popular culture and parental forums. But contrary to public opinion, these beliefs lack scientific evidence. Instead, studies have shown that the transition of children into early adulthood is relatively smooth for most families (Henricson & Roker, 2000). The vast majority of adolescents state that they are close to their parents and feel loved by them, value their opinions, and view them as good role models (Steinberg, 2001). The most recent published findings in WHO's cross-national survey, *Health Behavior in School-Aged Children* (WHO, 2016), show that most 11-, 13-, and 15-year-olds find it easy or very

easy to talk to their parents about troubling matters. Around 25% of parents and youths who describe a problematic adolescent transition have a history of earlier relational problems in the family and in fact, no more than 5% of families with earlier experiences of secure parent–child relationships develop relational difficulties during adolescence (Steinberg & Silk, 2012).

This said, parents' concerns are not entirely unjustified. With the possible exception of infancy, no other developmental period entails such remarkable and rapid change. The earlier established equilibrium in the family relationships now has to be renegotiated in line with the developmental changes affecting the child, which drive the adolescent toward increased autonomy and individuation. Consequently, the parent–child relationship must develop from one of asymmetry and inequality toward something more horizontal and egalitarian. Even the most harmonic family can perceive this transformation as challenging (Steinberg & Silk, 2012).

Although frequent high-intensity conflicts do not characterize adolescence in general, everyday bickering and fights about mundane matters such as household chores, leisure time, wardrobe choices, and nighttime curfews are common in families with adolescents (Laursen & Delay, 2011; Martin, Bascoe & Davies, 2011). Most parents and adolescents manage to maintain their emotional bonds while still experiencing an escalation of conflicts, especially during the child's early adolescence (Henricson & Roker, 2000). While the disagreements do not seem to affect the youths' well-being, the repetitive nature of these conflicts can put a strain on parents' mental health (Steinberg, 2001).

Although conflicts increase and intensify during adolescence, they can be a means to negotiate relational changes (Branje, 2018). Parents and children who can express both negative and positive emotions during a conflict and switch flexibly between them are more likely to find alternative interaction patterns and renegotiate their relationship. For example, if parents and children can express their anger or irritation during a disagreement but at the same time show affection toward each other, express interest in each other's opinions, and laugh about the conflict, it might help them find new ways to relate to each other. Thus, parent–adolescent conflicts characterized by emotional variability are adaptive for relational development (Branje, 2018).

Adolescents in most cultures generally feel closer to their mothers than their fathers; they spend more time alone with their mothers and prefer to turn to them for emotional support (Public Health Agency of Sweden, 2014a; Magnusson, 2014; Steinberg, 2014; WHO, 2016), while perceiving their fathers as more distant (Crockett, Brown, Russell & Shen, 2007; Public Health Agency of Sweden, 2014a). Mothers tend to be more involved in their children's lives than do their fathers (Updegraff, McHale, Crouter & Kupanoff, 2001; Williams & Kelly, 2005), who often learn about their teenagers' lives from the mothers

(Crouter, Bumpus, Davis & McHale, 2005; Waizenhofer, Buchanan & Jackson-Newsom, 2004). Generally, adolescents' relationships with their mothers are more intense than with their fathers. This intensity brings greater closeness, but also more conflicts that tend to be more emotionally charged. Adolescents often perceive their mothers as more controlling, but this does not appear to influence the closeness of the relationship (Shek, 2007).

Adolescent development

What are the developmental changes during adolescence that parents need to be prepared for? The fundamental and universal changes all adolescents in every society go through can be categorized according to three features: *biological*, characterized by the physical changes of puberty; *cognitive*, involving the development of more advanced thinking abilities and the brain processes underlying these changes; and *social*, concerning the youth's changed position in society (Steinberg, 2014).

Physical development during puberty affects both the adolescent's self-perception and the parent's view of the child, which in turn affect how parents and children behave toward each other. Quite often, biological development does not reflect cognitive and emotional development, and this can cause parents to underestimate or overestimate the adolescent's needs and abilities and either retain expectations that are too low or make unreasonable demands (Steinberg & Silk, 2012). In addition to sexual maturation, hormonal changes usually trigger increased negative affect in adolescents, which can be challenging for parents. Parents need to be prepared for their adolescents feeling more "down" than younger children and adults, especially during early adolescence, and might need to recalibrate their reactions to their children's negative emotional expressions. In many adolescents, pubertal changes can increase their emotional distance from their parents, which increases the risk of conflict if the parents are unprepared for this natural stage in their adolescent's maturation (Steinberg & Silk, 2012).

During adolescence, the child develops abilities to think abstractly, hypothetically, and metacognitively[4] (Keating, 2011; Steinberg, 2014). Their new cognitive abilities, combined with a wish to have a greater say in family discussions, can challenge established ways of how decisions are made. Parents need to permit adolescents increased influence on matters affecting them (Steinberg & Silk, 2012). Adolescents also develop the ability to perceive the subjective and sometimes arbitrary nature of social conventions and moral standards. This can lead to their questioning their parents' ideas of right and

[4] The process of thinking about thinking itself (Steinberg, 2014).

wrong and adopting a view of morals and conventions as matters of personal choice (Martin et al., 2011; Smetana, 1995). Although adolescents' questioning of their parents views can be seen as an expression of a newfound cognitive capacity, parents might perceive it as a rejection of their values and feel that they have failed in their parental roles (Steinberg & Silk, 2012).

The child's interest in, and need for, relationships and activities outside the family increases during adolescence —at the expense of time spent with parents. Parents then have to adjust to their new role as important but less salient figures in their teenager's life as the adolescent turns increasingly to friends for guidance and support and becomes more and more influenced by their behaviors and attitudes (Crosnoe, Cavanagh & Elder, 2003; WHO, 2016). Many parents experience this transformation as difficult. This changed social context can also lead to other conflicts. As the adolescent spends more time in the company of others, and in places beyond parents' supervision, the parents' abilities to know about and influence their child's behavior and relationships decrease. Parents are gradually left to trust that their teenagers will keep them informed about their daily life at school and with friends. It can be difficult for many parents to let go of their children's everyday existence, and conflicts may arise about how the adolescents choose to make use of their time (Steinberg & Silk, 2012).

Autonomy, individuation, and de-idealization

The shift toward increased autonomy and individuation is part of the natural course of adolescent development. As teenagers start to look and think more like adults, they start to search for who they are and how they fit into their social context. The drive to establish oneself as a separate individual with a unique identity is normative during adolescence, but parents are not always ready for this longing for independence, which can clash with their own desire to retain their adolescent's dependence and their ability to influence their child's values and opinions. This clash of needs might lead to arguments about roles and rights (Steinberg & Silk, 2012).

An important aspect of emotional autonomy is the process of de-idealizing one's parents (Steinberg & Silverberg, 1986). Unlike younger children, adolescents realize that their parents are not perfect, that they cannot know and have power over everything, that they are in fact just normal and fallible human beings. Although this process helps create a more balanced and realistic view of the parents, it increases the chance of the teenager paying attention to and pointing out the parents' shortcomings, which can both irritate and hurt their parents (Steinberg & Steinberg, 1994).

The matter of family conflicts caused by adolescents' struggle for autonomy in everyday activities and social relationships may never have been as pressing as in our information society, characterized by the ever-increasing availability and use of the Internet as source of information and means of social interaction. The web has become a natural part of adolescent daily life, mainly for social reasons (Mesch, 2010). Via the Internet, youths' opportunities for social networking have extended beyond schools and neighborhoods—arenas in which parents have at least some power and impact—and further decreased parents' abilities to influence their children's social lives. More conflicts are reported in families whose parents express concern about the potential negative effects of the adolescent's Internet use. Parents who attempt to control their children's Internet activities risk impinging on the adolescents' autonomy, which can easily result in conflict (Mesch, 2006; 2010).

Because the adolescent is often the most active and knowledgeable Internet user in the family, the child is often the one the parents turn to for technical guidance and support, disrupting the established parental authority and family hierarchy. Conflicts have been found to be more frequent in families where the teenager is perceived to be the expert on new technologies (Mesch, 2006). This discrepancy in skills facilitates adolescents' opportunities to choose what information to share with their parents and increases their own control over social interactions outside the family. Adolescents thus gain more power in relation to their parents and the balance in the family constellation is perturbed (Mesch, 2010).

Attachment in adolescence

Attachment theory (Bowlby, 1988) is the most eminent psychological theory encompassing our knowledge and understanding of how individuals balance their needs for intimacy, protection, and care with their desire for independence and exploration (Broberg, Risholm Mothander, Granqvist & Ivarsson, 2009). It is one of the most researched theories to explain the importance of close emotional relationships for psychological well-being and positive development throughout the life span. Attachment—the child's emotional bond to the parent, which is vital for its survival—is considered to have an evolutionary explanation and has been described as a biology-based repertoire of organized behaviors (e.g., the infant's crying and smiling and the toddler's proximity seeking and clinginess) that fosters the interaction between parent and child and maximizes the child's chances for survival (Bowlby, 1994; Moretti & Peled, 2004). According to theoretical and empirical descriptions, the parent should serve as a *secure base* from which the child explores the world, and as

a *safe haven* to which the child can return for protection and emotional refueling. These parental tasks are crucial during the child's entire upbringing, although with different age-specific connotations.

The age-specific features of attachment during adolescence are the development of an overarching and stable attachment organization, a *state of mind*, which predicts the future behavior and functioning of the adolescent in the family and in other relationships (Allen & Tan, 2016; Hesse, 1999). During infancy and early childhood, the attachment system is characterized by separate, hierarchically arranged, attachment relationships, and the quality of the attachment relationship to, for example, the mother has been shown to be relatively independent from the attachment relationship to the father (Furman & Simon, 2004). Experiences of relationships with different caregivers give rise to separate representations, *internal working models* (Bowlby, 1994), which control the child's expectations of each relationship. Against the backdrop of experiences with two or several caregivers, the increased cognitive capacity of adolescence contributes to shape a more integrated attitude toward attachment experiences and a generalized anticipation of how the individual will be treated in attachment-relevant situations. Starting in adolescence, the attachment system develops toward a personality trait, as something characteristic of that specific person (e.g., "I am a lovable person and I can turn to others for comfort and support in times of need"), rather than simply descriptions of specific relationships (Broberg et al, 2006; Furman & Simon, 2004).

Most studies conducted on adolescence and adulthood have been based on these states of mind or generalized internal working models (Allen & Tan, 2016). Several researchers have, however, argued that the relationship-specific component of attachment continues to be important in later years, first because differences have been found between the internal working models in play during adolescence and early adulthood, and also because people's generalized state of mind regarding attachment does not always correspond with their descriptions of their specific attachment relationships (Fraley & Hefferman, 2013; Klohnen, Weller, Luo & Choe, 2005; Ross & Spinner, 2001). Thus, there is merit in viewing the attachment system from adolescence into adulthood both as an aspect of personality and as a set of representations of different specific relationships (Fraley & Hefferman, 2013; Klohnen et al., 2005; Kerns, Schlegelmilch, Morgan & Abraham, 2005).

The importance of attachment in other areas of the adolescent's life

Attachment has been shown to affect almost every aspect of development in young children, from neurocognitive development to social skills, and it continues to be important for future developmental processes later in childhood

and adolescence. Specific developmental tasks that children face when entering a new period of development (such as language acquisition during preschool years) are facilitated by a secure attachment while insecure attachment is a risk factor for problems with solving later developmental tasks (Broberg et al., 2006). The principle developmental task of adolescence is to embark on the process of achieving autonomy, and at the same time maintaining positive relations to caregivers (parents). Thus, the tension between relatedness and autonomy must be resolved (Allen & Tan, 2016). Adolescents' need to separate from their parents and make their own way in the world collides with their attachment-driven tendency to turn to their parents for comfort and protection when overwhelmed by strong emotions. Securely attached adolescents are better able to solve this dilemma and face the challenge of avoiding turning to their parents despite feeling insecure and in need of a safe haven (Broberg et al., 2006). When parents of securely attached adolescents successfully, without insistence or rejection, manage to show that they are there for the adolescent as both a secure base and a safe haven if needed, they help the adolescent to gradually find a new balance between exploration and security-seeking behaviors. The experience of coping with more and more situations independently helps adolescents to refine their ability to regulate their emotions. Security gradually shifts from a state of dependence on the relationship with the parent to become increasingly rooted in the personality (Allen & Tan, 2016; Broberg et al., 2006).

As the relationship with parents evolves from immature dependence toward growing independence and "mature dependence," adolescents increasingly turn to people outside the family for friendship or romantic relationships to satisfy their attachment needs. Just as in adult attachment relationships, where the partners take turns being each another's secure base and safe haven, these new attachment relationships between peers assume a more equitable standing, and to some extent replace the function of the parents. This does not, however, mean that parents have played out their role as attachment figures. Studies show that most adolescents, and even early adults, continue to turn to their parents in vulnerable situations (Allen & Tan, 2016), but their increased capacity to handle problems on their own, or with the help of other people, allows them greater latitude in choosing when to turn to their parents (Broberg et al., 2006). In this way, the attachment system functions as it always has, but achieves a new balance between security-seeking and exploratory behaviors (Allen & Tan, 2016).

By allowing exploration to assume a greater role than security-seeking behavior, adolescents also have the opportunity to step back and reflect on their attachment experiences. Their growing cognitive ability enables adolescents to

compare their relationships with various attachment figures, both real and hypothetical. This process enables the previously mentioned de-idealization process, a developmental task that, like similar tasks, is facilitated by secure attachment representations (Allen & Tan, 2016).

Parents with a background of insecure internal working models from childhood may find it difficult to act as a secure base and safe haven for their adolescent children and may feel rejected and uncomfortable as their teenagers increasingly turn to their peers and other adults instead of to them (Broberg et al., 2006). This process can easily complicate the parent–child relationship because the teenager may question the parent's motives. However, when parents are comfortable with their role and able to accept their teenager's choice to turn to other people, the adolescent actually becomes more likely to turn to the parent as an attachment figure, resulting in fewer conflicts (Hock, Eberly, Bartle-Haring, Ellwanger & Widaman, 2003). One of the most substantiated research findings on attachment during adolescence is that teenagers with secure attachment representations are able both to maintain a close relationship with their parents and to stand up for their own opinions in everyday family conflicts. This, however, also requires a parent with sufficient maturity to allow the adolescent to assert his or her autonomy (Allen & Tan, 2016; Broberg et al., 2006).

Studies have found a strong association between secure attachment representations during adolescence and high parental sensitivity to the internal emotional life of their adolescent (Allen & Tan, 2016). This association can partly be explained by the sensitivity of the parent, which predicts secure attachment in the adolescent, but the obverse has also been proposed: that secure adolescents enable parents to be more sensitive, because they are better able to communicate their feelings to their parents (Becker-Stoll, Delius & Sheitenberger, 2001).

In summary, secure attachment has been proven to have the same beneficial effects on development during adolescence as in early childhood. Secure attachment promotes the adolescent's exploration and development of cognitive, social, and emotional skills, and it predicts better coping strategies and social skills, as well as fewer conflicts with family and peers and more positive relationships. Young people with secure attachments are less prone to drug abuse and excessive alcohol consumption, and they manifest fewer symptoms of mental ill-health such as depression, anxiety, behavioral disorders, eating disorders, aggression, and criminality (Allen & Tan, 2016; Brumariu & Kerns, 2010; Moretti & Peled, 2004).

It is important to stress that although attachment forms during infancy and early childhood, and becomes a more stable part of the personality during adolescence, it can be affected by new experiences, not just during the early years

but also in later childhood and adolescence. Accordingly, a secure attachment can be weakened, but more importantly, an initially insecure attachment relationship or attachment style can be improved, for example, through enhanced parental sensitivity and responsiveness to the child or by changing caregivers (Beijersbergen, Juffer, Bakermans-Kranenburg & van IJzendoorn, 2012; Giamotta, Ortega & Stattin, 2012; Moretti & Osbuth, 2009).

Parenting capacity

Changes during adolescence are not limited to the developing child. The parents also tend to go through developmental challenges, which can make it even more trying to parent a teenager (Steinberg & Silk, 2012). Most teenagers' parents find themselves at midlife, a potentially difficult time for many adults (Lachman, 2004). Their children's adolescent years have been shown to be a low point in parents' marital and life satisfaction. Many parents develop reduced self-esteem and increased anxious and depressed moods during this period, and the risk for separation or divorce is heightened (Steinberg & Silk, 2012). Many parents experience a clash between the psychological issues of midlife and the developmental transitions of the adolescent (Steinberg & Steinberg, 1994). The risk is elevated if the child is the same gender (Steinberg, 2001). As the child matures physically, sexually, and mentally, and approaches the period in life considered most attractive by society, parents are reminded of their own decreasing status in these areas (Gould, 1972). The teenager stands on the threshold of life, with career and intimate relationships ahead and seemingly boundless choices. The parent, on the other hand, has already made most of the crucially important choices (Steinberg & Silk, 2012). It is not hard to imagine that this overlap between developmental crises has an impact on the balance in family relations.

Factors influencing parenting capacity

Although most parents successfully guide their children through the transition to adolescence, contextual, relational, and individual stressors can affect parenting during this period. A wealth of research shows that *social support* promotes physical and psychological well-being in general, and this association is found especially in parenting studies (Cochran & Niego, 2012). Not surprisingly, access to social support has been shown to improve parenting skills, both directly and indirectly. Social support of parents can be emotional support and encouragement, practical assistance and relief in everyday life, advice on par-

enting matters, or guidelines about social expectations about appropriate parenting behavior (Belsky, 1984; Crockenberg, 1988). Parents who are supported in their child-rearing role by their social network feel less helpless, are less punitive, and report fewer escalating conflicts with their children (Lavi-Levavi, 2010; Ollefs, Schlippe, Omer, & Kriz, 2009; Weinblatt & Omer, 2008). Studies of mothers of preschoolers have shown that support from friends, relatives, and partners is negatively correlated with restrictive and punitive parenting (Colletta, 1979). Mothers with the least social support tended to set more rules and use more authoritarian punishments than other mothers. An early study (Abernethy, 1973) showed that access to a cohesive social network promotes greater confidence in parenting skills. The relationship between an inadequate social network and diminished parenting skills is mediated by the mental well-being of the parent: social support can strengthen parents' self-confidence and thereby increase their patience and sensitivity in parenting (Cochran & Niego, 2012). For single mothers, the emotional component of the support has proven to be especially important since it relates to a more democratic family climate and a more neutral attitude toward adolescents of both sexes (Brassard, 1982).

Unemployment is often a source of financial stress for the family. *Stress caused by financial difficulties* has been shown to increase the risk of more insensitive and punitive parenting (Farell, Sijbenga & Barett, 2009; McLoyd 1998). According to the *family stress model* (Brooks-Gunn, Linver & Fauth, 2005), this association can be explained by the mediating effect of the worsened mental health (stress and/or depression) of the parent resulting from the economic situation. Both persistent poverty and temporary financial stress have been shown to undermine parenting skills while hardening both mothers and fathers, causing them to be more depressed, less attentive and, if they live together, more prone to conflict in their relationship (McLoyd 1998; Steinberg & Silk, 2012). Studies on economic loss in the family have found that financial stress often erodes the emotional climate of the parent-child relationship, expressed through more conflicts, more rejection, and less warmth and sensitivity (Steinberg & Silk, 2012).

Loneliness, work overload, and increased stress in parenting frequently occur among *single or separated parents* (Hetherington & Stanley-Hagan, 2012). Single parenting entails not only an increased risk of inadequate support from the other parent in everyday parenting, but also a greater financial burden since single parents are often the sole family provider (Weinraub, Horvath & Gringlas, 2012). The period immediately succeeding separation or divorce has proven to be the most critical for deteriorating parenting skills and conflicts within the family. Conflicts between parents and adolescents occur more frequently during the first two years after a separation (Hetherington & Stanley-Hagan, 2012), and studies on divorced mothers have shown that during these

first two years they often experience a period of decreased attention and affection, irritability, harshness, and inconsistency in parenting. Even if these mothers regain their authoritative style (explained under "Parenting models") when the new family constellation has stabilized, their parenting skills remain worse on a group level than mothers from harmonious families where the parents still live together without persistent destructive conflicts (Hetherington, 2006).

Relationship problems between the parents can affect the function of the entire family system. Destructive conflicts between parents tend to spill over and affect their parenting ability, which undermines the parent–child relationship and possible sibling relationships, while increasing the risk that adolescents will have problems adapting (Hetherington, 2006). A conflict-ridden relationship between parents makes it more difficult for them to support each other in parenting, while decreasing their emotional availability to the children and increasing the risk of authoritarian parenting strategies (Cowan & Cowan, 2009; Hetherington, 2006; Wilson & Gottman, 2002). Constructive conflicts, on the other hand, in which parents communicate and work through their disagreements, can improve family relationships and the well-being of the adolescents (Hetherington, 2006).

Many studies show that symptoms of *mental ill-health among parents* are reflected in interactions within the family, which affect the quality of parenting and may have both short- and long-term consequences for the child's development (Zahn-Waxler, Duggal & Gruber, 2012). Strong associations have been shown between parents' mental well-being and their perceptions of themselves, their adolescents, and their own parenting abilities (Gondoli & Silverberg, 1997; Zahn-Waxler et al., 2012). Parents who feel stressed, depressed, anxious, or unsure of themselves often perceive themselves as, and actually are, less effective as parents, with less influence, skill, and ability to meet the challenges of parenting. Compared with other parents, they show less acceptance for and encouragement of their adolescents as they develop their autonomy, and they are less empathetic or able to view situations from their adolescents' perspective (Gondoli & Silverberg, 1997). Depressed mothers are often more emotionally withdrawn and indifferent, more aggressive, demonstrate more hostile and intrusive behavior, and engage in less positive interaction with their children than other mothers (Lovejoy, Graczyk, O'Hare & Neuman, 2000). The relationship between mental ill-health and diminished parenting ability in mothers of adolescents has been shown to be mediated by the mothers' own perception of their inadequate parenting skills (Gondoli & Silverberg, 1997).

Parenting models

For as long as studies have been conducted on the parent–child relationship, researchers have tried empirically and theoretically to organize different parental behaviors in various structures or frameworks (Barber, Stoltz & Olsen, 2005). These have almost exclusively consisted of two basic components of parenting strategies: a supportive component comprising a set of emotional, caring, and compassionate parenting behaviors; and a controlling component consisting of various regulatory and disciplinary behaviors. The two most common frameworks are (1) the *dimensional*, which places individual behavioral components along a scale with negative and positive poles, and (2) the *typological*, which categorizes parenting strategies according to various clusters of specific behaviors (Barber et al., 2005).

In dimensional organization, parental behaviors have mainly been categorized under the three dimensions of *parental support*, *behavioral control*, and *psychological control* (Barber et al., 2005; Kuppens, Grietens, Onghena & Michiels, 2009). Parental support is characterized at the positive pole by commitment, positive attention, and expressions of love, and at the negative pole by neglect, ignorance, and rejection. On the positive end of the scale, this dimension has been shown to be related primarily to more social initiative in adolescents and secondarily to less depression (Barber et al., 2005). Behavioral control consists of behaviors aimed to control or regulate the child's behavior, for example, through monitoring, rewards, and punishment. A moderate degree of behavioral control is considered to have a positive influence on the child's development, while inadequate or excessive control (such as inadequate supervision or excessive physical punishment) are associated with negative effects on the development of adolescents, expressed primarily in antisocial behavior (Barber et. al., 2005). Psychological control refers to efforts at control that interfere with the mental and emotional development of the child and may entail behaviors such as placing conditions on love, imposing guilt, trivializing the child's emotions, and limiting the child's speech. This type of control has been associated almost exclusively with negative development, primarily depression and secondarily antisocial behavior, in children and adolescents (Barber et. al., 2005). Where it has been possible to conduct longitudinal measurements, the associations described between parental behavioral dimensions and the psychosocial development of adolescents have been found to persist over time, and changes in parental behaviors lead to changed behaviors in adolescents (Barber et al., 2005).

Baumrind (2005) has had the most significant influence on the typological organization. According to her and those following in her footsteps, factor

analyses of parental behaviors usually reveal two independent factors, *Responsiveness* and *Demandingness*, which together form different naturally occurring patterns. Responsiveness is the extent to which the parent accepts, supports, and responds to the needs of the child. Demandingness is the degree to which the parent expects and insists on mature and responsible behavior from the child (Baumrind, 2005; Maccoby & Martin, 1983). Depending on how much or how little of these characteristics parents demonstrate in their relationship with their children, their parenting style can be classified in four ways. A parent who demonstrates a high degree of both responsiveness and demandingness has an *authoritative* parenting style. This style is characterized by a hierarchical relationship between parent and child, in which the parent assumes responsibility for having the last word. But these parents also show interest in listening to and negotiating with their children and take their opinions and wishes into account. The parent has established rules for the child's behavior, but expectations remain in proportion to the child's developmental needs and abilities. These families highly value developing personal autonomy and acting independently, although the parent retains ultimate responsibility for the child's behavior. Authoritative parents' response to their teenagers is rational and task-oriented, and these parents often engage in discussions and explanations of child-rearing issues. They strive to foster the child's independence and ability to self-initiate (Steinberg, 2014).

Parents who make high demands but demonstrate a low degree of responsiveness are described instead as *authoritarian*. Such parents place a high value on children who obey and conform unquestioningly to the wishes of the parent. "Give-and-take discussions" between parent and adolescent are uncommon in these families, and authoritarian parents tend to use punitive, absolute, and forceful parenting strategies. They do not encourage independent behavior, but are more likely to restrict the autonomy of the adolescent (Steinberg, 2014).

Indulgent/permissive parents are characterized by a high degree of responsiveness, but a low degree (if any) of demandingness. These parents have an accepting, benevolent, and somewhat passive approach to their adolescents. Unlike authoritarian parents, they have few expectations of how the adolescent should behave and view control of adolescents' behavior as a restriction of freedom that may inhibit healthy development. Instead of actively shaping their child's behavior, these parents tend to view themselves as a resource for their children (Steinberg, 2014).

Parents who are neither demanding nor responsive are described as *indifferent*. These parents tend to invest as little time and energy as possible in interaction with their child. They rarely know where their adolescents are or what they are doing, show little interest in their children's experiences at school and

with friends, and rarely consider their children's opinions when making decisions. In contrast to the other parenting styles, in which parenting strategies are based on beliefs about what nurtures the development of the child, indifferent parents organize family life on their own needs and interests (Steinberg, 2014).

The authoritative style has been strongly linked with healthy adolescent development in most cultures and family structures (Steinberg, 2014). Adolescents who grow up in authoritative homes have been found to be more psychosocially mature than their peers in authoritarian, permissive, or indifferent families. They tend to be more responsible, confident, creative, intellectually curious, socially competent, and academically successful. In comparison, adolescents in authoritarian homes tend to be more dependent and passive, less socially adept and confident, and less intellectually curious. Adolescents from permissive families are often more immature, less responsible, and more influenced by their peers. Adolescents who grow up in indifferent families are often more impulsive and at greater risk of engaging in various problem behaviors such as drug and alcohol abuse (Steinberg, 2014).

According to Steinberg (2001) authoritative parenting works best for three reasons: (1) the parent's responsiveness and involvement make the children more receptive to parental influence, enabling more effective socialization; (2) the combination of support and structure facilitate the development of self-regulatory abilities, enabling the child to function as a responsible and competent individual; and (3) the characteristic give and take of family discussions fosters cognitive and social skills in children, bolstering the ability of the child to function outside the family.

Baumrind (1991) eventually complemented her initial four typologies with additional parenting styles specific to adolescence, one of which was the *democratic* style. Democratic parents demonstrate a high degree of responsiveness, but a moderate degree of demandingness, and are therefore positioned somewhere between authoritative and permissive parents. These families allow the adolescent more leeway to participate in and influence decision-making and the parent does not control the behavior of the child as much as in the authoritative family. Baumrind (1991) showed that when compared with their peers, adolescents from both authoritative and democratic homes showed superior competence in several areas. For example, they developed greater independence, were more responsible and optimistic, and perceived their parents as more loving and important. They were cognitively motivated, performance-oriented and better on both verbal and mathematical tests. They also demonstrated high self-esteem, emotional maturity, and minimal problem behaviors associated with introversion or extroversion. Although adolescents from authoritative homes were more competent in most areas than adolescents from democratic homes, these differences were rarely significant.

A distinction has been made between the concepts of *parenting style* and *parenting behaviors* (Steinberg, 2001; Darling & Steinberg, 1993; Steinberg & Silk, 2012). Rather than various combinations of specific parenting behaviors, parenting styles should be seen as emotional contexts within which parenting behaviors assume different meanings and effects. For example, one parent may control their children's homework in a manner perceived as obtrusive and hostile, while another parent may do so in a relaxed and positive manner. The relevance of parental encouragement and involvement in their children's school work to the adolescent's performance have been found to depend on parenting style: in authoritative families, such behaviors had a strong influence, while in non-authoritative families there was no association between parenting behavior and school performance (Steinberg, Lamborn, Dornbusch & Darling, 1992). In other words, it is not only what parents do that matters, but also the emotional context in which they do it (Steinberg & Silk, 2012).

Supporting parents

> *Parental support [is] an activity that provides parents with knowledge about children's health, emotional, cognitive, and social development and/or strengthens the parents' social networks.*
>
> Swedish Ministry of Health and Social Affairs, 2013

The concept of parental support includes a broad range of various types of support. The most significant and frequent is probably the informal support offered by parents' own social networks. However, not all parents have access to their original network of relatives and close friends, perhaps because they have moved from another part of the country, another country, or another culture (SOU, 2008). Many societies in industrialized countries, especially in Scandinavia and other European countries, offer basic social support in the form of child benefits, parental allowances, health care, day care, and school. Other support might be more structured as in parent groups in antenatal and child health care, parental counseling, and parenting programs. The need for support may change as the child develops or the situation in the family and society changes (Public Health Agency of Sweden, 2014b).

Promotion refers to public health measures aimed to support the general well-being and positive development of the individual such as community and government initiatives like parental leave, reduced working hours for parents of small children, and free school lunches. *Prevention*, on the other hand, refers

to efforts to reduce the risk of health problems and its aim is to steer the individual away from risk factors or reduce their influence while strengthening protective factors. The line between promotion and universal prevention (described below), however, may not be clear (SBU, 2010).

Preventive measures can be implemented on different levels (Offord et al., 1999). *Universal* prevention is aimed at everyone in a particular population regardless of their exposure to various risk factors or their individual needs. *Selective* prevention is aimed at groups of people exposed to a common risk factor, such as living in a socially disadvantaged neighborhood or with parental substance abuse. *Indicated* prevention is directed at individuals considered at obvious risk of developing health problems, usually because of already elevated symptoms, and such efforts are thus adapted to individual needs. The line between indicated prevention and *early treatment* might be difficult to draw. The line between universal, selective, and indicated levels of support can also be indistinct (SBU, 2010). Selective and indicated interventions are commonly referred to as *targeted* efforts as opposed to universal.

A continuing question is whether public health measures such as preventive parental support should be offered universally or targeted to groups with known risk factors (Offord, Chmura Kraemer, Kazdin et al., 1999; Smith, Perou & Lesesne, 2012). Supporters of the targeted approach argue that it is wiser and more economically justifiable to direct interventions to those already at risk because the effects on these groups are larger. They also question whether the universal approach really reaches those in need of support or if they only benefit those not in real need of an intervention (Biglan & Metzler, 1998; Howe & Longman, 1992; Jones, 1996; Offord et al, 1999). Others argue that it is difficult to predict which individuals in at-risk groups will develop future problems without support (Offord et al., 1999; Stattin & Trost, 2000) and that the universal approach can prevent the stigmatizing effects of targeted interventions, since participants are not identified in terms of problems or deficits (Ulfsdotter, Enebrink & Lindberg, 2014). Scholars, however, seem to agree that both universal and targeted efforts have their pros and cons, and that the best approach on a societal level is a combination of both (Offord et al., 1999; Swedish ministry of Health and Social Affairs, 2013).

Structured parenting programs

Over the past decades, a variety of structured parenting programs have been developed and implemented in North America, Australia, and more recently in European, African and Asian countries (Leijten, Overbeek & Janssens, 2012; Cluver, Meinck, Steinert, et al., 2018; Wessels, 2012). The programs have

somewhat different goals, but their overall shared purpose is to strengthen the parent–child relationship and to prevent psychological and behavioral problems in children and adolescents. They are usually structured with a number of standardized components typically including role-play and/or video vignettes to teach effective parenting skills and encourage reflection and practice (Stattin, Enebrink, Özdemir & Giamotta, 2015), guided by a manual (SBU, 2010), delivered in a group format by trained group leaders, but some programs are self-directed programs or conducted in individual face-to-face sessions (Wessels, 2012).

Programs are usually classified as either *behavioral* or *relational* (Stattin et al., 2015). Behavioral approaches rely on social learning theories (see e.g., Bandura, 1977) and are strongly influenced by behavior modification principles. Parents are typically taught systematic techniques and principles aimed at modifying the behavior of the child through encouraging cooperative behavior with praise and incentives, ignoring inappropriate behavior, and exerting authoritative discipline through rules, routines, and setting effective limits (Stattin et al., 2015). Most of these parent management training programs are adaptations of, or inspired by, the Parent Management Training–Oregon model developed by Patterson and colleagues at the Oregon Social Learning Center (Forgath & DeGarmo, 1999).

In contrast to behavioral models, relational approaches emphasize parental awareness, understanding, and acceptance of the child's feelings. Dysfunctional communication patterns in the parent–child relationship are seen as the source of the child's inappropriate behavior (Pinsker & Geoffroy, 1981; Wessels, 2012). Relational parenting programs often rely on attachment theory (Moretti & Obsuth, 2009), family systems theory (Cunningham, Bremer & Secord, 2010), or theories of individual psychology (Popkin, 1989).

Other programs combine elements of behavioral and relational models, or do not identify with any theoretical base (Wessels, 2012). Most parenting programs were originally developed for parents of younger children and for targeted or clinical populations. Over time, however, the interventions have been adapted and recommended to promote general mental health and prevent problems in several populations including parents of adolescents (Bremberg, 2006).

Effective components of parenting programs

Effective parenting programs have in common that they are based, evaluated, and improved according to a consistent theory of risk and protective factors (Small, Cooney & O'Connor, 2009; Sundell & Forster, 2005), they have a clear focus on parental ability and child development (Powell, 2005), and they aim

to strengthen protective family factors (Small & Huser, 2015). They have a better chance of promoting family well-being and healthy parenting strategies if they focus on strengths rather than weaknesses and problems (MacLeod & Nelson, 2000), and they have greater potential to influence parent behavior in the long term if they influence parents' attitudes, abilities, and ambitions, rather than just their knowledge (Shannon, 2003). Active, skills-training elements, such as role-plays and homework assignments are most effective (Kaminski, Valle, Filene & Boyle, 2008), and parents' active involvement in the programs has been shown to increase positive outcomes (Powell, 2005).

Effective programs also have clear, realistic, and explicit goals adapted developmentally to the target groups, thus meeting the individuals where they are (Small & Huser, 2015). Programs tend to be the most effective when individuals are most susceptible to change, as they often are in critical transitional periods, such as when the first child is born, when something happens in the family (such as a divorce or separation), or when a problem is first discovered (e.g., when the school expresses concern about an adolescent's behavior; Small & Huser, 2015). It is crucial for successful outcomes that the program be run by well-educated and committed group leaders and the learning strategies be varied (e.g., switching between passive and active modes such as lectures and role-playing) so that participants continue to be interested and active (Small & Huser, 2015). Effective programs encourage parents to build supportive networks (Small et al., 2009) and help participants identify sources of support in their surrounding environment (Shannon, 2003). Establishing close relationships with others can increase participants' sense of belonging while lowering their stress levels (Wessels, 2012). It also increases their chances of maintaining the acquired skills and remembering the lessons learned from the program (Horton, 2003). Finally, the effects of the programs and how long they are retained are influenced by what parents think about the programs, whether they experience the program as helpful, and whether it meets their expectations (Graf, Grumm, Hein & Fingerle, 2014).

Although most parenting programs have a common overall purpose (i.e., to strengthen the parent–child relationship to prevent problems and/or promote well-being), they often focus on one or a few specific areas involving the parent–child interaction, based on their theoretical foundations, and thus have partially differing goals and expected effects. According to Pinsker and Geoffroy (1981), a program based on a specific theory cannot fully address every issue and/or difficulty relevant to the current target group, but it is often assumed that positive effects in one area will spread to other areas that are not directly addressed in the program.

Clinical effects versus public health effects

But what does it mean that an intervention is effective, and what kinds of effects can be expected depending on the level of prevention or intervention? The usual research method to evaluate the strength of a significant change over time is to calculate by how many *standard deviations* the average mean of a studied group has shifted on a certain variable from pre- to post intervention (Antilla, 2012). It is common practice to assess the size of these mean differences by using Cohen's (1988) *effect size* benchmarks, where an effect size of Cohen's $d = .20$ is considered small, $d. = .50$ is moderate, and $d. = .80$ is large. Depending on the target of a specific intervention, the expected size of an effect—and hence its valuation—may vary. Large effects are easier to detect statistically than smaller, which require larger study groups. In clinical interventions or treatment, where the aim may be, for example, to reduce levels of anxiety and depression in an already identified patient group, relatively large effects in the group as a whole, which are clinically relevant to individual cases, are required for the treatment to be considered successful. In preventive interventions on the other hand, where the goal is to prevent or reduce the risk of symptoms developing into clinical conditions in a larger target group (i.e., the entire population) and where problem rates at the group level are initially relatively small, large effects can seldom be expected, and small effects in the study group are considered from a public health perspective to be important (Offord et al., 1999). Even if the universal intervention does not produce large effects in any one individual, small effects on many individuals can have a major impact on the population as a whole. If, for example, adolescent mental health problems as measured by an instrument evaluating psychiatric symptoms on a scale of 1–40 decrease by two points for every individual, the effect is not particularly large at that level, but the total improvement in mental health from a population perspective might be huge. This assumes, however, that a sufficient proportion of the population takes part in the intervention. Thus, evaluations of public health effects must take into account how well the intervention reaches out to the targeted population as much as how large the change is for individual participants.

Adopted, adapted or homegrown?

One lingering issue in implementation research is the dilemma of fidelity versus adaptation, that is, the question of how and to what degree empirically supported interventions can be modified to accord with restraints and possibilities in the local context (Hasson, Sundell, Beelman & von Thiele Schwarz, 2014).

More specifically, to what degree do evidence-based programs have the capacity to produce desirable outcomes with similar effects in cultures and contexts different from those in which they were originally developed (Sundell, Ferrer-Wreder & Fraser, 2014)? In the hope of creating large-scale changes in public health, the focus of prevention science has shifted over the last decades from identifying effective programs through efficacy and effectiveness studies to investigating programs under natural conditions (Moore, Bumbarger & Cooper, 2013). Debate is ongoing among prevention scientists and practitioners as to whether programs should be flexibly adapted to fit local contexts or whether they should be delivered as originally designed, with strict fidelity and adherence to the original program model and theory of behavioral change (Moore et al., 2013). Defenders of fidelity argue that because (1) research has demonstrated a strong positive association between adherence and program outcomes (e.g., Durlak & DuPre, 2008; Fixen, Naom, Blasé, Friedman & Wallace, 2005) and (2) the core components of most evidence-based programs have not yet been empirically identified and thus lack unique evidence, it is best not to deviate from the original program model since untested adaptations could result in poorer program outcomes (Elliot & Mihalic, 2004). Proponents of adaptation, on the other hand, argue that since programs may not have been tested with diverse populations (e.g., ethnic minorities or other nationalities), adaptations are necessary if communities plan to address the needs of individuals from other cultures or contexts than in the original experimental setting (e.g., Dixon, Yabiku, Okamoto et al., 2007; Lightfoot, Kasirye, Comulada & Rotheram-Borus, 2007). They also argue that researchers and policy makers should honor the professional skills and knowledge of practitioners who work directly with target populations and are thus best suited to adapt and deliver programs in line with the needs of these populations (Moore et al., 2013).

Although cumulative knowledge about empirically supported interventions is growing rapidly, importing intervention programs from other cultural contexts appears warranted, since the actual number of evidence-based programs is still relatively small considering the global need (Ferrer-Wreder, Adamson, Kumpfer & Eichas, 2012; Sundell et al., 2014). Findings from outcome studies of internationally imported programs indicate that it may be quite challenging to generalize about evidence-based programs in new settings and populations (Sundell et al., 2014). When providers of evidence-based programs implemented in natural settings are asked about the frequency and types of changes made to the programs in their communities, nearly half reported having made adaptations (Moore et al., 2013), most often to procedures, dosages, and content. Lack of time, limited resources, and difficulty retaining participants were listed as the most common reasons for these adaptations. Some have shown that these types of cultural adaptations by practitioners substantially improve

engagement and acceptability in the target populations, leading to better recruitment and retention, but also to less positive program outcomes (Kumpfer, Alvarado, Smith & Bellamy, 2002). Others have shown that although international programs adopted without any adaptations have proven to be effective, they are not as effective as culturally adapted or novel (completely or conceptually) national programs, and thus adapted and novel programs should be favored (Hasson et al., 2014).

To summarize, results regarding the effects of cultural adaptations to programs are contradictory. However, as argued by Moore and colleagues (2013), the fidelity-versus-adaptation debate seems to be based on the false assumption that it is even possible to influence whether or not a program is adapted. As noted above, programs implemented under natural conditions are rarely delivered as they were originally designed and evaluated; some level of adaptation is probably inevitable when evidence-based programs are conducted in natural settings (Moore et al., 2013). The challenge for today's implementation science is to build a strong knowledge base to guide the successful transportation of evidence-based programs from one cultural context to another (Sundell et al., 2014).

Effects from parenting programs for parents of adolescents

Several studies of structured parenting programs (mostly behavioral but also relational) have found positive effects (mostly in efficacy, but also in effectiveness) in outcomes such as decreased problem behaviors in children and improvements in parents' mental health and parenting skills (Dretzke et al., 2009; Eyberg, Nelson & Boggs, 2008; Furlong et al., 2012; Michelson, Davenport, Dretzke, Barlow & Day, 2013; Stattin et al., 2015). Most of these studies sampled targeted or clinical populations, mainly parents of younger children or pre-teens (3–12 years); studies of universally offered programs and programs for parents of adolescents are scarce (Chu et al., 2015; Ulfsdotter et al., 2014). Systematic reviews of the parenting literature reveal a gap in research on interventions during adolescence, and there is very little evidence that programs developed specifically for parents of adolescents can reduce negative adolescent outcomes, especially in the general population (Chu et al., 2012; 2015; Eyberg et al., 2008).

Historically, and possibly still, programs developed to support parents of adolescents have focused mainly on specific problems such as preventing or reducing adolescent alcohol, drug, and/or tobacco use and/or antisocial/criminal behavior. These *communication programs* have many similarities with the more *generic programs* considered in this thesis, since they aim to improve the

parent–adolescent relationship and teach parents effective ways to communicate with their children (Bremberg, 2006). Several of these include modules in which the adolescents participate (separate from or together with the parents), which makes it difficult to conclude what factors the effects depend upon, but studies have shown them to be effective in preventing and reducing both short-term and long-term substance use in adolescents and in improving parent–adolescent interactions (Kosterman, Hawkins, Haggerty, Spoth & Redond, 2001; Spoth, Redmond & Shin, 2000; Spoth, Redmond & Shin, 2001; Vermueulen-Smith, Verdurmen & Engels, 2015). At the time of writing (May, 2018), there is only a handful of published studies of generic programs for parents of adolescents (i.e., Chu et al., 2015; Leijten et al., 2012; Moretti & Obsuth, 2009; Mullis, 1999). However, taken together with results from communication programs, the findings suggest outcomes similar to those for parents of younger children. Positive effects have been found in *parenting style*, such as less use of dysfunctional parenting practices, increased involvement and problem-solving skills, and improved confidence and satisfaction (Chu et al., 2015; Kosterman, Hawkins, Haggerty, Spoth, & Redmond, 2001; Leijten et al., 2012). Effects on *parental mental health*, such as decreases in symptoms of depression, anxiety, and stress, have been found by some (Moretti & Obsuth, 2009) but not by others (Chu et al., 2015). Positive effects have also been found on *family climate*, with decreased family conflict and increased family cohesion (Chu et al., 2015). Most studies have also found positive changes in *adolescent mental health*, such as decreased levels of adolescent problem behavior and psychiatric symptoms (Chu et al., 2015; Leijten et al., 2012; Spoth, Redmond & Shin, 2000).

The adolescent perspective on the effects of parenting programs

The research findings reported above are all based solely on parents' reports. To date, only a very few published studies have investigated adolescents' perspectives' on generic parenting programs, and the results of these studies are inconsistent. In the 2015 study by Chu and colleagues, adolescents reported increased parental monitoring, lower levels of family conflict, higher levels of family cohesion, and less parent–adolescent conflict post intervention than in a treatment-as-usual condition. All post-intervention effects were maintained at six-month follow-up and additional effects were seen in decreased adolescent problem behavior and adolescent adjustment. In contrast, Leijten and colleagues (2012) found no effect on adolescents' reports of their parents' disciplining behavior or of their own problem behavior compared with a control

group. More studies of adolescent-reported outcomes of parenting programs are needed to understand these discrepancies.

Discrepancies between parents' and adolescents' reports

Evidence for the efficacy and effectiveness of various interventions aimed at children's mental health is based mostly on multiple reports from parents, teachers, and other observers (de los Reyes, 2011). Despite the lack of adolescent perspectives in studies of parenting programs, researchers have long supported the importance of taking both adolescents' and their parents' perceptions into consideration, since family members contribute different, yet equally important, information about the family (de los Reyes & Kazdin, 2004).

One of the most robust observations in clinical psychological research across vastly different cultures worldwide is that interviewees often disagree with one another (de los Reyes, McCauley Ohannessian & Laird, 2016). Discrepant views between adolescents and their parents have been shown across several domains of adolescent and family functioning, such as adolescent mental health, family relationship quality, and parenting practices. In general, agreement tends to be higher on behaviors of an observable or overt nature (such as aggressive or oppositional behaviors) than on more internal states (such as anxiety and mood) or covert behaviors since the latter are harder to detect "from the outside" (Waaktaar et al., 2005). Parents (especially mothers) are repeatedly found to give a more favorable impression of their own parenting behavior than their children, partners, and other observers (Bögels & van Melick, 2004; Taber, 2010). This may be an expression of parents' desire for social acceptability and "fake good" behavior, but it might also reflect family members' different motivations and desires. Parents' reports might be based on their beliefs of how they would like to be and act as caretakers, while adolescents may be unaware of these beliefs or see them as irrelevant (Cheung, Pomerantz, Wang & Qu, 2016).

Discrepant views in perceived family functioning have also been defined as the distance or separation between adolescents' and parents' perceptions of the same domain of family functioning (de los Reyes et al., 2013a, b). For example, some parents may feel that it is easy to talk with their adolescents, and thus believe that they have an open communicative relationship, but their adolescents may perceive very little open communication between themselves and their parents. Scholars have different hypotheses for these discrepant parent–adolescent perceptions and whether they are linked to normal developmental processes of adolescence or if they signal a risk for atypical adolescent development (de los Reyes et al., 2016). Some studies (de los Reyes, 2011; de los

Reyes, Goodman, Kliewer & Reid-Quiñones, 2010; Juang, Syed & Takagi, 2007; McCauley Ohannessian, 2012) have found increased discrepancies to be associated with increased maladaptive adolescent development (e.g., mental health and behavior problems). These results are in line with the idea that the discrepant views are due to a lack of understanding between family members, which may be associated with deficits in family functioning, leading to an increased risk for negative adolescent outcomes (de los Reyes et al., 2016). Others have suggested that discrepancies between parents' and adolescents' views may be essential in realigning family relationships and enabling the adolescent's successful mastery of developmental tasks (e.g., the development of autonomy and identity), since some studies have linked discrepancies to adaptive family and adolescent functioning (Butner, Berg, Osborn et al., 2009; Carlson, Cooper & Spradling, 1991; Holmbeck & O'Donnell, 1991). Yet, compared with other aspects of family functioning, we know relatively little about the consequences of discrepant parent–adolescent perceptions of the family on adolescent development. Even if disagreement between parents and adolescents may reduce the certainty of our conclusions when measuring behavior change, the general conclusion is still that no one participant can stand as the primary and context-independent source for behavior evaluation, since information collected from different participants reflects these individuals' distinct perspectives (de los Reyes, 2011; Taber, 2010; Waaktaar, Borge, Christie & Torgersen, 2005). Thus, researchers should always strive to interview, observe, or survey multiple participants when investigating interventions, and instead of dismissing disagreements as measurement errors, treat inter-personal discrepancies as additional useful information (de los Reyes, 2011).

The Swedish context

Youths' mental health is a prioritized concern in Swedish public health policy (Public Health Agency of Sweden, 2014a). The physical health of Swedish children is in many ways among the best in the world, and most school-aged children enjoy life and feel healthy (Public Health Agency of Sweden, 2014a; The Swedish National Board of Health and Welfare, 2009). But a few years ago worrying reports started to appear indicating that the frequency of Swedish youths expressing symptoms of mental health problems such as depressed mood, headaches, and sleeping difficulties had increased continuously since the 1980s. This increase was found mostly among teenagers, and although reported by both boys and girls, the trend was most evident in girls' self-reports of increased stress, psychosomatic problems, and depressed and anxious mood.

The proportion of youths hospitalized for depression or anxiety had also increased (Petersen et al., 2010; SBU, 2010; The Swedish National Board of Health and Welfare, 2009). The development seemed specific to Sweden rather than shared with other countries in Europe, and the differences between Swedish youths and youths in the other Nordic countries were large (Lindblad & Lindgren, 2009).

The reports of this deteriorating health situation sparked a broad debate in Sweden on the prevalence of mental health problems among adolescents, and there is now a general consensus that these problems are increasing, although their development over time has been difficult to prove scientifically (Petersen et al., 2010). Few mappings of mental health in this age group are performed with validated instruments and the scientific basis for measuring this development over time has shortcomings (Bremberg & Dalman, 2015). The only survey with a relatively long follow-up period is the Health Behavior in School-Aged Children (HSBC) Study, a WHO collaborative cross-national study conducted every four years since 1985 in about 40 countries and regions (Public Health Agency of Sweden, 2014; WHO, 2016). The latest report from 2013-2014 shows that the trend of increased mental health problems has continued since the previous measurements in 2009-2010. In addition, the proportion of 13- and 15-year-old girls experiencing at least two psychosomatic problems more than once a week is the highest since the survey started in the mid-80s. Even though the proportion of boys experiencing these troubles is smaller, it too has increased as much as the proportion of girls over time (Public Health Agency of Sweden, 2014a).

The national strategy on universal parental support

The Swedish government was concerned about the negative developments in youth mental health, and in line with the conclusions of the *Parental Support Inquiry* adopted a national strategy to develop a universal preventive support for all parents of children up to the age of 17. The report of the inquiry (SOU, 2008) recommended universal parental support as the best way to reverse the negative trend, since parents receiving guidance and support would likely improve their relationships with their children and thereby improve their children's chances for a good and healthy life (Swedish ministry of Health and Social Affairs, 2013). The national strategy became part of a long-term joint investment in promoting health and preventing ill health among children and adolescents and has aimed to inspire municipalities and counties to develop supports for parents and to provide practical support in their organizational

planning and development (Swedish ministry of Health and Social Affairs, 2013).

Lack of support for parents of adolescents

Support activities for parents of adolescents have generally been sparse in Sweden, and the range varies depending on where in Sweden parents live (SOU, 2008; Länsstyrelserna, 2015). Still, parents of adolescents say that support during this period is even more important than in earlier childhood, but despite their stated interest in accessing support activities they are unsure what their municipalities offer (Alfredsson, Broberg & Axberg, 2015; Thorslund, Johansson Hanse & Axberg, 2017). The universal supports that parents have been offered are individual contacts with staff in school and leisure activities, structured discussion groups focused on the children's needs, open discussion groups, discussion groups with themes, and mailouts of printed materials (Bremberg, 2004). Some of the fundamental ideas of the national strategy were that participation in universal parental support should be voluntary and guided by parents' own needs. The strategy emphasizes that parents' own questions, wishes, and interests are an important basis for the information, knowledge sharing, and discussion that emerge from and within a developed parental support (Swedish ministry of Health and Social Affairs, 2013). When parents of adolescents have been asked what kind of support they would like, they suggest a range of options including local web pages for parents, lectures, individual counseling, leader-led parent groups and places to meet for networking with other parents (Alfredsson, Broberg & Axberg, 2015; Thorslund, Johansson Hanse & Axberg, 2017). Internationally, most activities for parents of older children and teenagers have targeted ages 10 to 15 since the interventions are considered most effective if they begin in early adolescence (Bremberg, 2004). Interventions for parents of older adolescents are both unusual and less studied. In Sweden, as in international contexts, most structured programs aimed mainly to promote good communications between parents and adolescents, mostly to prevent adolescent alcohol, tobacco, and drug use (SOU, 2008). One of the goals of the national strategy on universal parental support was to increase the number of parental support practitioners trained in general health-promoting and universal evidence-based parenting programs (Swedish ministry of Health and Social Affairs, 2013).

The present research project

The research project of which the present thesis is a part focuses on the effects of group-based parenting programs with the general purpose to train parents to strengthen the parent–child relationship to prevent adolescent psychological and behavioral problems. In 2010 the Swedish National Institute of Public Health (called the Public Health Agency of Sweden since January 2014) was commissioned by the government to distribute 60 million SEK (approximately 7 million USD) to a selection of Swedish municipalities in collaboration with a research institution that was about to develop their social supports. Research projects aimed to evaluate the effects of parenting programs or increase parents' knowledge of, and interest in participating in, leader-led parenting groups were prioritized among the project applications. The research project underlying the present thesis was one of nine chosen for financing. The main aim was to evaluate the outcomes of five of the most common parenting programs for parents of children aged 10 to 17 offered in a municipal setting.

The western Swedish municipality of Tjörn applied jointly with the University of Gothenburg, however a collaboration with five other municipalities in Region Västra Götaland was established early on to enable the study. An additional six municipalities joined later, and the initially planned 1.5 years' recruitment of study participants was extended by another year to meet the criteria of including at least 300 participating families in the study. The parenting programs were already a part of the existing parental support activities or were about to be implemented during the research period in the participating municipalities. Parents who had enrolled in a program were recruited during the first group meetings. They answered questionnaires about themselves and their children on three occasions, and consenting children also answered questions at the same three measurement waves.

The research project was reviewed by the Regional Ethics Committee of Gothenburg (Reg. nr: 976-12) and the data collection proceeded from September 2011 to February 2014.

Aims of the thesis

The overarching aim of this thesis was to investigate the phenomenon of universal parental support, especially group-based parenting programs, for parents of adolescents. The more specific aims were to (I) explore the characteristics of parents of 10- to 17-year-olds who enlist in universal parenting programs and their reasons for enrollment; (II) explore the short- and long-term outcomes in parenting style, parental mental health, family climate, and adolescent mental health of different parenting programs offered to parents of 10- to 17-year-olds; and (III) to investigate adolescent-reported short- and long-term outcomes of their parents' participation in these parenting programs.

The five programs to be studied were Active Parenting, Connect, COPE, COMET, and Leadership training for parents of teenagers (LFT). Three programs were offered universally and two were more targeted. Active Parenting, Connect, and COPE were advertised in schools, local newspapers, community websites, and other public venues and all parents of adolescents were invited to attend. COMET and LFT were mainly targeted, that is, places were generally assigned to parents already in contact with social services or a child/adolescent psychiatric clinic, but the groups were also advertised in public venues as described above, which allowed parents from the whole population to sign up. The five programs are described below.

Active Parenting, a relation-oriented program, was developed in the USA (Popkin, 1989) based primarily on Adler's (1924) individual psychology theory of development. The program stresses the child's psychological and behavioral goals, the use of natural and logical consequences, the importance of mutual respect, and methods of encouragement (Mullis, 1999). It targets all parents, caregivers, and other people living with children, and so is viewed as a universal intervention. The program aims to make caregivers more conscious of their own parenting styles, to train them to become more "active" (authoritative) and less lenient or authoritarian. Encouraging and appreciative parenting is favored over the use of rewards and token economies characteristic of parent management training (PMT) programs, since the latter are thought to lead to an external locus of control focused on performance (Mullis, 1999). Active Parenting exists for parents of small children (1 to 4 years), preschool/school-aged children (2 to 12 years), and adolescents (11 to 18 years). The latter was adapted by Stagling Birgersson (2012) in a Swedish version that focuses more on process and reflection than the American model (Bremberg, 2004).

Connect, another relation-oriented program, was developed in Canada (Moretti & Obsuth, 2009) based on attachment theory (Bowlby, 1969; 1973;

1980). The program focuses on teaching parents about attachment in adolescent development, rather than on specific techniques for managing teen behavior. Parents are trained to take their children's perspective to understand their reactions and emotional experiences. Although originally developed for caregivers of 13- to 18-year-olds (and later, of 8- to 12- year-olds) with serious behavioral and social-emotional problems, Connect is designed to be sensitive to parent–child issues that commonly emerge during (pre)adolescence such as desire for autonomy, peer relationships, and rejection of parental authority and beliefs (Moretti, Obsuth, Mayseless & Scharf, 2012). In Sweden, Connect is used as both a targeted and a universal intervention. In the present study, the latter approach was used.

COPE (Community Parent Education), developed in Canada (Cunningham, Bremer & Secord, 2010), is based mainly on social learning theory, but is also influenced by other theories such as family systems theory (Minuchin, 1974). COPE differs from other PMT programs in some ways. To be cost-effective, facilitate better group dynamics, and strengthen parental networks, COPE groups are recommended to include 20 to 30 parents. During sessions, parents work together in small groups to generate solutions to their problems; these solutions are then modeled and discussed in the larger group. COPE was originally developed for parents of 3- to 12-year-old children with externalizing problem behaviors, but it has been further adapted for parents of 13- to 18-year-olds. In Sweden, COPE is used as both a universal and a targeted intervention in a version adjusted to Swedish conditions (the Swedish COPE Association, 2015). In the present study, the universal approach was used.

COMET (Communication Method) is a Swedish program (Forster & Livheim, 2009) that builds mainly on behavior analysis. Parents are encouraged to praise and reward desired behavior, rather than focusing on problematic behavior, and to pay attention to and show interest in their children. A main characteristic of the program is its emphasis on planning and following-up on homework assignments. COMET 12–18 is an adaptation of the original COMET for parents of 3- to 11-year-olds. The adolescent version was developed for parents of adolescents with antisocial behavior, but it is sometimes offered universally. In the present study, the program was used as a targeted intervention.

LFT (Leadership training for parents of teenagers) is a Swedish program (Jörhall & Wibrån, 2013) developed for parents who feel that they have lost control of their teenagers and it was created through continuous dialog between clinicians and parents in the field. LFT is inspired by various PMT programs, but it incorporates aspects of structural family therapy and attachment theory. The program emphasizes parental leadership and ultimate responsibility for the

atmosphere in the home and in the parent–adolescent relationship. LFT encourages parents to formulate personal goals for the aspects of their parenting that they want to change. The program is occasionally used universally, but usually, as in the present study, it is run as a targeted intervention.

As shown, the five programs have somewhat different theoretical orientations and foci, but the practical content in the program manuals and the conduct of the interventions appear more similar than different (Andersson & Arnell Vu Minh, 2014). Common components are lectures on various themes, video vignettes, discussion and reflection exercises, and role-playing. Although the programs vary in their emphasis on various components, Connect differs from the other programs with its greater emphasis on lectures and fewer opportunities for parents' active participation in role-playing and group discussions. Most role-plays are modeled by group leaders instead of parents and no homework is assigned. These five programs have all been evaluated to some degree, but not all of the adolescent versions have been evaluated and the scientific quality of the studies vary. Program characteristics and references to conducted outcome studies are presented in Table 1.

Table 1. Overview of the five parenting programs included in the present research project

Program	Prevention level	Theoretical ground	Sessions	Recommended group size	Modalities	Adolescent version evaluated?[a]
Active Parenting	Universal	Relational (mainly Adlerian, but also inspired by Rudolph Dreikurs, Thomas Gordon, and Carl Rogers)	6 sessions @ 3 hours/every other week; optional follow-up sessions	8–12 parents	Teaching, role-playing, reflection exercises, homework, take-home materials	Mullis, 1999: Pretest/post-test design (no untreated control group)
Connect	Initially targeted, today also used universally (as in the present study)	Relational (Mainly attachment theory, but also system theory)	10 sessions @ 1 hour/week	12–14 parents	Teaching, role-playing by group leaders, reflection exercises, take-home materials	Moretti & Obsuth, 2009; Moretti et al., 2012; 2015; Jaf, 2015: Both RCTsc and quasi-experimental designs
COPE	Initially targeted, today also used universally (as in the present study)	Behavioral (mainly social learning theory, but also cognitive-attributional, family systems, and group theory)	10 sessions @ 2 hours/week; optional follow-up sessions	20–30 parents	Teaching, videotaped modeling, role-playing, group discussions, homework, self-monitoring	Not for adolescents, only for parents of younger children (e.g., Cunningham, Bremer & Boyle, 1995; Stattin et al., 2015; Thorell, 2009): RCTs
COMET	Targeted[b]	Behavioral (social learning theory, behavioral analysis)	8 sessions @ 2.5 hours/week + booster session after 2 months	6 families (parents of 6 children)	Teaching, video vignettes, role-playing, homework, take-home materials	Jalling et al., 2015 (but when used for prevention of antisocial behavior and substance use): RCT[c]
LFT	Targeted[b]	Behavioral (mainly social learning theory, but also functional and structural family theory and attachment theory)	9 sessions @ 1h 45 min/week; optional follow-up session	10–12 parents	Teaching, role-playing, reflection exercises, homework, take-home materials	Jörhall, 2008: Unpublished master's thesis, one-group pretest/post-test design (no untreated control group)

[a] Evaluation based on parent reports. [b] These programs are occasionally used universally. [C] Randomized controlled trial.

Summary of the studies

Study I

Universal parent support groups for parents of adolescents: Which parents participate and why?

Aims

The first aim of this study was to explore whether and how parents of 10- to 17-year-olds enrolling in universally offered parent support group programs differed from parents in general in terms of socio-demographic factors (country of origin, educational level, long-term sick-leave or unemployment, and marital status), psychological health, and children's psychiatric symptoms. The second aim was to analyze what reasons parents gave for choosing to participate.

Method

Parents who had enlisted in a universally offered parent support group in their local community were recruited to the study. In total, 27 parent groups in eight municipalities were held during the research period. The groups were gathered from three different parenting programs: COPE (n = 65), Active Parenting (n = 46), and Connect (n = 62), which were all offered universally through advertisements in schools, local newspapers, websites, etc. The design of the study was naturalistic; the research team followed already existing parental support activities in the participating municipalities. We did not engage in the recruitment of participants to the parent groups.

During the first group meeting, parents who enrolled in a parenting program were informed about the study by a member of the research team. Those who consented to participate were given a questionnaire booklet to fill in at home. The booklets were then collected at the second group meeting. As a reward,

parents could choose a lottery ticket worth 30 SEK or a gift card for groceries for the same amount.

The questionnaires contained socio-demographic questions about the parent (gender, country of origin, educational level, long-term sick-leave or unemployment within the last six months, and marital status) and about the child (age, gender, and earlier contact with school health care or child/adolescent psychiatry). Standardized scales measuring symptoms of parental anxiety and depression, parents' negative attitudes, parents' emotional outbursts, and adolescent psychiatric symptoms were also used. To elicit parents' reasons for participating in the group, an open-ended question at the beginning of the questionnaire asked, "What was your most important reason for joining the parent support group?" Parents answered the question in writing.

A total of 192 parents (151 mothers and 41 fathers) from 173 families, of whom 38 were co-parents of the same child, chose to participate in the study. To simplify data analyses and avoid potential dependency in the data, we excluded every other parent at random (as many mothers as fathers) in families where both parents participated, thus leaving only one parent from each family in the study group. This resulted in 141 mothers and 32 fathers.

Parents' socio-demographic information was compared with population data (Statistics Sweden, 2012) and Swedish norms from the BITA study (Lundgren, Robertson, Nilsson, Broberg, & Arnrup, 2015) were used for comparisons of parents' symptoms of anxiety and depression and children's psychiatric symptoms.

Analyses. Comparisons between different groups of parents were made using chi-square for proportions and independent *t*-tests for means. Cohen's *d* was used for estimating effect sizes (Cohen, 1988). The open-ended question about reason for support group participation was analyzed with qualitative content analysis according to the analytic process: *meaning unit → condensed meaning unit → categories → themes*. An inter-rater reliability analysis using the Kappa statistic was performed to determine consistency between two raters for categories and themes. Chi-square was then used for between-group comparisons regarding different themes.

Main findings

Comparisons between support group sample and the population

Compared with parents in the general population, parents in the support group sample were more often on long-term sick-leave or unemployed. Support group mothers were more likely to report living apart from the child's father

and were more highly educated than mothers in general. There was no difference in whether parents were born in Sweden or not. Both mothers and fathers in the support group sample reported more symptoms of anxiety and depression and greater psychiatric symptoms in their child than the control group.

Reasons for support group participation

Parents' responses on the open-ended question could be summarized in nine categories clustered into two main themes and one minor. The first main theme reflected parents' more *General reasons* for attending the support group, and the second captured their *Problem-oriented reasons*. Two categories did not fit in either of the two main themes and were placed in an *Other* theme. Most answers (72%) fitted into the categories belonging to the General theme and about 22% were more Problem-oriented. Compared with the parents who had general reasons, parents with problem-oriented reasons for enrollment reported more negative attitudes and more emotional outbursts in their parenting. They also tended to perceive their children to have more emotional or behavioral difficulties, and their children tended more often to have had contact with mental health care within the last year.

Conclusions

The findings showed that on a group level, parents of adolescents who enrolled in universal parenting groups reported a more difficult psychosocial situation than parents in general. Further, while the majority of parents gave general reasons for enrolling, about a fifth gave problem-oriented reasons. This replicates findings from studies of younger children (Ramqvist, Wells & Sarkadi, 2013) and points to a difference between "universal" and "targeted" needs among parents, further supported by the findings showing that parents with problem-oriented motives reported greater child-related difficulties than those with general reasons. Overall, the results suggest that when parenting programs are offered to parents in general, they do reach parents with an actual need of support, which contradicts claims that universal efforts risk missing their target (Biglan & Meltzer, 1998; Howe & Longman, 1992; Offord et al., 1999).

Study II

Parenting programs during adolescence: Outcomes from universal and targeted interventions offered in real-world settings

Aims

The overarching aim of this study was to explore age-relevant psychological and behavioral outcomes from five different generic parenting programs, three universal and two targeted, for parents of adolescents in a naturalistic setting. The specific research aims were: (1) to explore short- and long-term change in parenting style, parents' mental health, family climate, and adolescent mental health, and; (2) to compare these outcomes between the different programs.

Method

We collaborated with 12 municipalities in the southwest of Sweden that offered five of the most common parenting programs for parents of adolescents in the country. In total, 59 groups were included during the research period. The design of the study was naturalistic; the research team followed already existing parental support activities in the participating municipalities. The five parenting programs investigated were Active Parenting, Connect, COPE, COMET, and LFT.

Parents were recruited to the interventions by representatives of the programs in their municipality, and trained leaders ran all programs in a municipal setting. Active Parenting, Connect, and COPE (27 groups in total) were offered universally, that is, advertised in schools, local newspapers, community websites, and other public venues. COMET and LFT (32 groups in total) were mainly targeted, that is, places were generally assigned to parents already in contact with social services or a child/adolescent psychiatric clinic, but the groups were also advertised in public venues as described above, which allowed parents from the whole population to sign up for the program.

At the beginning of the first group session, a member of the research team informed parents about the study. Consenting participants were asked to fill in the baseline questionnaire at home, which was collected at the second meeting. The post-measurement questionnaire was either mailed out one week before or delivered by group leaders at the penultimate meeting and then collected by the research staff at the last meeting. One year after the groups began, parents were mailed a follow-up questionnaire. A total of 358 participants (278 mothers and 80 fathers), of whom 43 were co-parents of the same child, chose to

participate in the study. To simplify model specifications and data analyses, and to avoid potential additional dependency in the data, we used only one parent report per child. Because most parents were mothers, we used mothers' reports whenever possible. This resulted in 315 parents of whom 277 (88%) were mothers and 38 (12%) were fathers.

The questionnaire booklet contained background questions about the child and the parent, as well as standardized measures of parenting style (negative attitudes, attempted understanding, and emotional outbursts), parents' mental health (symptoms of anxiety and depression), family climate (democratic and chaotic), and adolescent mental health (psychiatric problems and disclosure).

Analyses. Conventional statistical analyses were performed for descriptive information. To explore the outcomes of the programs, a series of piecewise two-slope growth-curve multilevel models were fitted to the data.

Main findings

Generally, small to moderate positive short-term changes were found in parents' attitudes, emotional outbursts, attempted understanding, and symptoms of anxiety and depression. Family climate (both democratic and chaotic) improved significantly in COMET only. Parents in all programs except COPE reported small declines in adolescents' psychiatric symptoms from baseline to post-measurement. No changes were seen in adolescent disclosure. Detected changes were either maintained or further improved at the one-year follow-up. The differences between changes across programs were relatively small for most variables, with some notable exceptions. A recurring pattern in most outcome variables was that change were greatest in COMET and least in COPE.

Conclusions

The results are mostly consistent with earlier studies of parents of older children and teenagers (Chu et al., 2015; Leijten et al., 2012; Morreti & Obsuth, 2009) as well as younger children (Stattin et al., 2015) and support the conclusion that the programs are successful in reducing dysfunctional parental strategies, increasing positive parenting, and decreasing both parents' and adolescents' psychiatric symptoms. While larger changes in groups with relatively high initial problem levels can be expected, no substantial differences in change were found between the three universal programs. Thus, the findings support the general effectiveness of parenting programs for parents of adolescents in both the short and the long term when offered in real-world settings to parents with different needs.

Study III

Outcomes from programs for parenting adolescents: The adolescent perspective

Aims

The overarching aim of the study was to explore the adolescents' views on the outcomes of their parents' participation in group-based programs for parenting adolescents. The more specific aims were to (I) explore the adolescent-reported short- and long-term outcomes in parenting strategies, family climate, adolescent attachment security, and psychological health, and (II) to investigate whether relevant risk factors outside the dyadic parent–adolescent relationship, such as stress in the family system or exposure to bullying, moderated these outcomes.

Method

Parents were recruited to the interventions by representatives of the programs in their municipality, and trained leaders ran all programs in a municipal setting. Active Parenting, Connect, and COPE were offered universally, that is. advertised in schools, local newspapers, community websites, and other public venues. COMET and LFT were offered mainly as targeted interventions, that is, places were generally assigned to parents already in contact with the social services or a child/adolescent psychiatric clinic, but the groups were also advertised in public venues as described above, which allowed parents from the whole population to sign up for these programs.

At the beginning of the first group session, a member of the research team informed parents about the study and asked for consent to inform and invite their children to the study. Consenting parents brought home baseline questionnaire booklets for themselves and for their child. The children consented by answering the questionnaire and sending it back by mail. Parents' questionnaires were collected at the second group meeting. Post-measurement questionnaires were either mailed or delivered by group leaders at the penultimate meeting and was collected the last meeting. Children sent theirs by mail. Follow-up questionnaire were mailed out one year after the groups began.

Two hundred and nineteen (70%) of the eligible adolescents chose to participate in the study. The questionnaire booklets for adolescents and parents contained demographic, behavioral, and psychological measures. In the pre-

sent study, only parents' answers to the demographic questions were used. Adolescents answered questions about both their mother and their father but only answers concerning the parent participating in the program were used. When both parents participated, questions about the mother were used (because mothers were more frequent participants). The questionnaire included measures of parenting strategies (attempted understanding and emotional outbursts), family climate (democratic and chaotic), adolescent attachment security, and adolescent psychological health (psychological well-being and psychological problems). Additionally, we wanted to investigate the effect of increased interpersonal stress on the program outcomes. This stress variable was composed of parents' and adolescents' answers to an open-ended question about increased stress in the family system and adolescents' ratings of increased exposure to bullying during the study period.

Analyses. Qualitative content analysis was used to code answers to the open-ended question about increased stress in the family system. To explore outcomes of the interventions we fitted a series of piecewise two-slope growth-curve multilevel models to the data. The presence of increased interpersonal stress was used as a dichotomous moderator variable in the growth-curve models.

Main findings

The adolescent-reported outcomes pointed to a consistent, yet mostly non-significant, pattern of perceived improvement in parenting strategies, family climate, adolescent attachment security, and adolescent psychological health. When relevant risk factors (i.e., increased interpersonal stress) were controlled for, the pattern grew stronger: significant positive short-term change (during the intervention period) in adolescent psychological well-being was reported, as well as significant positive long-term change (at one-year follow-up) in adolescent attachment security and psychological problems. In contrast, among the adolescents who were exposed to increased interpersonal stress, psychological problems increased significantly during the intervention period and were maintained at follow-up despite perceived positive, yet non-significant, change in parenting strategies. The pattern of change could not be traced to any particular parenting program.

Conclusions

The results suggest that, although adolescents whose parents have attended a parenting program do not report any significant change in parenting strategies,

they do perceive improvements in their own attachment security and psychological health. Despite parent–child discrepancies and weaker adolescent-reported patterns of change, the results accord with previous parent-reported findings and show that programs for parenting adolescents have positive effects on the parent–adolescent relationship and adolescent mental health. Adolescents exposed to increased interpersonal stress, however, might not benefit from generic parenting programs, as these adolescents experience decreased mental health despite their parents' engagement in an intervention. Thus, relevant contextual stress factors during adolescence need to be considered when parenting programs are investigated.

General discussion

The overarching aim of this thesis was to investigate the phenomenon of universal parental support for parents of adolescents, specifically group-based parenting programs. The more specific aims were to explore the characteristics of parents of 10- to 17-year-olds who enlist in universal parenting programs and their reasons for enrollment; explore the short- and long-term outcomes in parenting style, parental mental health, family climate, and adolescent mental health of different parenting programs; and to investigate the adolescents' views of their parents' participation in these parenting programs.

Results from Study I showed that more mothers than fathers of adolescents enrolled in the universally offered parenting programs, also found in studies of parents with younger children (Wells, Sarkadi & Salari, 2015). These findings are not surprising, since mothers tend to be more involved than f athers in their children's lives (Updegraff et al., 2001; Williams & Kelly, 2005) and fathers often rely on mothers to gain knowledge about their adolescents (Crouter et al., 2005; Waizenhofer et al., 2004). Adolescents generally feel closer to their mothers and prefer to turn to them for emotional support, while fathers are perceived as more distant (Crockett et al., 2007; Public Health Agency of Sweden, 2014). From a child's perspective, this is unfortunate, given that fathers' engagement has proven to be a positive influence on children's social, behavioral, and psychological development and to be associated with better maintenance of intervention gains (Bagner & Eyberg, 2010; Sarkadi, Kristiansson, Oberklaid & Bremberg, 2008). As gender equality (slowly) increases in society, in the future fathers will hopefully be better equipped to acknowledge their impact and take greater responsibility and interest in their relationships with their adolescents than in the past and present.

Mothers in Study I were more highly educated than mothers in general, a finding previously seen in some enrollment studies of parents with younger children (Fängström & Sarkadi, 2012; Haggerty, Flemming, Lonczak, Oxford, Harachi, & Catalano, 2002) and in several studies of parents with adolescents attending targeted parenting groups (Bauman, Ennett, Foshee, Pemberton, & Hicks, 2001; Pettersson, Lindén-Boström & Eriksson 2009; Spoth et al., 1997; 2000). This finding might be the result of recruiters' difficulty in reaching all

parents, or of various barriers to participation for women with less education (Pettersson et al., 2009). The Swedish national strategy for parental support (Swedish ministry of Health and Social Affairs, 2009) states that all parents are entitled access to the supports that municipalities offer. Thus, a remaining challenge is to design and market parental support programs that attract as many parents as possible, independent of gender or educational level.

We also found that mothers who were separated or divorced from the father of the child were overrepresented among participants. Being a separated or a single parent has been shown to increase parental stress (Weinraub, et al., 2012) and hence might lead to a greater perceived need for support from outside the family. In general, parent program curricula do not seem to place much emphasis on parents' personal situations (Andersson & Arnell Vu Minh, 2014). Professionals who work with parents of adolescents need to consider that, due to the high frequency of separation, enrolling parents (usually mothers) might have limited support from the other parent in their everyday parenting, and thus, the program content might need to be adapted to these circumstances.

Although most parents in Study I gave general reasons for participation, about a fifth gave problem-oriented reasons. This points to a difference between universal and targeted needs among parents, which is supported by the findings showing that parents with problem-oriented motives reported greater child-related difficulties than those with general reasons. There might be a risk that parents with defined problems feel marginalized in a group in which most parents have more general motives and interests and fewer personal and familial difficulties. The opposite is also possible: parents with more general or universal reasons for participation might feel that their needs and everyday worries are insignificant compared with those of parents with greater problems. This underlines the importance of individual contact with parents prior to group start to allow group leaders to become familiar with each parent's needs. Sometimes group leaders may need to explain this to parents beforehand and be explicit that the variation among parents' enrollment reasons might cause some initial tension in the group. To be able to adjust the composition of the groups according to the different needs of parents, municipalities are also advised to offer both universal and targeted interventions.

Parent-reported outcomes from all five parenting programs in Study II (three universal and two targeted) showed small to moderate positive short-term change in almost all outcome variables, which was either maintained or further improved at follow-up. The differences between changes across programs were relatively small for most variables, with some notable exceptions. Changes were consistently greatest in COMET and least in COPE. The finding that changes were greatest in COMET parents is not surprising; given their

highly elevated problem levels in all outcome variables at baseline, they had greater room for improvement than the other parents (Offord et al., 1999; Smith et al., 2012). The effects might therefore be associated with the sample rather than the intervention. However, the larger changes in this group might also have to do with the characteristics of the program. COMET was the one program that most parents attended together, as specifically recommended in the COMET program curriculum, and the COMET groups were relatively small. The program also includes booster sessions after the program ends. At least in this study, COMET functioned more than the others as an indicated or maybe even clinical intervention, with larger engagement in families and more room to focus on each individual family; its larger effect sizes are possibly due to these factors.

Another possible explanation of the larger effects in COMET could be its theoretical (i.e., behavioral) base, as earlier findings have shown that behavioral programs are more effective in some regards, at least in the short term (Stattin et al., 2015). However, considering that the effects of COPE, the closest of the other programs to COMET theoretically, were generally the smallest, that hypothesis was not supported in the study.

Besides resulting in the smallest overall change in all the studied programs, COPE was the only program where no significant change was detected in adolescents' psychiatric symptoms. Although not statistically significant, parents in COPE consistently reported the fewest problems at baseline. The logic above (i.e., high levels of initial problems allow greater room for improvement) might also explain the relatively small changes in COPE: lower levels of initial problems may reduce the need and motivation for change. The smaller changes might also be due to program characteristics, such as the larger group setting and less leader-led time in sessions. In addition, the COPE program often did not have the number of participants per group that it was designed for and this might also have influenced the outcomes of the program. However, COPE was not the only program that did not function as originally designed. Most often, fewer participants than recommended in the program manuals attended the groups, and participating parents often had younger, and sometimes older, children than the programs were designed to address. It is well documented that when evidence-based programs are implemented in natural settings, they are often adapted in some way or another (Moore et al., 2013). Changes to procedures, dosage, and content are most common, and the reasons for the adaptations are usually traced to lack of time, limited resources, and difficulty retaining participants. While these adaptations might improve engagement and acceptability in target populations, professionals need to weigh the gain of better recruitment and retention against the risk of reduced positive

program outcomes (Kumpfer et al., 2002). Further, parental support practitioners should strive to be guided by the growing knowledge base on how to properly implement and adapt an evidence-based program to a new context (Sundell et al., 2014).

Although COPE was the one program in the project that deviated the most from its original design in terms of recommended group size, the COPE groups were still larger in average size than the other programs in the study. From a health-economic perspective, a program that produces relatively small changes could in fact be the more cost-effective program due to characteristics such as large group sizes or limited numbers of sessions (Sampaio, Enebrink, Mihalopoulos & Feldman, 2016). Although attempts to recommend any one program over the others based on effects and costs was beyond the aims of the study, decision-makers should take cost-effectiveness into consideration when priorities are set across different interventions.

Perceived change was not nearly as strong or evident in the adolescents' reports in Study III as in the parents' reports in Study II. While parents reported significant positive outcomes in nearly all outcome domains, adolescents' reports were limited to significant improvements in their own attachment security and psychological health. Discrepancies between parents' and adolescents' reports on issues such as parenting are common (Taber, 2010), and as discussed by Leijten and collegues (2012), parents' urge to see improvement was probably stronger than their adolescents' since the parents had invested time and energy in the intervention. Also, parents might have exaggerated the improvement through increased awareness of what is considered good parenting behavior. Adolescents, on the other hand, may be unaware of these views or may in fact perceive the parent's change with ambivalence or even as something undesired. This is reflected in adolescents' answers to an open-ended question at follow-up (Aurell, 2016), asking whether and how the parents had changed after attending the parenting program, for example, "They did something for the better, but I don't like it completely" and "They are stricter, and it's not good at all". Thus, instead of disadvantages or measurement errors, discrepant reports can be treated as useful information from different, yet equally important and valid, perspectives (de los Reyes, 2011). Additional analyses of both quantitative and qualitative information could contribute to a wider understanding of the effects of parenting programs; therefore, future studies should investigate both parents' and adolescents' perspectives in more depth.

Another possible explanation for the differences between parents' and adolescents' reports of change can be traced to discrepancies in baseline rates. Adolescents' baseline reports of their parents' emotional outbursts were significantly lower than the parents' reports. This suggests that the adolescents perceived their parents' rearing behaviors as less problematic in some respects

than their parents did. Hence, while there was room for parents to perceive improvements in their own behaviors, floor effects might have prevented adolescents' ability to register notable change in their parents' emotional outbursts.

In contrast to the discrepancies in baseline levels of parents' emotional outbursts, reports of parents' attempted understanding did not differ between informants at baseline, and only parents reported improvements with time. Besides possible associations with differing motivations and desire for change, the lack of adolescent-reported improvement might be because children have difficulty recognizing change in more subtle parenting behaviors such as attempts to understand and empathize with adolescent problem behavior. In general, more overt and observable behaviors, such as emotional outbursts, are easier for both parents and children to detect (Bögels & van Melick, 2004; Waaktaar, Borge, Christie & Torgersen, 2005).

Although no consistent improvement in parenting strategies was reported, the adolescents did report a significant increase in their attachment security at one-year follow-up, which does indicate a qualitative improvement in parent–adolescent interaction during the study period. This conclusion is further supported by analyses of the relationship between positive parenting strategies and attachment security (Alfredsson & Broberg, 2015). Results showed that adolescents who reported increases in their parents' attempted understanding and democratic family climate and/or decreases in parents' emotional outbursts between baseline and follow-up also reported increased levels of secure attachment to the parent. The results are in line with previous studies showing strong correlations between secure attachment representations and high levels of parental sensitivity and responsiveness to the adolescent's inner mental and emotional life (Allen & Tan, 2016). Combined with the parents' reports in Study II of increased attempted understanding after the intervention, the results support the hypothesis that parental behavior still influences attachment as children grow older and that interventions which strengthen positive parenting remain important during adolescence. However, future research needs to establish the direction of this relationship, that is, whether increased parental capacity predicts secure attachment in adolescents or if securely attached adolescents, by communicating their emotions in a more open and obvious way, enable parents to be more sensitive and responsive (Becker-Stoll et al., 2001).

Adolescents without increased interpersonal stress reported improvements in their mental health during the study period, a finding contrary to the general trend of increased reports of mental health problems with age (WHO, 2016). This further supports the conclusion that the parenting programs had a positive effect on adolescent development. Since secure attachment has been found to

predict positive adolescent outcomes, such as healthy cognitive and socioemotional development and fewer behavioral and mental health problems (Allen & Tan, 2016; Brumariu & Kerns, 2010; Moretti & Peled, 2004), it is safe to believe that the improved attachment security reported by adolescents in the present project was associated with their improved mental health during the study period. However, analyses of these correlations have not yet been conducted on the present data.

As suggested by the results of the present studies, supporting parents in their parenting strategies during their children's adolescence has great potential to prevent or reduce negative adolescent development. However, factors outside the immediate parent–adolescent relationship that are not addressed by parent training can also impact the youth's mental state. This is evident from the adolescents exposed to increased interpersonal stress. In contrast to the other youths, the exposed adolescents perceived deterioration in their mental health during the study period, but the negative change was not reflected in their reports of parenting strategies or attachment security, which showed the same positive trends as those of unexposed adolescents. The interpersonal stress was mainly due to increased exposure to bullying and/or structural change within the family (essentially parents' separation or divorce), both well-documented risk factors associated with adolescent mental health problems (Eccles & Roeser, 2011; Hetherington & Stanley-Hagan, 2012; Wiium, Breivik & Wold, 2015). This highlights the fact that although parenting is an important factor in adolescent mental health, other environmental factors operating on the micro and meso levels contribute importantly to the adolescent's conditions for a healthy life (Bronfenbrenner, 1979; 2005). The differing outcome patterns in the two groups of adolescents strengthens the hypothesis that parent training does not necessarily benefit adolescents exposed to stressors outside the dyadic parent–adolescent relationship; therefore, contextual factors such as family systemic and peer-related stress should be considered in investigations of generic parenting interventions. More intense or systemic interventions, such as family or couples therapy and/or interventions including the school setting might be more suited to helping direct the adolescent and the family toward a healthier developmental trajectory.

Methodological considerations

The first and most important limitation with the chosen design of the project is the lack of an untreated control group, which limits the conclusion that change occurred as an effect of the program interventions. However, adolescents in general report more mental health problems with age (WHO, 2016), which is

contrary to the reported development in our studies. Another limitation is the lack of randomized assignment to various programs, which could have ruled out systematic differences between program participants. Attempts were made to control for relevant variables that differed across groups, and differences in baseline levels of dependent variables were modeled, but the non-experimental design of the study limits our ability to compare effects between programs.

Further, due to the conditions of the naturalistic setting, parents and adolescents completed the baseline measurement after the first group session, and the post measurements were completed just before the last session. This might have reduced the effect sizes between baseline and post-measurement. Additionally, the content of the first session might have influenced parents' reports on the baseline measurement, while the content of the last session was not accounted for in the post measurement. Also, parents attending programs with fewer sessions (such as Active Parenting) ended up reporting the effect of a smaller proportion of the program than parents attending programs with relatively many sessions (such as Connect). Altogether, the data collection procedure might have reduced the probability of finding existing differences within and between programs.

The consequences of the sole use of questionnaire reports to measure behavioral change also needs mentioning. The use of questionnaires has some advantages over, for example, behavioral observations. First and most important, they are easily administered and less time-consuming, which is of great value in such a large research project. They are also less threatening to participants than observations, and potentially more valid, since the answers are based on a nearly infinite number of parent–child interactions and situations in everyday life, rather than a single observation of a task-specific situation (Bögels & van Melick, 2004). On the negative side, as mentioned earlier, questionnaire reports might suffer from the tendency to give socially desirable answers (Bögels & van Melick, 2004). This issue likely affected all programs equally throughout the project but probably had a greater impact on parents' reports than on their children's. Indeed, parents (especially mothers) tend to give a more favorable impression of their own parenting behavior than do their children, partners, or observers (Bögels and van Melick, 2004; Taber, 2010)

Another limitation of the project is in the varying, and sometimes relatively low, rates of study participation among parents in the different programs. In COPE, study participation was as low as 50%, and this limits both conclusions about the outcomes of this program and comparisons with the other programs. The original power computations, conducted in the preparation phase of the project, assumed a single occasion group comparison (i.e., cross-sectional) and a balanced design. However, due to the naturalistic approach, the final number of people in each program was not strictly under the control of the research

team. Yet, the longitudinal design, with up to three measurements for each informant across a relatively long period of time increases the precision of the individual estimates and thereby also increases the reliability of the between-group comparisons.

We were unable to do proper analyses on those who declined study participation, but according to lists of participants and anecdotal information from group leaders most declining parents did not attend more than one or two group sessions and/or had severe difficulties with the Swedish language. Thus, the true frequencies of study participation could be considered higher than what is reflected in the documented results.

Finally, mothers were overrepresented among program participants, as so often reported before (Bremberg & Eriksson, 2008; Olsson, Hagekull & Bremberg, 2004; Roker & Coleman, 1998; Thorslund, Johansson Hanse & Axberg, 2014; Wells, Sarkadi & Salari, 2015). In Studies II and III, mothers were in fact chosen to keep results as homogeneous as possible, but this limits the generalizability of the results to fathers. Further, the frequency of parents attending the intervention together varied between programs and was highest in COMET, where reported changes were on average the largest. Future research should focus more on fathers' engagement in parenting programs and on the relative effects of both parents attending the interventions together versus only one attending.

Some strengths in the present thesis are also worth mentioning. To begin, the project is the first to investigate both short- and long-term outcomes of several programs offered to parents of adolescents in the same study. The same outcome measures were used for all programs, which strengthens the comparisons and conclusions. Also, we strived to maintain a balance between variables measuring negative development (e.g., adolescent psychiatric symptoms and parents' emotional outbursts) and positive (e.g., adolescent psychological wellbeing and parents' attempted understanding). Thus, we kept close to the parenting programs' shared aims to both promote a healthy parent–adolescent interaction and prevent or reduce problems. Further, we included the too-rarely documented adolescent perspective, not just to verify or negate parents' reports, but for its own worth and unique contribution. From a Swedish perspective, the studies carry additional value since in Sweden there is a general lack of outcome studies for group-based interventions offered parents of adolescents in the targeted age group. Providing knowledge about which parents take part in the universally offered and delivered programs in Swedish municipalities is a valuable contribution to better understanding of whether the right investments are being made and the intended recipients being reached. Further, the studies were conducted by independent researchers who are neither the creators of, nor have any self-interest in, any of the studied programs, which is

relatively unusual in these types of studies and provides extra reliability and weight to the results. The relatively large number of participants and the low dropout rates in repeated measurements of both parent and adolescent reports is also a strength that makes the conclusions more generalizable.

Finally, even though the naturalistic observational design of the project implicates limitations such as lack of control group and randomization to conditions, the design also carry strengths since it allowed the explorative investigation of a natural course. It provided information regarding how, and by whom, interventions are actually used and how successful they are in what they aim to achieve – in this case, meet the needs of support among parents of adolescents – outside the experimental setting.

Conclusions

The results in the present thesis show that when programs for parents of adolescents are offered universally, they do reach parents in actual need of support whether they have general or more problem-oriented reasons for enrollment. The results further support the effectiveness of generic parenting programs when offered in real-world settings to parents with different needs. Finally, the results suggest that relevant contextual stress factors during adolescence need to be considered when the outcomes of parenting programs are investigated. The findings in the present thesis contribute to a further understanding of participation in and outcomes of parenting programs during children's adolescence, from both the parental and the adolescent perspective.

Clinical implications

- Providers of parenting programs should strive to design and market interventions in ways that attract and reach more parents independent of various sociodemographic factors.
- Municipalities are advised to offer both universal and targeted interventions to meet the different needs of parents.
- Program providers should expect different effects from their interventions depending on the level of prevention.
- Professionals should investigate the presence of contextual stress factors before considering a generic parenting program as the sole offer of parental or family support.

Closing remarks

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Appendix