

2002

Keeping one step ahead: tandem, an assessment and intervention programme for parents of adolescents at risk of problem behaviour.

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**KEEPING ONE STEP AHEAD: TANDEM, AN ASSESSMENT AND
INTERVENTION
PROGRAMME FOR PARENTS OF ADOLESCENTS AT RISK OF PROBLEM
BEHAVIOUR.**

**A thesis submitted in fulfilment of the
requirements for the award of the degree**

DOCTOR OF PHILOSOPHY

from the

UNIVERSITY OF WOLLONGONG

by

GERARD JOHN STOYLES, B.A.(HONS)PSYC; M.CLIN.PSYC.

DEPARTMENT OF PSYCHOLOGY

2002

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ADDENDUM:

The *TANDEM Intervention Package* has been included with this thesis as a separately bound volume.

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CERTIFICATION

I, Gerard John Stoyles, declare that this thesis, submitted in fulfilment of the requirements for the award of Doctor of Philosophy, in the Department of Psychology, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

April 1st, 2002

ACKNOWLEDGEMENTS

First and foremost, I am most grateful to my supervisor, Dr. Beth Marlow, for her professional commitment and support. There were many times when Beth lightened the load with her encouragement to stay with this research, mingled with a sense of humour and genuine belief in the practical value of what I was attempting to achieve for parents of troubled adolescents.

At the same time, I express my sincere gratitude to our statistical consultant and lecturer, Mr. Peter Caputi, for his welcome expertise, generosity of time, and for the patience he always showed.

I acknowledge with gratitude Dr. Jessica Grainger who offered her expertise in the very early stages of this research.

I gratefully acknowledge my colleagues in psychology, particularly Mr. Trevor Crowe, who spent many hours offering me sound advice and professional feedback during the development of questionnaires.

In a special way I wish to thank Mr. John Freestone, the Director of Northfields Clinic, and Ms. Helen Kouksenko, the clinic's administrative assistant, who enabled me to implement the initial TANDEM programme at Northfields Clinic.

To the parents who joined the first TANDEM programme, and to the many teachers, students, and parents from schools who took time to complete questionnaires, I also extend my gratitude.

I remember with much affection Dr. Terry and Mrs. Zita Bunn, who kept my nose to the grindstone.

Finally, but not in any least way, I express my gratitude to Archbishop Philip Wilson and Bishop Peter Ingham, to my fellow priests and parishioners, to Mr. Gregory Whitby and his members of staff from the Catholic Education Office, Wollongong, and especially to Fr. Steve Reeves who stood by me at every step of this journey.

Abstract

This research emerged from a recognised need arising from other research literature as well as clinical practice to identify and intervene with adolescent problem behaviour at its earliest stages. Working with parents as co-facilitators with the clinician was acknowledged as being the primary means of motivating and supporting adolescents to alter behavioural patterns that if left unattended would most likely lead to complications of a legal and self-harming nature. The importance of looking to parents as the main focus of intervention recognised both the major influence of parents in the life of the adolescent and the underlying prerequisite of a warm, supportive, and hence protective family environment to promote adaptive adolescent development. These essential aspects gave rise to the TANDEM programme, with “The Family Check-Up” (Dishion, Kavanagh & Kiesner, 1999) providing the developmental model. As the focus of this research, this programme aimed to ameliorate dysfunctional adolescent behaviour through clear identification of harmful risk-behaviour, the involvement of the parent in this assessment process, and the supportive development of appropriate skills and self-attributes within the parent as a means of reducing problem adolescent behaviour and an improved parent-adolescent relationship.

The principal theoretical orientation of this research was cognitive-behavioural. At the outset, an assessment instrument was developed to identify harmful adolescent risk-behaviour. This development also served to identify domains that reflected normal adolescent risk-behaviour. The development of the assessment instrument commenced with a preliminary investigation of adolescent behavioural patterns. Data for the preliminary investigation was obtained from a metropolitan sample of male and female adolescent high school students ($n = 187$) ranging in age from 12 to 17 years ($M = 14.53$ years, $SD = 0.50$ years). A factor analysis of this data suggested the ongoing

development of this assessment instrument. Findings from the preliminary investigation led to the initial instrument being restructured prior to its further administration. A parent version was also developed for this second research phase. The final shape of the assessment instrument included a revised format of the original questionnaire used in the preliminary investigation, together with the inclusion of additional questionnaires. These additional questionnaires investigated the adolescent's use of alcohol, tobacco, and marijuana, and the adolescent's self-perception of future harmful risk. A questionnaire investigating parental resilience was included in the parent version only. The final format of both versions of the instrument was entitled the *Adolescent Problem Behaviour Assessment (APBA)*.

The *APBA* was administered to a metropolitan high school sample of adolescents ($n = 410$), ranging in age from 12 years to 16 years 9 months ($M = 14.32$ years, $SD = 1.31$ years). Two hundred and one students were male and 209 students were female. Apart from 14 males, the *APBA* was also administered to the parents of these students. Four hundred and eighty five parents responded (60.9% of the total parent sample), including 282 mothers and 203 fathers. Apart from responses to alcohol, tobacco, and marijuana use, factor analyses were conducted in order to identify principal factors within each questionnaire of the *APBA*. Of particular note was the emergence of three factors that identified proneness towards problem behaviour in adolescence. These factors were entitled *Peer Modelling*, *Parent/Family Relationships*, and *Parental Monitoring/Limit Setting*, and resembled the three factors describing adolescent behaviour resulting from the factor analysis of data from the preliminary investigation. A discriminant function analysis (DFA) was also conducted with adolescent data to determine the capacity of the *APBA* to classify adolescents'

behaviour along a continuum of risk. Due to inconsistencies in parent data, the final parent version of the *APBA* was configured from the adolescent version.

The implementation of the TANDEM programme for this research followed the development of the *APBA*. The running of this programme followed a linear process of adolescent risk assessment, feedback and discussion of assessment results, and the offer of a place in the six-week parenting course as a means of intervention. Parents were centrally involved at every point of this process. The *APBA* provided the principal means of risk assessment. Three further questionnaires were included with the parent version of the *APBA* as measures of parenting skill, perceived self-efficacy, and aspects of the family environments of participating parents. Parents and willing adolescents completed the *APBA* during the intake phase of the TANDEM programme. Sixteen mothers ($M = 42.20$ years of age, $SD = 5.74$ years) and 6 fathers ($M = 43.29$ years of age, $SD = 10.40$ years), together with 19 adolescents, completed the *APBA* and the commencement of the programme. Adolescent age and gender was not taken into account due to the small sample size. Measures of parents' depression, anxiety, and stress were also taken during the intake phase.

During the intake phase, parents were also invited to describe the current quality of the home environment and parent adolescent relationship, as well as their chosen strategies for dealing with adolescent problems. Statistically significant differences were found for all assessment domains between the normative and TANDEM adolescent and parent samples, resulting in the total sample of 22 parents being offered a place in the TANDEM-parenting course. All parents accepted this offer and completed the parenting course. The researcher, drawing upon relevant research literature, qualitative data from a small normative parent sample, and prior clinical experience, also developed a 147-page parent manual for use by parents throughout the course. Due to the researcher's

familiarity with the manual contents, a presenter's manual was not developed, with the manual itself being used by the researcher as a guide to presentation.

Measures of depression, anxiety, and stress, as well as measures of parent resilience, parenting skill, and self-perceived efficacy were taken once more at the conclusion of the parenting course, thus providing pre and post measures of intervention effectiveness. Apart from the latter three questionnaires contained in the *APBA*, the complete *APBA* was not administered again since notable positive shifts in adolescent problem behaviour were not anticipated over the relatively short six-week duration of the parenting course. Following the removal of one outlier, statistical analyses of remaining data indicated marginal improvements in resilience, and notable improvements in skill competency and self-efficacy. Parents' comments at the conclusion of the course supported these findings. In particular, parents reported noteworthy progress in relationships with their adolescents and partners, and a personally enhanced sense of well-being. Two booster sessions were provided, scheduled at four-weekly intervals. However, due to parents' requests, data was not obtained at these sessions. Alternative arrangements for gaining this data from future booster sessions have been considered. Strengths and weaknesses evident from this research in the TANDEM programme, together with directions for future research, have been discussed in the concluding chapter.

The TANDEM programme was found to be a simple, affordable, readily adaptable, and effective means of identifying and ameliorating adolescent problem behaviour. Placing an essentially central focus on the parent in this process enabled the parent to become a successful role model and beneficially therapeutic source for the troubled adolescent. Parents who have participated in this and other TANDEM programmes have described the experience as providing them with a valuable means of

supporting the difficulties of their adolescents. As a result, parents have been able to re-establish fundamentally protective family environments and more robust relationships with their adolescent son or daughter.