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Chapter 4

Parenting Difficult Children and Adolescents

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Additional information is available at the end of the chapter

http://dx.doi.org/10.5772/67319

Abstract

Parenting is generally conceived as a unidirectional construct in which parents are thought to be the direct or indirect cause of different child outcomes. Children who exhibit problematic behavior, who display hurtful and uncaring behavior toward others or who are aggressive or turn to delinquency when they reach adolescence are often viewed as the product of insufficient parental competence (i.e., nurture) in addition to inherited genetic predisposition (i.e., nature). Competent parental behavior, on the other hand, counteracts the development of callous-unemotional traits and disruptive conduct by promoting the internalization of prosocial and normative behavior. However, empirical evidence consistently shows that the general behavioral patterns of parents and children become interdependent and mutually reinforcing during childhood. Parents with low parental competence, who interact with temperamentally difficult children, consistently create coercive exchanges that produce escalations in child oppositional and aggressive behavior, subsequently increasing the likelihood of continued harsh parenting strategies. Therefore, early prevention and intervention programs must have a systemic approach and target the parents, the children, and the interaction process itself. If the cycle of harsh, negative, and confrontational interactions is not broken during early childhood, there is a risk that coercion settles as a baseline pattern of conduct for future relationships.

Keywords: parenting, difficult temperament, disruptive behavioral disorders, callous-unemotional traits, conduct problems, coercive parenting strategies

1. Introduction

The context in which children are raised shapes and influences their behavior. Parents are primarily responsible for providing an environment with experiences that will have an impact on the child's development. The role of parenting style and parental management has been highlighted in several social and psychological theories, which emphasize the quality of the

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parent-child interaction in determining different behavioral outcomes during childhood and adolescence [1, 2]. The child's psychological well-being and mental health, the behavioral adjustment in different situations, and the capability to establish positive relationships with others are closely related with the level of parental competence during early stages of maturation. Competent parenting has been defined as the style of child rearing that promotes the acquisition of abilities necessary to effectively deal with the everyday demands [3]. High parental competence facilitates the development of prosocial attitudes and values and enables children to acquire the ability to deal effectively with life changes during childhood, adolescence, and adulthood. In children genetically predisposed to develop difficult temperaments, callous-unemotional features (i.e., lack of remorse or guilt, lack of empathy, and a pervasive pattern of disregard for others' well-being) and affective deficits, competent parenting functions as a protective factor against negative outcomes such as delinquency and violence [4–6]. Conversely, parents with low competence, displaying inconsistent rewarding, harsh punishment, and rejection are thought to cause weak parent-child bonds, low levels of self-control, emotional detachment, and problem behaviors in their children. Negative parental discipline and chaos in the home has been associated with concomitant stable patterns of difficult temperament and behavior [7] while emotional abuse and neglect have been associated with developmental trajectories characterized by the highest level of conduct problems in children [8]. Parenting should therefore be considered as a risk factor in the development of problem behavior as well as a protective factor facilitating the development of prosocial behavior [9].

In relation to parent-child interaction, two dimensions have been identified, namely parental demandingness (i.e., control, supervision, and maturity demands) and parental responsiveness (i.e., warmth, acceptance, and involvement) [10]. Combining high or low levels of these two dimensions causes four distinct styles of parenting to emerge [10] which are consistently associated with different outcomes regarding child development. *Authoritarian parenting style* (high demandingness and low responsiveness) may lead to children who are obedient and proficient, but often rank low in happiness, social competence, and self-esteem. Children are expected to obey strict rules and failure to follow those rules usually results in punishment. This parenting style has also been identified in cases of children who are aggressive and defiant and who show high levels of social maladjustment [11, 12]. *Authoritative parenting style* (high demandingness and high responsiveness), increases the likelihood of prosocial behavior in children who are happy, capable, and well adjusted. Rules and guidelines are expected to be followed but they are based on negotiation. Authoritative parents are responsive to their children's individual needs, willing to listen to questions, and to support their children's budding autonomy. *Permissive parenting* (low demandingness and high responsiveness), often results in children who rank low in happiness and self-regulation, who are likely to experience problems with authority, and who tend to perform poorly in school. The lack of guidance in dealing with new and challenging situations leaves these children defenseless, with no means to protect themselves from bad experiences. *Uninvolving parenting style* (low demandingness and low responsiveness) is characterized by emotional unavailability and little communication with the child. While these parents fulfill their child's basic needs, they are generally detached from the child who grows insecure and, lacking emotional guidance, are lost on their way to

http://dx.doi.org/10.5772/67319

establish affective bonds with others. Callousness and low empathy are often present in children who come from families with uninvolved parents.

Within the parenting styles have been emphasized the dimensions of support and control [10, 13]. Supportive parenting is mainly a characteristic of the authoritative style while authoritarian parents more often exercise restrictive control without room for negotiation. Parental support is highly correlated with warmth, responsiveness, sensitivity, and acceptance and is essential for the development of empathy and the establishment of secure social bonds [14, 15]. The lack of support contributes to different types of behavioral problems and psychological maladjustment, and is characteristic of parenting styles with low responsiveness [16, 17]. Control can be exercised using different strategies which range from positive to negative. For example, restrictive control is a negative control strategy characterized by intrusiveness, negativity, hostility, and over-involvement and is associated with raised levels of aggressiveness and rule-breaking behaviors [18, 19]. On the other hand, the combination of firm control exercised with high warmth and the use of explanations and reasoning, characteristic of authoritative parenting, produces emotionally well-adjusted children with adequate cognitive skills, who enter adolescence with more resources enabling them to solve problems and manage relationships more easily. In cases of children with high levels of negative emotionality, who respond with high degrees of fear, irritability, and anger to stressors, authoritative parenting provides a sense of mutuality which functions as a protective factor against aggressiveness and defiant behavior.

There is a risk of considering deterministic the psychological and social approaches to the construct of parenting that we have been describing. These approaches seem to provide unidirectional models in which children's behavior is viewed as a product of parental behavior and in general fail to consider the characteristics of the children themselves and their contribution to the development of parenting styles. Therefore, an overview of genetic factors such as predisposition of emotional reactivity intensity, temperament and cognitive and behavioral characteristics (e.g., attentional deficits and impulsiveness) are essential to understand parenting and child outcomes. All children do not react with the same response to similar parenting styles and although parenting styles refers to a consistent pattern of conduct, parents do not always behave the same way in similar situations. Parental behavior depends in great part on the child's behavior. Studying sequences of mother-child interaction among temperamentally difficult children, Snyder and Patterson [20] found that disturbing child-behavior triggered maternal corrective actions which, if overly controlling in nature, subsequently caused the child to resist the mothers' attempts to control the behavior. The emergence of such interactional sequences during early childhood may have implications for the development of social competence and adjustment later in life. The quality of children's relationship with parents during early childhood may actually initiate a trajectory of escalating or diminishing competence. Ultimately, parenting must be seen as a dynamic process in the context of the development of the relationship between the parents and their child and involving reciprocal influences. That means, parenting modulates the child's behavior and temperamental characteristics but, as an opposite force, the child's response elicit in parents specific reactions and adjustments to their parenting style.

This chapter evaluates parent-child behavioral interactions specifically in cases of children and adolescents with difficult temperaments, disruptive behavior disorders, and callous-unemotional features. We revise conceptual bidirectional models of parenting dynamics and discuss the characteristics of possible interventions aimed at decreasing juvenile problem behaviors and restoring positive parent-child relationships and the well-being of parents and children.

2. Challenging children

From the very beginning of life, the infant uses behaviors such as crying or fussing to keep his or her attachment figure near. Over the first 12–18 months of life, infants learn how to elicit desired responses from the caregiver and adapt their own behaviors to fit those of the caregiver. Children who characteristically demonstrate easiness to adapt to normal changes in their environment, who are pleasant and placid most of the time and who show little distress when their routines are changed are usually classified as having an easy temperament [21]. Conversely, children who respond with intense emotional negativity, who display resistance to parental control, who show low tolerance to frustration and irritability are classified as temperamentally difficult [22]. Children, who are uncooperative and aggressive, who display hostility and defy authority represent a challenge for parents and have profound influences on the effectiveness of certain parenting behaviors as well as the manner in which parents interact with them. Children with difficult temperaments are at a higher risk of eliciting negative and ineffective parenting strategies [23], high in coercion, punishment, and excessive control. Negative responses from parents increase the risk of children with difficult temperaments reacting with aggressiveness and norm-breaking behavior. Furthermore, they are at a greater risk for a parent-child relationship characterized by lack of warmth and support which in turn seem to exacerbate children's behavior problems [24] and to enhance those characteristics that make their temperament difficult. The quality of parent-child interactions might be severely jeopardized in such cases.

Children vary in the degree their nervous system is sensitive to environmental inputs which is known as emotional arousal. Emotional arousal is a genetic predisposition [21], an organic body response to stimuli that is out of voluntary control. However, the subsequent emotional reactions (e.g., the feeling of anger, fear, sadness, happiness, etc.) and temperamental behaviors (e.g., kick, punch, cry, run away or laugh with joy) are not only biologically based, they develop over time and are in part explained by the quality of interactions with parents and other proximal caregivers [21, 25]. The intensity of emotional reactions, meaning the strength with which human beings feel emotions, occur in a continuum from low to high and is directly related to behavioral regulation. For example, high levels of anger may override a rational and adequate behavior response, causing the person to act with "blind fury." Children at both extremes of this continuum, who characteristically experience feelings with very low or very high intensity, are at an elevated risk for behavioral disturbances. Moderate intensity of emotional arousal is expected to optimize children's competent emotional regulation because the level of emotional arousal does not exceed their regulatory capacities.

http://dx.doi.org/10.5772/67319

In cases where children display low intensity of emotional reactions, they typically lack the natural force and motivation that drives behavior. They may respond in a particular callous, uncaring, and fearless way to external stimuli (e.g., parental requests). From toddlerhood, these children exhibit difficulty to learn from experience since fear conditioning and present reward systems are less efficient. Children with such emotional reactivity can be challenging for parents. The demand for appropriate directives in order to affect a positive socialization process may be substantially higher than the average parent can manage, often resulting in a lack, or reduced level, of prosociality. Especially when they start school, these children are at a higher risk of presenting with conduct problems such as unprovoked aggressiveness, violence, and a general lack of concern for other's well-being. These callous-unemotional traits when present during childhood are precursors to adult psychopathy, which is the most likely outcome if not ameliorated by a pattern of competent parental rearing coupled with an early environment that strongly promotes prosocial relations. The presence of callous-unemotional traits, persisting over time, is an indicator of psychiatric vulnerability and psychosocial maladjustment even in the absence of conduct problems [26]. Harsh punishment and coercive behavior used by the parents can, in the absence of a warm stable secure child-parent attachment, increase the probability of developing a personality with psychopathic features. Attachment behaviors are based on the interplay between parental sensitivity and the child's emotional response [27]. Secure attachment refers to the confidence children have that their attachment figure will be available and able to meet their needs. Secure attachment promotes a parent-child partnership capable of resolving conflictive situations. Conversely, children who are not able to develop attachment bonds during infancy and early childhood with primary caregivers will show general emotional detachment and callousness later in life [28].

At the other extreme of the emotional arousal intensity continuum, the regulatory system of children with high degrees of emotional reactivity easily becomes overloaded and behavior regulatory efforts are in vain. Children with a tendency to react to stressors with intense fear, irritability, sadness or anger are generally classified as having difficult temperament [29], requiring bigger efforts to calm down and settle. They represent a challenge for parents who are obliged to find strategies to regulate environmental stimuli in order to reduce the intensity of emotional arousal. Through this process parents facilitate the incremental development of emotional regulatory behaviors whereby children learn to utilize their personal resources' to cope with demanding situations. Self-regulatory proficiency will improve if parents adapt their disciplinary behaviors to fit those needs required by the children's arousal propensities [30].

3. Children with difficult temperament and coercive exchanges

Difficult temperament is not a disorder by itself but children who manifest early high degrees of negative emotional response or who are fearless and callous are at risk of developing a disruptive behavioral disorder because they seem to elicit parenting that is more negative, coercive, and controlling [30]. Coercive exchanges between the parents and the child during which parents by their own actions reinforce their children's difficult behavior, elicits in turn further parental negativity, and so on, in an escalating confrontation [23]. These cycles may

begin when the child reacts with anger or resistance to a parent's attempts to enforce existing rules or correct perceived antisocial behavior, evoking subsequent anger, and hostility from the parent, which is often intensified as the coercive cycle escalates.

It is the interaction between an infant with behavioral difficulties and a caregiver who is only marginally competent at responding accurately to the child's cues that initiates the coercive cycle. Empirical observations indicate that infants with high levels of negative emotionality at 1 year of age in the context of low parental responsiveness subsequently displayed more coercive interactions at 2 years of age and high levels of child oppositional and/or aggressive behavior between 3 and 4 years of age [31]. By preschool age a child may have become openly defiant within the family context in which s/he has adopted an attitude of noncompliance toward demands by others that s/he perceives as unpleasant or unrewarding. When children increase their mobility and their desire to explore the environment, the need for parental directives and behavioral corrections also increase. This increase in directives produces a corresponding increase in the toddler's opportunities for noncompliance and aggression, and can cause an increase in the prevalence of coercive interaction. Defiant and aggressive child behaviors likely increase the probability for future coercive interactions but are early coercive interactions, if not corrected, that are the primary causational factor in the development of conduct disorders from toddlerhood into school age [31].

The coercive exchanges develop a pattern of relating within the family which the child then carries over into interactions with others outside the family, such as peers and teachers in the school setting. When coercive interactions dominate within the family, child conduct problems emerge and then stabilize throughout parent-child interactional continuity as the coercive cycle continues. Although general noncompliance and low levels of aggression are common during early childhood, emotional and ineffective reactions on behalf of the parent can inadvertently cause increases in child-parent conflicts that result in the propensity for children to learn to be predominantly oppositional. Coercive, harsh, and over-controlling parenting during early childhood contributes to adjustment difficulties during elementary school, including disruptive behavioral disorders. Higher levels of oppositional and aggressive behavior in toddlerhood and a preponderance of coercive interactions appear to reliably predict conduct disorders and other negative outcomes at subsequent developmental periods [32, 33]. A coercive relationship, once developed, has a tendency to remain relatively stable from year to year and it is related to future oppositional and defiant behavior in the school setting.

The developmental significance of coercive parent-child exchanges may not manifest itself until children enter school. Peers and teachers respond to children's externalizing behavior with resistance and rejection, leading to a cascading set of problems during middle childhood and adolescence. Thus, the quality of parent-child relationships during early childhood has developmental significance both because children learn strategies for interacting with others that affect future behavior and relationships, and because parent-child relationships tend to be consistent over time, thus solidifying the parental role in the adolescent's life as adversarial. This parental role, if positive and supportive, creates an environment conducive to child disclosure of new peer relationships and activities outside of the parents' realm of

supervision, allowing parents to offer support and guidance as the adolescent navigates the sometimes difficult transmission into adulthood. If the parent-child relationship is adversarial (e.g., stemming from earlier coercive exchanges), it inhibits disclosure by the child about the very same peer relationships and unsupervised activities during which a young adolescent has the most need for prosocial support and adult prosocial role models.

Normative socialization is halted when coercive processes govern child-parent relationships. The arrested development of critical social skills increases the risk for adjustment difficulties and decreases the exposure to prosocial learning opportunities downstream in early adolescent development. This process, called a *developmental cascade*, is directly related with childhood conduct problems and more serious adolescent delinquent behavior [34–36].

The psychological well-being of parents who deal with a challenging difficult temperament children is without question affected by the special demands of child-rearing, and it can affect the sensitivity of the parenting style [37]. Children with difficult temperaments are a stressor, aggravating the parenting process and ultimately making parents feel they lack the necessary resources to raise their children competently. Children who exhaust their parent's psychological resources and evoke feelings of inadequacy and low efficacy may foster parental behavior consisting of more coercive psychological and physical control [38]. Parenting processes subjected to such stressors run the risk of being ruled by emotions, both from the child and from the parents. Parents who react emotionally to their child's behavior are in danger of losing the objectivity necessary for appropriate behavioral responses.

Parents who naturally have higher degrees of well-being are able to cope better with children having a difficult temperament. Children's difficult temperament is more likely to induce harsher parenting in those parents who possess fewer psychological resources. However, as the child grows up, if his or her temperament remains difficult, independently of the initial level of well-being, the parents' resources to stay positive may diminish [37]. Over time, parents could begin to perceive their child's "difficultness" as intentional which would have a negative impact on parenting. Behavioral disruptive disorders are then more likely to develop.

4. Children with disruptive behavioral disorders

Disruptive behavioral disorders are mental health conditions that involve behaviors such as physical aggression toward other children and/or adults, frequent temper tantrums, defiance, and resistance to authority figures and excessive argumentativeness. Attentional deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD) are the more prevalent conditions in the cluster. Childhood and adolescent disruptive behavioral disorders are closely related with harsh and incompetent parenting although a direct causal relationship cannot be established. Genetic factors contribute in great part to both ADHD and ODD [39, 40] and the disorders manifest in the context of the gene-environment interaction. The individual vulnerability (genetic predisposition) is enhanced by psychosocial stressors, supposably via mechanisms involved in emotional regulation [41]. The genetic contribution is less clear in CD and the role of negative parenting seems to weigh more on the

development of such behavioral condition [42]. For example, CD is more prevalent in children who have suffered maltreatment and abuse [43, 44] even when there is no evidence of previous behavioral disturbances. It has been suggested that there exists a "downward spiral" of interplay between the conflict generated by parent-child interactions and child behavioral problems [45]. The conflict might result from the way a parent responds to the child's inherent behavioral pattern while simultaneously contributing to child behavioral problems through environmental mechanisms.

ADHD has been described as a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development [46]. Children with ADHD have a short attention span, are easily distracted, and often make careless mistakes. They appear forgetful and frequently lose things, and are unable to adhere to tasks that are tedious or time-consuming. Constantly changing activities, children with ADHD seem unable to listen to or carry out instructions. To complicate the matter further regarding the role of parenting, children with ADHD are unable to sit still (especially in calm or quiet surroundings), tend to talk excessively, are unable to wait their turn, and frequently interrupt conversations. They seem to have little or no sense or awareness of danger. These symptoms usually cause significant problems in the child's life such as problems with discipline, underachievement in school, and poor social interactions with other children and adults. The deficits in executive functions such as the ability to organize, plan ahead, complete tasks, and control impulses require increased guidance from parents who often report less consistency in their parenting role and more anger compared to parents of children without the disorder [47]. The demands of monitoring a child with ADHD are stressful and can be overwhelming and exhausting in unprepared parents with low competence. This is a climate which often precipitates the emergence of negative emotional parenting. Indeed, dysfunctional family dynamics were found in families with ADHD children and parental bonding was based on control without affection [48].

Children with ODD present a pattern of angry/irritable moods and argumentative/defiant behaviors or vindictiveness, often lose their temper and are easily annoyed [46]. Children with ODD often argue and defy or refuse to comply with requests from parents and authority figures. This behavior often negatively impacts their social and education experiences since others perceive these children as deliberately annoying others, behaving spitefully or vindictively and often blaming others for their own mistakes or misbehavior. Parents report that nothing works with their children and that they feel confused, frustrated, and disappointed as a result. The subsequent inconsistent discipline and harsh punishment appear then associated with the severity of the symptoms [49], even though strategies of behavioral control through punishment and reinforcement are unproductive. The relationship easily progresses into spirals of reciprocal coercive behaviors between the child and the parents with evidence suggesting that there is a greater influence of child behavior on parenting behavior than the reverse [50].

Children with CD present a repetitive and persistent pattern of behavior in which societal norms and rules are violated [46]. They often bully, threaten, or intimidate others, frequently initiate physical fights, and on occasions use weapons with the intent to cause physical harm to others. Despite parental prohibitions, they occasionally stay out at night, run away from

home overnight or are truant from school. A child with CD often display delinquent behavior such as stealing, starting fires (arson), destruction of others' property, burglary or car theft, and may exhibit violent behavior such as physical cruelty to animals or other persons, confront a victim or force someone into sexual activity. Parents soon are contacted by authorities or school because of their child's behavior.

Although there is not a causal relationship between parenting and disruptive behavioral disorders, dysfunctional parenting practices contribute to the development of ADHD, ODD, and CD [51]. Similarly, according to the coercive model, a child's seriously disruptive behavior exposes the parental lack of competent management skills. Negative parental affect, the lack of warmth in the relationship, the lack of responsiveness and inconsistent parental behavior have all been described in cases of hyperactivity, oppositional defiance symptoms, and high levels of aggressiveness [51–55]. Poor parental supervision and inconsistent discipline have been correlated with CD [24]. Furthermore, child behavior clearly impacts parental behavior. The parental sense of competence is affected and parental stress typically increases in cases of children with disruptive conduct problems [56–58]. Parents can feel emotionally drained and therefore reduce involvement in their child's life impeding the potentially positive effect of high family involvement on child behavior. Parents of children with disruptive disorders experience both role-specific and global distress in a proportional relation [59, 60]. The severity of parental stress increases as the level of disruptive behaviors escalates. Therefore, parental psychological well-being should be an initial target during family interventions along with educational strategies to decrease behavioral symptomatology.

5. Children with callous-unemotional traits

Callous-unemotional (CU) traits is a developmental condition in which a child lacks the normal emotional experience, displays characteristically shallow affect and does not show feelings or emotions [61], except when corrected or punished. Children then likely become angry and can act out in rage with enormous emotional intensity and violence. Children with CU traits are incapable of feeling remorse or guilt when they do something wrong, displaying a general lack of concern about the negative consequences of their actions. They are described by teachers and peers as cold and uncaring, with a total disregard for the feelings of others. There is evidence for a genetic component of these traits [62], although there is a degree of malleability during childhood. Children with CU may improve their conduct and reduce their conduct problems with some psychosocial interventions [63–65].

The low emotional arousal and the decreased emotional reactivity in children with CU traits aggravate behavior regulation. These children respond less to fear and shame clues [66]. Fear and guilt are important restraining forces used in disciplinary strategies such as punishment and reinforcement. Children with CU traits who are not affected by these emotions are incapable of learning from common parental directives and therefore tend to persist in their improper behavior. This dynamic impairs regular socialization practices utilizing the association between nondesired behavior and negative outcomes. If the emotional deficits

are not compensated by parents who work actively to externally provide the type of regulation that these children intrinsically lack, it is very likely that they will develop antisocial patterns of behavior and problematic relations with others [4]. It remains difficult even with moderate parental competence to change this behavioral trajectory. A child who is relatively fearless or unusually impulsive may be beyond the ability of average parents to control and keep out of trouble. A longitudinal study in children from 3 until 10 years of age showed that CU traits account for changes in different parenting domains such as inconsistent discipline, punishment, and parental involvement [67]. Early child effects on parenting might explain the presence of higher levels of negative parenting feelings and an increased frequency of harsh parental discipline in children with CU traits [68]. During adolescence there is a stronger effect of the CU traits on the parental practices than parenting behavior on CU traits [69]. Parents of adolescents with these personality traits become progressively less supportive over time.

For children elevated on these traits, parental warmth is negatively associated with conduct problems [70]. Children with CU traits who concomitantly show problematic behavior are at a high risk of early delinquency that persists into a criminal career as we discuss further in the next section. Specifically in adolescence, some dimensions of positive parenting such as the level of parental knowledge of their children's whereabouts and friends and the amount of information the adolescents are willing to disclose are protective against delinquency [6]. On the other hand, negative parenting is related with CU traits in both children and adolescents [67, 71, 72]. Consistent with the bidirectional model, there is evidence suggesting that CU traits provoke more harsh and coercive responses from parents [67, 69]. With children maturing into adolescence, parents tired of dealing with emotionally cold and unresponsive children oftentimes decrease their monitoring efforts, showing a trend toward inconsistent surveillance strategies over time [73]. In the context of difficult parent-child relationships and child attachment disturbances, the development of conscience is improbable and high levels of serious conduct problems more likely in children with these traits.

6. Problematic adolescents

Adolescence is a challenging time period, both for the adolescents themselves and their parents, requiring multiple adjustments to accommodate changes in the dynamics of relationships in different settings (e.g., family, school, and group of peers). With the increase in autonomy and mobility, adolescents become increasingly further removed from the direct physical control of their parents who now depend on the willingness of their children to disclose information about who their friends are, where and with whom they spent their free time, and how they are doing in school. Adolescents' behavior relies more on their own moral and behavioral code than during the childhood period when they depended on parents' rules and guidance. Parental attempts at direct control are less productive than before and any type of strict or overly rigid rule parents attempt to impose runs the risk of causing a rebellion. Adolescents whose parental relationship has developed based on warmth and trust are more open to accept parents' counseling. Those whose parents actively monitor their

lives and convey clear expectations regarding their behavior are less likely to engage in risky and delinquent behaviors. A parenting style which promotes the adolescent's participation in establishing family expectations and rules is more likely to produce mature behaviors in comparison to either harsh or permissive parenting [74, 75]. Conversely, controlling intrusiveness, lack of warmth, or inconsistency in behavioral expectations are correlated with both increased internalizing (e.g., anxiety and depression) and externalizing (i.e., aggressiveness and breaking rules) problems, especially during the adolescent period [76–79].

Specifically in adolescents, low levels of parental control, parental monitoring (defined has parental knowledge of general aspects of their children's lives and child disclosure of information), and parental supervision (defined as the active conduct parents develop in order to be knowledgeable of child-whereabouts, relationships, and performance in school) are associated with breaking rules, drug and alcohol abuse, and delinquency [80–83]. Furthermore, emotional neglect, lack of parental warmth, and absence of parental support are associated with emotional internalization problems, such as depression, anxiety, and suicidal ideation [84, 85]. Kerr and Stattin [86] deduced that it is the adolescent's willingness to disclose information and not the active monitoring by the parent that ultimately affects the quality and scope of parental knowledge and influence regarding the adolescent's behavior. In this sense, the positive outcome from parental involvement decreases significantly when a parent has to resort to surveillance and control of the child in order to gather information.

The more knowledge parents have about what happens in their children's lives, the less problem behavior the adolescents display. Specifically, the more informed parents are, the less adolescents engage in delinquency [87], illegal substance use and risky sexual activities [83], and the fewer deviant friends they have [88]. In a recent study on a sample of juveniles from the community, Silva and Stattin [6] found that increased levels of parental knowledge and youth-disclosure of everyday activities decreased the likelihood of self-reported delinquent behavior even for those youths who rated high in psychopathy. Youths and parents who find the time to meet and discuss events and activities the child is involved in when they stay out at night, how school was when they got home, how they perform in exams, their relationship with peers and friends, etc., develop a parent-child relationship based on mutual understanding and trust that provides strong support for the adolescent's transition into adulthood.

Problematic behavior may occur within the framework of normal development and minor delinquency is frequent in teenagers, mainly in boys [89]. Rule breaking confined to the adolescent stage is in many situations an expression of recently acquired autonomy, and causal factors are very likely specific to this period of development. For example, delinquent individuals inside the peer group, the experimentation with alcohol and drugs, and for girls dating delinquent boys, are risk factors closely related to deviancy that can emerge during both early and late adolescence [90]. Controlling these risk factors presents a great challenge for parents who fight to keep their children under supervision and control. Delinquent peers are a stronger predictor of delinquency than factors such as family, school, and community characteristics. In girls, for whom causes of delinquency are clearly relationship-oriented, dating a delinquent boy greatly influences her decision to engage in antisocial behavior [91] and is closely related to risky sexual behavior [92].

Adolescents' engagement in delinquent behavior inevitably leads to frequent confrontational parent-child interactions. In the context of relationships that had previously been warm and based on an authoritative parenting style, the restoration of trust and prosocial behavior can easily be accomplished. On the other hand, in relationships that developed in the context of harsh parenting and authoritarian or permissive parenting styles, the conflict produced by the adolescent's delinquent behavior can progress in four negative directions: (1) adolescents start to be more secretive, avoiding contact with their parents and lie, (2) there is an escalation of the conflict with the risk of violent behaviors from both parents and youths, (3) parents may increase their tolerance of delinquent behavior and decrease their monitoring efforts to avoid conflict and tension [93], and (4) parents respond by being less supportive and eventually reject the youth emotionally [94]. In such situations, adolescents might find it difficult to return to a more prosocial lifestyle trajectory, counting only on the guidance and counseling of peers who in many situations are developing delinquent behaviors themselves.

In contrast to the group of adolescents whose delinquent behavior emerges during, and is limited to, the adolescent period, there are some individuals to whom adolescent delinquency is merely a continuation of an antisocial behavioral pattern that emerged early in life [89]. The persistent antisocial behavior in such cases is believed to originate in the interaction between children's neurophysiological vulnerabilities and criminogenic environments. In this group it is very likely to find children who during childhood presented with difficult temperaments, disruptive behavior and/or CU traits. Parenting is affected by the children's delinquent behavior in a different manner depending on whether CU traits are present. Parents are more likely to be unsuccessful in acquiring knowledge from youths high on CU traits who are not willing to answer their questions or chooses to deceive them. Parents are forced to rely on what youths spontaneously decide to disclose. Studies suggest that youths with CU traits are less likely to freely give information to their parents [95] and greater behavior control does not allow parents to gain more knowledge either [73]. As a consequence, parents oftentimes reduce their monitoring behaviors, display surveillance efforts that are less stable, and exhibit monitoring behaviors that are less synchronous over time. In this way, youths find few restrains within the family. No one corrects them and they might feel invincible until they are caught by the juvenile justice system.

In families with inadequate parental guidance, the adolescent sometimes assumes a totally self-autonomous role that goes beyond age appropriate levels, often resulting in violence when parents attempt to step in and correct antisocial child behavior. In such cases, the adolescent strikes back in rage when his/her inflated expectation of entitlement is not realized or when the parent attempts to exert discipline. Similarly, in the case of parents who are unable to fulfill their role, children sometimes feel forced to shoulder the responsibilities of the unable parent. This burden can be overwhelming, resulting in frustration, and leading to violence toward parents as a means of rejection of the adult role. Similarly, when parents are overprotective and controlling, adolescent's violent behavior can originate as he/she struggles to gain age-appropriate levels of autonomy and power. Finally, the exposure to intrafamilial violence (e.g., child maltreatment and domestic violence witnessing) can establish a pattern of violent behavior as the norm in social interactions [96], and represents the genesis in the

http://dx.doi.org/10.5772/67319

theory of intergenerational transmission of violence [43, 97]. The parental role is severely disturbed when parents feel threatened, intimidated, or controlled by the child's behavior or when parents believe they must adjust their own behavior to accommodate demands or avoid violence by the child [98]. This extreme case of coercive behavior from adolescent toward parents is also the most difficult to manage. Parental competence has most likely been low during the developmental years for this situation to develop.

7. Intervention

In general, interventions have been designed to target parenting styles and strategies to modify those factors which are contributing to the child's behavioral dysfunction. With varying efficacy, the success of such interventions shows that changes in children's behavior are possible to achieve through changes in parental behavior [99]. If we frame the problem in the context of the parent-child dynamic then parents must be the primary target for change. However, the bidirectional influence of the parent-child dyad, the characteristics of the child's temperament and psychopathology are of critical importance to be considered for the clinical treatment. Parenting behavior is strongly influenced by the child's behavior and therefore intervention programs would benefit from a systemic approach that target parents, children, and the interaction they establish in their day to day relationship. The overall direction of influences does highlight the importance of seeking to affect changes in the child's behavior in addition to parenting behaviors, working with the child directly and to include adjustments in the child's environment.

Any type of intervention should aim to reduce problem behavior displayed by the child by developing competent parenting skills. When parents develop the ability to react to their children's negative emotionality in an adaptive way, parent-child interactions become more enjoyable, the occurrence of problematic behavior decreases and the development of more serious behavioral problems later in life is prevented [100, 101]. Successful interventions emphasize that parents must maintain consistency in their parenting behavior and to minimize the display of hostility. Teaching parents how to stimulate and encourage their child to develop appropriate emotional regulation may have several benefits by preventing the coercive cycles to develop during parent-child interactions and facilitate the child's process of positive socialization [30]. Therefore, parenting programs should include the practice of providing cognitive strategies aimed at helping parents learn how to control their own negative emotional arousal [102]. Similarly, parents must learn to avoid entanglement in any defiant and challenging behavior the child may display, thereby reducing the likelihood that an episode of negativity intensifies into a coercive parent-child interactional exchange [103, 104].

By making parents knowledgeable about how to reduce children's episodes of unregulated emotional arousal, the risk for future coercive parent-child interactions should diminish for two reasons [30]. First, if parents are taught how to read their child's reactions to environmental stimulation they have the necessary tools to anticipate emotional reactions to any novel situation. Second, if the child's emotional arousal is restricted to levels that allow the possible

acquisition of internal regulatory strategies, the child has the opportunity to learn regulatory strategies that can be utilized in the future without the help of their parents. Thus, disrupting children's reliance on intensifying negative emotional arousal should reduce the reciprocal influences of emotion regulation through harsh parenting. Following Scaramella and Leve [30], parents need to learn (1) what are the indicators that the child is becoming emotionally over-aroused, (2) which types of situations produce emotional over-arousal, (3) how to avoid the occurrence of emotional over-arousal episodes, and (4) how to proceed when their children becomes emotionally over-aroused.

Cognitive-behavioral management training for parents has shown to be effective in improving parent-child relationships and parenting skills and is therefore regarded as suitable intervention for reducing child externalizing behavior problems [103–107]. Most of these parent management training programs include information on child development and care, instructions on how to build a positive parent-child relationship, and behavior management skills to reduce negative parenting. The increases in positive parenting, parental warmth, and parental feelings of self-efficacy are necessary components (but not enough by themselves) to improve child behavior [108]. A reduction in negative parenting in difficult parenting situations seems to have similar importance [103]. And finally, parents must avoid any reluctance to engage in disciplinary strategies out of a fear of the child's behavioral reaction, or they will likely see an increase in the child's opposition and defiance in response to any future effort of discipline [50].

The efficacy of the parent-training programs differs depending on the child disruptive condition [109]. Individual differences in difficult temperament, disruptive behavioral problems and the presence of CU traits predicate that treatment plans must be individually based. Multicomponent interventions that integrate behavioral parenting training, behavioral classroom management, and child skills training have shown to be effective in children with ADHD and conduct problems [110, 111]. While pharmacotherapy is considered by psychiatrist as the first-line treatment for ADHD [112], the core symptoms of ODD are not responsive to current medication and behavioral modification is the main target for intervention [113]. In children with CU traits, the risk for poor treatment outcomes is high. In such cases, social learning-based training has shown to be effective particularly when delivered early in childhood [114]. The clinical approach should target the specific reactivity problems of the child, the specific resources of parents and the current state of the parent-child relationship. It is important to consider ways of maintaining optimal parenting, especially when the child displays a difficult temperament. Parents frequently report that they are emotionally stressed, physically tired, harboring feelings that they do not know what to do and that they do not have any options about how to respond [115]. Promoting parents' psychological well-being, as well as enhancing their knowledge and understanding of their child's behavior, should be considered key components in the prevention and management of dysfunctional parent-child interactions [37].

And finally, what options are there for a parent with low competence who is facing a violent adolescent? The models that address coercive parent-child relationships [30, 116, 117] share several aspects. First, respect by both the parent and the adolescent is expected and must be given. This can be difficult as there are many layers of negativity, often created by years of

coercive interactions, to work through, but this step is essential to the restorative process. If violence is present in the relationship, parental competence must be increased as the parent is expected to manage the level of conflict during parent-child communications [98]. The parent has to learn to recognize the child's warning signals indicating that violence is imminent. When the parent notices these signals, s/he must firmly end the confrontation and create a separation until both parties are fully under control and the communication can resume. Second, the mutual understanding that collaboration is necessary for conflict resolution is needed. In order for improvements to take place, all parts must share the responsibility for existing problems. The adolescent has most likely developed an attitude of autonomy and will be resistant to give up this position, but it is necessary for the parent to reclaim authority of being head of the household. Thirdly, participants in the restoration process must feel that they are fairly treated and a desired part of the family. When a participant's actions are challenged, it should be done in a firm and noninflammatory fashion. In addition to these basic recommendations, there are a multitude of individual factors that must be taken into consideration when relationship restorations are attempted. Therefore, most intervention programs operate with a therapist/counselor who identifies problem-causing criteria and then designs a customized intervention [96, 118, 119]. Positive practices to reduce intrafamilial confrontations will be able, over time, to convert adversarial and coercive communication styles into supportive and respectful behavior on behalf of both parents and adolescents.

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