Reducing Risk Taking Behaviors in Adolescence: A School-Based Psychoeducational Parental Support Group

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By:

Lindsay Miller

Chair: Doug Pelcak
Reader: Amy Foell

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Abstract

Adolescence is a period marked by immense physical, emotional, social, and cognitive development. It is a time of complex neurobiological changes occurring within the brain that impairs adolescents’ decision making, intensifies emotions, and influences behaviors. During this time, adolescents are more likely than any other age group to engage in risk taking behaviors. Due to the neurobiological changes occurring within the brain, adolescents are especially susceptible to adverse outcomes associated with risk taking, posing a significant threat to their healthy development. At the same time, parents report having the lowest levels of beliefs about their ability to be able to handle developmentally specific issues and positively influence healthy development. Despite these beliefs, parents and caregivers still play an important role in their adolescent’s development and reducing risk taking behaviors. School counselors have an opportunity to support parents and caregivers by strengthening their ability to positively influence their adolescent’s life. This project will include curriculum for psychoeducational parental support groups that school counselors can present to parents and caregivers to enhance the effects of current risk prevention programs.

**Keywords:** Parenting, Parent Education, Adolescence, Adolescent Brain Development, Risk-taking Behaviors, Adlerian Psychology, Psychoeducation, Goals of Misbehavior, Autonomy, Resilience, Developmental Assets
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Reducing Risk Taking Behaviors in Adolescence: A School-Based Psychoeducational Parental Support Group

Adolescence is a period of transition between childhood and adulthood (Sinclair, Purves-Tyson, Allen, & Weickert, 2014). Although the age range can vary with culture, in most cultures today, including the United States, adolescence starts around 10 to 13 years of age (Santrock, 2012). It begins with the physiological changes of puberty. Typically, the first signs of puberty in the nineteenth century begin at the age of 17. Today, the average age is 12. While there are some theories about puberty appearing much earlier today, there are no definitive answers as to why (Walsh, 2014). We do know that puberty causes a wide range of changes for adolescence.

During puberty, adolescents go through immense physical, emotional, social, and cognitive development. Additionally, complex neurobiological changes are occurring within the adolescent brain (Sinclair et al., 2014). These changes impair adolescents’ decision making ability, intensify emotions, and increase risk taking behaviors (Santrock, 2012; Sinclair et al., 2014; Walsh, 2014). Adolescents are more likely than children or adults to engage in risky behaviors (Tymula et al., 2012). Parenting can have a major impact on these behaviors.

As risk taking and externalizing behaviors increase in adolescence, parents’ self-efficacy (PSE) declines. PSE refers to the parental feelings about knowledge and confidence regarding their roles as parents. Parents of adolescents reported lower levels of PSE compared to parents of other age groups (Glatz & Bachman, 2015). PSE includes parents’ beliefs about being able to positively influence their child’s development and their ability handle developmentally specific issues (Glatz & Buchman, 2015). PSE is an important factor in adolescent behaviors.

Higher levels of PSE are associated with lower levels of substance use, fewer delinquent behaviors, improved parent-adolescent communication, and higher levels of academic success.
On the contrary, lower levels of PSE are associated with negative outcomes such as increased anxiety and depression, behavioral problems, and higher levels of physical and verbal aggression (Steca et al., 2011). Low levels of PSE combined with increased risk-taking behaviors speak to the need for programs that provide support and guidance to parents of adolescence.

Programs that increase parenting or caregiver skills and behaviors reportedly have a positive impact on adolescent risk-taking (Community Preventative Services Task Force, 2012). Furthermore, reducing problem behaviors has been effective in raising PSE (Glatz & Buchman, 2015). The purpose of this project is to explore adolescent risk-taking and its relationship with brain development, parenting, and developmental assets. A psychoeducational parental support group is included in this project in an effort to increase PSE and decrease risk-taking behaviors.

The Adolescent Brain

The remarkable amount of brain development that occurs in infancy and early childhood is easily recognizable just by simple observation of the milestones of a young child. Perhaps less known is the tremendous amount of brain development that occurs during adolescence. Though the adolescent brain is different than a child’s brain and the same size as an adult’s brain, it is not yet fully developed (Walsh, 2014). Recent research has improved our knowledge of brain functioning.

The advancement of brain imaging technology over the past three decades, such as the MRI (magnetic resonance imaging), fMRI (functional magnetic resonance imaging), SPECT (single photon emission computerized tomography), and PET (positron emission tomography), have allowed researchers to look inside the brain and learn that the adolescent brain is undergoing significant changes (Teirney & Nelson, 2009; Walsh, 2014). It is now known that brain maturation continues into the 20s and “the greatest changes to the parts of the brain responsible for functions
such as self-control, judgement, emotions, and organization occur between puberty and adulthood” (Spano, 2003, p. 36; Walsh, 2014). The changes that are occurring within the adolescent brain put adolescents at increased risk for engaging in risky behaviors and makes them more susceptible to the negative outcomes associated with risk taking. Taking a closer look at some of these changes, including blossoming and pruning, myelination, the prefrontal cortex, limbic system, growth hormones, and neurotransmitters, will help to better understand this relationship between adolescent brain development and risk taking.

**Blossoming and Pruning**

The brain communicates and functions by sending messages throughout cells (Walsh, 2014). The point of contact between two brain cells, often times consisting of an axon and dendrite, is known as a synapse. Electrical impulses deliver messages by traveling through these synapses and entering neighboring neurons (Walsh, 2014). Throughout the lifespan, the number neural connections increase and decrease through a process called blossoming and pruning.

When a baby is first born, only about 17% of his or her neurons are connected (Walsh, 2014). In the decades to follow, all of the rest of the billions of neurons get wired together (Walsh, 2014). Within the first year of life, there is a peak in the number of synapses, more connections than the brain needs. The increase in synapses is known as blossoming (Teirney & Nelson, 2009; Walsh, 2014). The over production of connections is followed by a period synapse reduction, known as pruning.

During the pruning process, connections that are used are strengthened, while unused connections are replaced by other pathways or are eliminated, hence the phrase “neurons that fire together wire together” and “use it or lose it” (Teirney & Nelson, 2009; Walsh, 2014, p. 36). Pruning results in having more selective and more effective neural connections (Santrock, 2012).
Pruning is largely influenced by experiences while blossoming is influenced by genes.

Language is an example of how genes and experiences drive this process of blossoming and pruning. Infants are genetically wired with the ability to make sounds. Experiences, and the language children are exposed to, shape the language they learn to speak and understand (Walsh, 2014). The blossoming and pruning process creates a window of opportunity as well as a period of sensitivity. The abundance of synapses creates an opportunity to make neural connections and wire the brain for normal, healthy development. At the same time, this creates a period of sensitivity in which adverse experiences have a greater negative impact than they might otherwise have (Walsh, 2014). Windows of opportunity and periods of sensitivity occur many times throughout the lifespan.

During adolescence, the brain goes through a second wave of blossoming and pruning creating another window of opportunity and period sensitivity (Walsh, 2014). The brain is wired to experiences it is exposed to during this period. This creates a window of opportunity for positive development and a period of sensitivity where the adolescent brain is more susceptible to the damaging effects of substance use and other risk-taking behaviors (Walsh, 2014). Connections that are made during this period are strengthened through myelination.

**Myelination**

At one point in time, it was believed the brain was fully developed by the time a child reached adolescence because by that time the adolescent brain weighs the same as an adult brain, approximately three pounds (Walsh, 2014). It is now known the adolescent brain doesn’t mature by getting larger; it matures by becoming more interconnected and specialized through a process called myelination (Giedd, 2015). The increase in connectivity is evident by the increase in white matter. Myelination is a process where a fatty tissue called *myelin* covers axons. Myelination
strengthens connections and increases axons’ ability to recover after firing, improving the brain’s ability to process information (Giedd, 2015). This process improves overall brain functioning.

While frequently used connections are strengthened, infrequently used connections are pruned away, reducing the amount of gray matter in the brain (Geidd, 2015). During childhood, gray matter increases throughout the brain, peaking at the age of ten. The gray matter begins to decline throughout adolescence (Geidd, 2015). It is during this time the brain shifts toward pruning in order to adjust to the demands of the environment (Geidd, 2015). Different brain structures provide a variety of functions in brain development.

**Prefrontal Cortex**

The prefrontal cortex is the last part of the brain to develop. It is located at the front of the brain just behind the forehead. The prefrontal cortex is responsible for executive functioning that is necessary for decision making, judgement, planning, organizing, abstract reasoning, and strategizing (Santrock, 2012; Walsh, 2014). It is also responsible for concentrating, persisting in the face of frustration, calming down, and managing emotional impulses and behavior (Walsh, 2014). An essential feature of the prefrontal cortex is the ability to create hypothetical “what-ifs,” bearing in mind past, present, and possible future outcomes, and running hypothetical scenarios through the mind to avoid potentially harmful situations (Giedd, 2015). This ability is what allows an individual to assess risk.

Even though the prefrontal cortex is necessary for essential cognitive functions such as assessing risk, it does not reach full maturation until approximately 25 years of age (Mariam et al., 2013; Santrock, 2012). Because of this, adolescents are not able to access the executive functioning area of the brain as readily as a fully developed adult brain (Geidd, 2015). Adolescents’ ability to organize, plan, and reason is impaired since this area of the brain is still
immature. This hinders adolescents’ ability to effectively make decisions and manage emotions (Geidd, 2015). Other brain structures are mainly responsible for emotion.

**Limbic System**

The limbic system, the part of the brain responsible for emotion, takes over during adolescence since the prefrontal cortex has not matured enough to manage it. It is a group of structures located in the center of the brain and is composed of the amygdala, hippocampus, and hypothalamus (Mariam et al., 2013). This region of the brain is responsible for emotional expression and motivation related to survival. This includes negative feelings such as fear, anger, and fight or flight, as well as feelings of pleasure that reward behavior related to survival such as sex or eating (Mariam et al., 2013). Fueled by hormones, the limbic system goes through dramatic changes, intensifying at the onset of puberty, typically between 10 to 12 years of age and matures over the next few years (Giedd, 2015). The prefrontal cortex develops after these changes.

The gap between the maturation of the limbic system and prefrontal cortex leaves adolescents relying on emotion rather than reason (Giedd, 2015). Neuroimaging studies have found that when interacting with others and making decisions, adolescents were more likely than adults to be swayed by emotion (Mariam et al., 2013). The heavy reliance on the emotional part of the brain coupled with the immature prefrontal cortex, in part, explains why adolescents are prone to making risky (rather than logical) decisions (Mariam et al., 2013). During puberty, growth hormones influence moods by interacting with the limbic system (Walsh, 2014). The presence of growth hormones has a wide ranging impact on emotion as well.

**Growth Hormones**

Growth hormones are controlled by two areas in the brain known as the hypothalamus and the pituitary gland. These two structures interact with one another to monitor and regulate
hormones (Santrock, 2012). During puberty, the hypothalamus signals to the pituitary gland to increase the amount of hormones released (Walsh, 2014). Testosterone, estrogen, and progesterone are the three main growth hormones during adolescence. Each of these hormones are present in both males and females, just in different concentrations.

Testosterone is the main growth hormone in males. It triggers dramatic physical changes such as growth spurts and sudden voice changes (Walsh, 2014). Testosterone also has a significant impact on the amygdala, the part of the limbic system that is the seat of aggression and fear. During puberty, especially during a hormonal surge, the amygdala is overly stimulated. Testosterone is likely to trigger surges of aggression, anger, dominance, sexual interest, and territoriality. Adolescent males can have up to seven surges of testosterone every day. Over the course of adolescence, males experience a dramatic increase in the amount of testosterone in their bodies. They can have 1,000% more testosterone than they had before puberty by the end of adolescence (Walsh, 2014).

The main growth hormones in females are estrogen and progesterone (Walsh, 2014). Like testosterone, estrogen is responsible for the physical changes that occur during puberty. The identity of hormones that contribute to sexual interest in adolescence is not as clear in females (Santrock, 2012). Fluctuations in estrogen and progesterone can lead to an imbalance of neurotransmitters that can lead to sudden and intense mood swings (Walsh, 2014). A person’s overall mood is also affected by neurotransmitters.

**Neurotransmitters**

Neurotransmitters are chemicals that travel over the synaptic gap carrying electrical impulse from one cell to another (Walsh, 2014). The main neurotransmitters in the adolescent brain are norepinephrine, serotonin, and dopamine. Each of these transmitters assume a different
role. At the onset of puberty, the neurotransmitter levels change. The first neurotransmitter is norepinephrine. Norepinephrine is a neurotransmitter that stimulates the brain. It plays a role in storing things into memory. It also prepares the body for the fight or flight response. A rise and fall in levels of norepinephrine affect mood (Walsh, 2014).

Serotonin is another neurotransmitter that affects emotions. It is responsible for stabilizing moods and with the right amount, it helps us feel calm and confident (Walsh, 2014). Low levels can leave individuals feeling angry and depressed (Walsh, 2014). During adolescence, the brain has lower levels of serotonin than at any other time in life. This can make adolescents more susceptible to feeling stressed and overwhelmed (Dupont, 2016). During adolescence, serotonin decreases and dopamine increases.

Dopamine is the main hormone involved in the brain’s reward system. It is responsible for the feeling of pleasure. When something enjoyable happens, “we experience what some scientists have called a ‘dopamine squirt’, leading to the sensation of pleasure” (Steinberg, 2011). Dopamine makes individuals want whatever trigger elicited the “dopamine squirt” because dopamine produces such strong feelings of pleasure. The anticipation alone of some stimuli that produce a significant amount of pleasure can elicit a “dopamine squirt”. In early adolescence there is a rapid increase of dopamine. There are higher levels of dopamine activity within the brain’s reward center in early adolescence than at other period in life. During early adolescence the drive to seek out things that make individuals feel good is more intense than earlier or later in life. The intense drive may lead adolescents to not pay attention to the potential risks (Steinberg, 2011). Increasing levels of dopamine is correlated with an increase in risk-taking behaviors (Santrock, 2012). Higher risk taking behaviors lead to more problematic choices.
Risk Taking

Relative to other ages, adolescents “exhibit a disproportionate amount of reckless behavior, sensation seeking, and risk taking” (Spear, 2000, p. 421). Adolescents are more likely than children or adults to engage in risk-taking behaviors (Giedd, 2015). Adolescents have the highest rates of criminal behavior and sexual transmitted diseases (STDs) than any other age group (Tymula et al., 2012). The morbidity and mortality rates are 200% greater in adolescence than younger peers. This increase in mobility and mortality has been attributed to higher rates of risk taking (Tymula et al., 2012). These higher rates of risk-taking behaviors during adolescents can, in part, be explained by the increasing levels of dopamine and hormones combined with a mismatch of maturation between the prefrontal cortex and the limbic system (Gield, 2015). One way to conceptualize the imbalance between amygdala and the prefrontal cortex is to think of the amygdala as the gas pedal and the prefrontal cortex as the brake. Adolescents’ emotions are driving with intense speed while lacking a fully functioning brake, or set cognitive abilities, to slow down and manage powerful emotions and impulses (Santrock, 2014). The inability to manage impulses and adequately assess risk may be why adolescents are more likely to participate in a variety of risk taking behaviors, such as drinking alcohol, smoking, using other substances, and engaging sexually risky behaviors.

The Minnesota Student Survey

The Minnesota Student Survey (MSS) collects information on students’ behavior, activities, experiences, and opinions in various areas. The survey has been conducted every three years since 1992 (Minnesota Department of Health, 2013). In addition to providing a snapshot in time, the responses provided an opportunity to monitor trends over periods of time (Minnesota Department of Health, 2013). The most recent available trend data from students in grades 6, 9,
and 12 ranges from 1992-2010 (Minnesota Departments of Health, 2013). Information on risk-taking behaviors including use of tobacco, alcohol, marijuana, other drugs, substance use and motor vehicles, and sexual behavior was included in the survey.

**Tobacco use.** Tobacco use has declined significantly among all grade levels in the last two decades. In 2010, 19.2% of twelfth graders reported smoking cigarettes during the previous 30 days compared to 31.1% in 1992 (Minnesota Department of Health, 2013). Tobacco use among ninth graders declined from 19.3% to 8.8% and decreased from 5.0% to 1.5% among sixth graders (Minnesota Department of Health, 2013).

**Alcohol use.** Alcohol was the most common used substance among ninth and twelfth graders in 2010. Fifty-five percent of twelfth graders reported using alcohol one or more times in the past year, 13.0% used alcohol 20 or more times in the past year, and 23.4% reported binge drinking (five or more times in a row) in the past two weeks (Minnesota Departments of Health, 2013). Among ninth graders the numbers were 31.1%, 2.9%, and 9.5% respectively. In 2010, the number of sixth graders that reported using alcohol one or more times in the last year was 8.5% and 0.4% reported using alcohol 20 or more times in the past year. Information on binge drinking was not collected on sixth graders (Minnesota Department of Health, 2013). Students in all grades reported a decline in alcohol use since 1992.

**Marijuana use.** Unlike tobacco and alcohol, marijuana use increased among sixth, ninth, and twelfth graders since 1992. The highest rate was among twelfth graders at 30.6% who reported using marijuana one or more times in the past year, followed by ninth graders at 14.9%, and 1.8% for sixth graders (Minnesota Department of Health, 2013). In 1992 the percentages for marijuana use were 21.8, 9.8, and 1.4, respectively (Minnesota Department of Health, 2013).
Other substance use. In addition to the aforementioned substances, the MSS collected information on uncommon substances such as inhalants, LSD/psychedelics, MDMA/ecstasy, crack/cocaine, and methamphetamines. Inhalants were used more by sixth graders at 3.2% followed by 3.1% of ninth graders, and 2.4% of twelfth graders (Minnesota Department of Health, 2013). Information on use of other substances was gathered from ninth and twelfth graders. Ninth grader responses regarding the use of pain relievers to get high in the last 12 months remained consistent from 2007 to 2012 at 4%, while twelfth graders reported a slight decline from 7% to 6%. Since 992, all other substance use decreased to below 4.7% (Minnesota Department of Health, 2013).

Substance use and motor vehicles. Driving in a motor vehicle after using drugs or alcohol, or riding in a vehicle with a friend who has been using substances, poses a significant danger to the health and well-being of adolescents. Fortunately, there has been a decline for both ninth and twelfth graders in driving after using alcohol or drugs and riding with friends after they have been using alcohol or drugs (Minnesota Department of Health, 2013). The number of ninth graders driving a motor vehicle after using alcohol or drugs one or more time in the past year declined from 5.5% in 1992 to 3.4% in 2010. Additionally, the number of times ninth graders reported riding with friends after they have been using alcohol or drugs declined from 19.4% in 1992 to 16.2% in 2010. Likewise, twelfth graders declined from 32.5% to 18.0% in driving a motor vehicle after using alcohol or drugs and 43.1% to 32.1% in riding with friends after they used drugs or alcohol (Minnesota Department of Health, 2013).

Sexual behavior. Engaging in risky sexual behaviors declined since 1992. In 2010, 19.8% of ninth graders and 49.5% of twelfth graders reported having sexual intercourse. This is a significant decrease from 1992 where 29.9% of ninth graders and 61.2% of twelfth graders
reported they had engaged in sexual intercourse (Minnesota Department of Health, 2013). In 2007 and 2010 approximately half of twelfth graders, and less than half of ninth graders, reported talking to every sexual partner about STDs and HIV (Minnesota Departments of Health, 2010). Since 1992, 68.1% of ninth graders and 60.9% of twelfth graders reported using a condom the last time they had sexual intercourse. In 1992, 63.4% of ninth graders and 51.2% of twelfth graders reported the use of condoms (Minnesota Department of Health, 2013).

**Early Onset of Risk-Taking Behaviors**

Early onset of risk-taking behaviors poses a significant threat to the well-being of adolescents as the developing adolescent brain is more vulnerable to the effects of risk taking than the adult brain (Lubman, Yücel, & Hall, 2007). Risk taking, such as substance use and sexual stimuli, works on the brain’s reward system, increasing levels of dopamine (Lubman, Yücel, & Hall, 2007; Oei, Rombouts, Soeter, van Gerven, & Both, 2012; Walsh, 2014). In adolescence, during the pruning process, the brain is in a period of sensitivity, adapting to and making neural connections based on environmental factors it is being exposed to in certain situations.

Early substance use can create long-lasting neural changes that can alter sensitivity to later drug exposure, making adolescents more susceptible to addiction (Lubman, Yücel, & Hall, 2007). Adolescents that use alcohol before the age of 15 are four times more likely to develop a lifetime problem (D. Pelcak, personal communication, 2016). Cigarette smoking is most likely to be established in adolescence. In fact, individuals that do not smoke by the age of 20 are unlikely to begin smoking in adulthood. The earlier an adolescent begins using tobacco, the more likely they are to develop severe nicotine addiction in comparison to those who start later in life (Kalesan, Stine, & Alberg, 2006). Increased risk of drug dependence is not the only adverse outcome related to early onset risk taking.
In addition to increased risk of drug dependence, early onset drug use puts adolescents at increased risk of other adverse outcomes (Lubman, Yücel et al., 2007). Early onset users have higher rates of mental health problems, such as anxiety, depression, and conduct disorder (Lubman, Yücel et al., 2007). Early onset use is also associated with increased risk of social difficulties, health problems, and educational underachievement (Lubman, Hides, Yücel, & Toumbourou, 2007). Delaying onset of use is crucial to reducing an adolescent’s risk of adverse outcomes associated with substance use.

The developing brain is not only susceptible to damaging effects of early onset of substance use; it is vulnerable to early sexual behavior as well. Early onset of sexual behavior is associated with a variety of negative outcomes. It increases the risk of pregnancy, sexually transmitted infections, and dropping out of school (Grossman, Frye, Charmaraman, & Erkut, 2013). The risk of these negative outcomes can be reduced by delaying sexual initiation in adolescence.

Risk taking in adolescence, especially early onset risk taking, can lead to adverse consequences that continue into adulthood (Spear, 2000). Adolescent risk taking can lead to mortality, incarceration, unwanted pregnancy, and alcohol or drug dependence. While risk taking can threaten the healthy development of adolescents, it is important to note that “adolescent risk taking is transient for most individuals, with the vast majority of adolescents surviving the lottery for negative outcome[s] they enter by engaging in risk taking” (Spear, 2000, p. 421). The amount of adolescent risk taking behavior is often overestimated.

Not only is risk taking transient for most adolescents, it is important to emphasize that most adolescents do not use tobacco, marijuana, other substances, engage in sexual intercourse, or mix drugs and alcohol with the use of motor vehicles (Minnesota Departments of Health,
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2010, the MSS reported that over 40% of 9th and 12th graders did not use alcohol, talked to every partner about STDs/HIV, and over one third of sexually active students used a condom the last time they had intercourse. Further, there has been a decline in these types of risk taking behaviors in the past two decades (Minnesota Department of Health, 2013).

Parenting and Risk-Taking Behaviors in Adolescence

As previously discussed, parents of adolescents report lower levels of PSE than parents of any other age groups. Despite the low levels of belief in the ability to influence their adolescent, parents and caregivers continue to have a significant role in their adolescent’s life. Parents and caregivers of adolescents have the ability to positively influence their adolescent’s development and behaviors. Parental monitoring, modeling, and parent-adolescent communication reportedly have an impact on risk-taking behaviors.

Parental monitoring. Parental monitoring includes expectations parents have for their adolescent’s behavior, actions taken to keep track of the adolescent, and how the parent responds when the adolescent breaks the rules (Centers for Disease Control, 2012). Parental monitoring involves setting clear rules and consequences, expectations for when the adolescent needs to come home, getting to know the adolescent’s friends and parents of friends, asking whether or not an adult will be present, keeping track of how the adolescent spends time online, talking about and listening to how the adolescent feels and thinks, paying attention to moods at home, and discussing any concerns making sure the adolescent knows how to contact parents or caregivers at all times, and enforcing consequences fairly and consistently (Centers for Disease Control, 2012). Effective parental monitoring can have a profound effect on risk-taking behaviors.

Adolescents whose parents use effective parental monitoring practices are less likely to make poor choices. Enforcing rules against children smoking is associated with lower levels of
smoking initiation by both youth exposed and not exposed to parental smoking (Kalesan, Stine, & Alberg, 2006). Studies revealed that stricter parental monitoring was associated with the delay of first sexual intercourse and consistent condom and contraceptive use (Kalina et al., 2013). Parental monitoring is also associated with lower rates of substance use, aggressive behavior, and skipping school (Centers for Disease Control, 2012; Tornay et al., 2013). Low parental monitoring and supervision has been found to be a strong predictor of smoking in girls and drinking in boys (Petrie, Bunn, & Byrne, 2007).

**Parent-adolescent communication.** Communication between parents and adolescents has been shown to have an impact on many risk taking behaviors. Adolescents who experience more parent-adolescent sexual communication are more likely to delay sexual intercourse, use contraceptives more frequently, report fewer sexual partners, and are less likely to have been pregnant or gotten someone pregnant (Clawson & Reese-Weber, 2003). Higher levels of parent-adolescent connectedness are associated with lower rates of smoking (Mahabee-Gittens, Xiao, Gordon, & Khoury, 2012). In families where there is open communication between parents and adolescents, the risk for problem behaviors such as substance use is reduced (Anderson & Henry, 1994). Regular communication around behavioral expectations between parents and adolescence is clearly impactful.

Clear communication about expectations and attitudes to adolescents about risk-taking behaviors is an important aspect of parent-adolescent communication. Adolescents who believe their parents would disapprove of risk taking behaviors are less likely to engage in those behaviors (Centers for Disease Control, 2012). Expressions of parental disapproval have been shown to be an effective deterrent to smoking (Petrie, Bunn, & Byrne, 2007). In one survey of sixth graders, 72% indicated parental disapproval as a reason for nonuse (D. Pelcak, personal
Parental modeling. Like monitoring and communication, parental modeling influences risk-taking behaviors in adolescence. Children whose parents drink frequently are almost three times more likely to report alcohol use (Brook et al., 2010). Adolescents that are in a two person household where both parents are current smokers are four times more likely to be smokers. Adolescents with one parent who smokes are twice as likely to smoke than adolescents whose parents do not smoke. Fortunately, modeling new behaviors can positively influence adolescents. The earlier in life children’s parents quit smoking, the less likely children are to start smoking in adolescence (Kalsesan, Stine, & Alberg, 2006).

Developmental Assets

The Search Institute has identified 40 developmental assets that serve as positive building blocks to healthy development and reduce risk-taking behaviors (seen in Appendix A) (Scales, 2005). They promote resilience, providing youth the capacity to successfully adapt when facing risk or adversity (Hodder et al., 2014). Developmental assets are grouped into two domains: internal and external factors, and are organized into eight categories. External assets are the relationships and opportunities adults provide to youth. These external categories are Support, Empowerment, Boundaries and Expectations, and Constructive Use of time (Scales, 1999). Internal assets are values, competencies, and skills youth develop to guide themselves to be self-regulating. Internal categories are Commitment to Learning, Positive Values, Social Competencies, and Positive Identity (Scales, 1999). The number of assets youth possess is a significant factor in risk taking.

The more internal and external assets youth possess, the less risk behaviors they engage in (Scales, 1999). The average young person has 18 of the 40 assets (Scales, 1999). As they get
older, the fewer assets they have. Only 8% of youth are considered asset-rich, having 31-40 assets. Twenty percent of young people are asset-poor, with 0-10 assets. Asset-rich youth are more likely than asset-poor or asset-average youth to have positive outcomes. They are less likely to experience violence, problem drug and alcohol use, delinquency, early sexual intercourse and more likely to experience school success, helping others, and to be physically healthy (Scales, 1999).

**Adlerian Perspective on Risk Taking Behaviors in Adolescence**

While the power struggle easily accounts for the bulk of the disturbed relationships between adults and teenagers, the behavior of adolescents may be directed towards other goals that are mistaken… the teenager operates on the mistaken notion that he or she must reach these goals to have some significance. (Walton, 1996, p. 19)

Viewing adolescence through an Adlerian perspective can offer a further understanding of risk taking behaviors. The concept of all behavior being purposeful provides the foundation for Dreikurs’ explanation of the four goals of misbehavior. According to Dreikurs and Adler (as cited in Ballou, 2002), the most common goal for children is to fit in and find a place where they belong in order to gain a sense of significance. “Consistent with Adlerian concepts that all life is both movement and goal-directed is the concept that all teens must find their place” (Ballou, 2002, p. 3). Most adolescents move towards the useful side of life with a sense of who they are and how they can contribute to society. This is affirmed when looking at the prevalence of risk-taking behaviors in adolescents as most adolescents are not engaging in risk-taking behaviors. Adolescents who do not see constructive opportunities to belong and contribute become discouraged and turn to towards the useless side of life. Discouraged adolescents may convince themselves that it is better to be good at being bad than failing at trying to be good. They adopt
the mistaken belief that pursing any goal is preferable to no goal at all, engaging in risk-taking behaviors that involve delinquent, troublesome, and illegal behaviors (Ballou, 2002). Dreikurs referred to these goals as *mistaken goals*. The four mistaken goals of misbehavior are attention, power, revenge, and assumed inadequacy.

The first goal is the desire for undue attention in order to gain a feeling of belonging. The adolescent has the mistaken belief that they are only important when they are being noticed (Ballou, 2002). In contrast to children, adolescents are more interested in getting attention from their peers than adults. A significant amount of effort is put into being noticed or recognized when feeling insecure or discouraged (Ballou, 2002). Adolescents who are unable to find useful ways to gain recognition may engage in risk taking behaviors in order to achieve the attention they desire. Without gaining desired attention, adolescents fail to find a secure place within their group, leaving them further discouraged. The adolescent may then move to the next mistaken goal of seeking power (Ballou, 2002). “The goal is to grant themselves the power to seek their place when it is not granted by others” (Ballou, 2002, p. 4). The discouraged adolescent may “act out” by challenging their family’s or society’s expectations (Ballou, 2002). When achieving a sense of power fails, adolescents may then seek revenge.

If an adolescent’s efforts to gain attention or power is unsuccessful they may become vengeful and retaliate. Revenge-oriented adolescents feel hurt by life so their behavior is designed to strike back (Ballou, 2002). They have the mistaken belief that they can’t be liked or loved so they will hurt others like they are hurt. These discouraged adolescents have difficulty finding positive ways to find a sense of significance and belonging, resorting to risky and self-defeating behaviors such as substance use, avoiding school, and engaging in risky sexual behaviors (Ballou, 2002).
When the world does not respond to the adolescent as they desire, they feel inadequate and helpless. This leads them to Dreikurs’ final goal of inadequacy. Adolescents who feel inadequate are highly concerned about “falling short” in life (Ballou, 2002). They have the mistaken belief that there is no use in trying because they won’t do it right. In order to avoid failure, the adolescent no longer tries to operate in a useful way. They may decrease their involvement in school, avoid time at home, and associate with other teens who have a similar perspective about life (Ballou, 2002). Adolescents striving towards these mistaken goals through useless behaviors are lacking the skills and supports necessary to achieve a sense of belonging in a useful way.

Building developmental assets helps adolescents move towards the useful side of life by providing adolescents the external and internal assets necessary to attain their goals, contribute to society, and find their place. External assets provide adolescents with support and love in order to gain a sense of significance and belonging. Internal assets provide adolescents with the skills necessary to build relationships and meet needs in a constructive and useful way in order to avoid resorting to useless, risk-taking behaviors.

Understanding adolescent behavior in the context of these goals provides the first step of change (Ballou, 2002). An adolescent who is moving towards useless behaviors is discouraged, and encouragement is the antidote. Alfred Adler believed in the concept of *soft determinism*. While an individual might be influenced by biology and culture, an individual’s outcome is not determined. The creative power of individual’s makes them unique and therefore “things can always be different”. Encouragement can help parents and adolescents see this, providing a sense of hope that moving towards the useful side of life is possible.
Reducing Risk Taking Behaviors in Adolescence

Risk taking is a problem that can lead to adverse outcomes threatening the healthy development of adolescents. As such, interventions to prevent and reduce risk taking behaviors are necessary. Some programs target specific risk taking behaviors, while others aim to reduce risk taking overall. After taking a look at some existing school-based risk prevention programs, a school-based parental support group will be proposed as intervention to enhance the effects of existing programs in order to reduce risk-taking behaviors in adolescence.

Project ALERT

Project ALERT is a substance abuse prevention program for Grades 7 and 8. It includes a two-year core curriculum of 14 lessons and is most effective when taught once a week for the first year with three booster lessons delivered the following year (Project ALERT, 2016). The program aims to prevent substance abuse by motivating students against using drugs, providing strategies and skills to resist drugs, and establishing new non-use beliefs and attitudes (Project ALERT, 2016). ALERT has been shown to provide significant reductions in alcohol, tobacco, and marijuana use among both high- and low-risk students (Ellickson, 2014).

Project Towards No Drug Abuse

Project Towards No Drug Abuse (TND) is a program that aims to reduce violent related behaviors and substance use (Sharma, 2013). The program uses a motivational interviewing, skills, and decision-making approach. The program involves classroom curriculum that includes 12 lessons and spans over four weeks (Sharma, 2013). Curriculum includes consequences of drug use, correction of misperceptions, enhancement of communication and coping skills, cognitive motivation, and tobacco cessation techniques (Sharma, 2013). In an evaluation of TND by Rohrbach, Sun, and Sussman (2010), the program was found to be effective in reducing
marijuana use and had significant effects on hard drug use for non-users at a one year follow-up.

The Life Skills Training Program

The Life Skills Training program (LST) is a drug prevention program that is used worldwide and one of the most widely used programs for the past 30 years (Gorman, Conde, & Huber, 2007). The program is designed to be used with elementary, middle- junior high, and high school students and with a variety of student populations (Botvin LifeSkills Training, n.d.). It can be delivered on an intensive schedule, two to three times per week, or extended out and delivered one day a week (Botvin LifeSkills Training, n.d.).

The program covers three components that have been shown to make students less likely to engage in a variety of high-risk behaviors:

1. Drug resistance skills- helping students recognize common misconceptions about alcohol, tobacco, and other drug use while learning resistance skills for dealing with peer and media pressure.

2. Personal self-management skills- helping students examine the effects of self-image on behavior, everyday decisions, considering consequences before making decisions, goals and personal progress, and how they may be influenced by others, and personal challenges in a positive light.

3. General socials skills- helping students develop necessary skills to communicate effectively, handle social requests, overcome shyness, utilize both verbal and nonverbal assertiveness skills to refuse or make requests, and recognize they have choices other than passivity or aggression when faced with difficult situations.

Research is mixed on the efficacy LST has on reducing substance use. Various government websites list LST as an effective evidence-based drug prevention program (Gorman,
Conde, & Huber, 2007). On the contrary, Gorman et al., (2007) evaluated LST and found the program to have little effect. Further, it was questioned whether or not evidence demonstrating the effectiveness of the program was “analysis dependent” and it was believed other analyses may find that the program in fact has no effect (Gorman et al., 2007).

**Sexual Health and Adolescent Risk Prevention**

Sexual Health and Adolescent Risk Prevention (SHARP) is a STI/HIV prevention intervention and is delivered in a single session. The session is approximately four hours long (Resource Center for Adolescent Pregnancy Prevention, 2016). The lesson is delivered to small groups of up to 10 students grouped by gender (Resource Center for Adolescent Pregnancy Prevention, 2016). The goal of the program is to improve condom use, gain STI/HIV knowledge, reduce sexual risks and alcohol use, and set long-term goals to use the skills and knowledge acquired from the session (Resource Center for Adolescent Pregnancy Prevention, 2016). According to Office of Adolescent Health (OAH; 2016), SHARP is an evidence based program that has shown to have a positive impact on preventing sexually risky behaviors.

**Proposed Solution**

Previously mentioned programs work directly with adolescents and build assets by providing information and teaching skills in order to reduce risk-taking behaviors. These programs have been shown to be effective in reducing risk taking. They do, however, lack a crucial element of parent or caregiver involvement.

Parents and caregivers play such a significant role in their adolescent’s lives. They have the ability to model behaviors, establish regular communication, use effective monitoring practices outside of school, and build development assets in order to reduce risk taking behaviors
and support healthy development. These are parenting skills that can be improved through parenting programs. Parenting programs designed to increase parenting skills, improve parent-child communication, or enhance the effects of other interventions can be effective in reducing and preventing tobacco, alcohol, and drug use (Petrie, Bunn, & Byrne, 2007). Programs that focus on enhancing skills for overall well-being are an asset-based approach. Asset-based approaches have shown promising results in reducing risk-taking behaviors. In a meta-analysis of parenting programs, key features of effective programs in reducing substance misuse were developing strategies to involve adolescents in family activities, manage conflict, and maintain good family bonds, instead of focusing on the issue of risk taking (Petrie, Bunn, & Byrne, 2007). These findings align with the developmental asset approach in building assets in order to reduce risk taking. Asset-based parenting programs that aim to enhance parenting skills and build developmental assets can be delivered in a variety of different settings, including schools.

Schools are an optimal setting to engage parents since school counselors have the opportunity reach a large number of parents and caregivers for extended periods of time. They can use that opportunity create psychoeducational parenting support groups that enhance the effects of current school-based risk prevention programs. The asset-based curriculum will address risk-taking behaviors in adolescence while focusing on developing parenting skills and building developmental assets in order to promote healthy adolescent development. The goals of the program are to help parents and caregivers gain a better understanding of their adolescent, expand participants’ “parenting toolbox” and increase parents’ and caregivers’ ability to positively influence their adolescent’s life in order to reduce risk-taking behaviors.

The psychoeducational curriculum will be delivered in six lessons to small groups over the course of six weeks. It will include information on adolescent brain development, risk taking in
adolescence, developmental assets, parenting styles, goals of misbehavior, the power of encouragement, and incorporate practical parenting strategies throughout to support healthy development and reduce risk taking behaviors. Complete lesson plans are found in Appendix B.

Conclusion

Adolescents’ brains are still maturing and are going through immense neurobiological changes. During this time, they are more likely than any other age group to engage risk-taking behaviors. The blossoming and pruning process occurring within the brain creates a period of sensitivity, making adolescents more susceptible to negative outcomes associated with risky behaviors. During this time, parents’ beliefs about their ability to positively influence their adolescent’s development are at their lowest.

Despite these beliefs, parents and caregivers have the ability to positively influence their adolescent’s life. Parental monitoring, modeling, and parent-adolescent communication are all skills that can be strengthened in order to influence adolescent behaviors. Psychoeducational parental support groups can be implemented within the schools to enhance the effects of current school-based risk prevention programs. Helping parents gain a better understanding of their adolescent’s brain development and giving them strategies to promote protective factors can equip parents with the knowledge and tools necessary to reduce risk-taking behaviors and support healthy development.
Key Points for School Counselors

- The adolescent brain is still developing.
- While adolescents are more likely than other age groups to engage in risk taking behaviors, *most* do not use substances.
- There has been a decline in risk taking behaviors in the last two decades.
- Early onset risk taking can lead to long-term adverse outcomes.
- Parents of adolescents report the lowest levels of parental self-efficacy than parents of other age groups. This speaks to the need of parental support and guidance.
- Despite low levels of PSE, parental modeling, parent-adolescent communication, and effective monitoring strategies all have an impact on risk taking behaviors in adolescents.
- Developmental assets can work as protective factors in supporting healthy development and reducing risk taking behaviors.
- Many existing interventions are directly delivered to students and focus on education and skill building.
- Parenting programs can enhance the effects of current risk prevention programs.
References


REDUCING RISK TAKING IN ADOLESCENCE


Appendix A

40 Developmental Assets

<table>
<thead>
<tr>
<th>Category</th>
<th>Asset Name and Definition</th>
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<tbody>
<tr>
<td><strong>External Assets</strong></td>
<td></td>
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<tr>
<td>Support</td>
<td>1. <strong>Family support</strong>- Family life provides high levels of love and support.</td>
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<tr>
<td></td>
<td>2. <strong>Positive family communication</strong>- Young person and his or her parent(s) communicate positively, and young person is willing to seek advice and counsel from parent(s).</td>
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<td></td>
<td>3. <strong>Other adult relationships</strong>- Young person receives support from three or more nonparent adults.</td>
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<td></td>
<td>4. <strong>Caring neighborhood</strong>- Young person experiences caring neighbors.</td>
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<tr>
<td></td>
<td>5. <strong>Caring school climate</strong>- School provides a caring, encouraging, environment.</td>
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<tr>
<td></td>
<td>6. <strong>Parent involvement in schooling</strong>- Parent(s) are actively involved in helping young person succeed in school</td>
</tr>
<tr>
<td>Empowerment</td>
<td>7. <strong>Community values youth</strong>- Young person</td>
</tr>
</tbody>
</table>
perceives that adults in the community
value youth.

8. **Youth as resources** - Young people are
given useful roles in the community.

9. **Service to others** - Young person serves in
the community one hour or more per week.

10. **Safety** - Young person feels safe at school,
home, and in the neighborhood.

**Boundaries and Expectations**

11. **Family boundaries** - Family has clear rules
and consequences and monitors the young
person’s whereabouts.

12. **School boundaries** - School provides clear
rules and consequences.

13. **Neighborhood boundaries** - Neighbors take
responsibility for monitoring young
people’s behavior.

14. **Adult role models** - Parent(s) and other
adults model positive, responsible behavior.

15. **Positive peer influence** - Young person’s
best friends model responsible behavior.

16. **High expectations** - Both parent(s) and teachers
encourage the young person to do well
### Constructive Use of Time

**17. Creative activities** - Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.

**18. Youth programs** - Young person spends three or more hours per week in sports, clubs or organizations at school and/or in the community.

**19. Religious community** - Young person spends one or more hours per week in activities in a religious institution.

**20. Time at home** - Young person is out with friends “with nothing special to do” two or fewer nights per week.

### Internal Assets

### Commitment to Learning

**21. Achievement and motivation** - Young person is motivated to do well in school.

**22. School engagement** - Young person is actively engaged in learning.

**23. Homework** - Young person reports doing at least one hour of homework every school day.
24. **Bonding to school**- Young person cares about his or her school.

25. **Reading for pleasure**- Young person reads for pleasure three or more hours per week.

### Positive Values

26. **Caring**- Young person places high value on helping other people.

27. **Equality and social justice**- Young person places high value on promoting equality and reducing hunger and poverty.

28. **Integrity**- Young person acts on convictions and stand up for his or her beliefs.

29. **Honesty**- Young person “tells the truth even when it is not easy”.

30. **Responsibility**- Young person accepts and takes personal responsibility.

31. **Restraint**- Young person believes it is important not be sexually active or to use alcohol or other drugs.

### Social

32. **Planning and decision making**- Young person knows how to plan ahead and make
choices

33. **Interpersonal competence**- Young person has empathy, sensitivity, and friendship skills.

34. **Cultural competence**- Young person has knowledge of and comfort with people of different cultural/ethnic backgrounds.

35. **Resistance skills**- Young person can resist negative peer pressure and dangerous situations.

36. **Peaceful conflict resolution**- Young person seeks to resolve conflict nonviolently.

**Positive Identity**

37. **Personal power**- Young person feels he or she has control over “things that happen to me.”

38. **Self-esteem**- Young person reports having high self-esteem.

39. **Sense of purpose**- Young person reports that “my life has a purpose.”

40. **Positive view of personal future**- Young person is optimistic about his or her personal future.
Appendix B

Introductions & name tags

What we will cover over the next 6 weeks:
- Brain development
- Risk taking
- Developmental Assets
- Active Parenting
- Problem solving

Goals:
- Parents and caregivers gain a better understanding of their adolescent
- Expand “parenting toolbox”
- Increase parents’ and caregivers’ ability to positively influence their adolescent's life in order to promote healthy development and reduce risk taking behaviors.

Parenting Adolescents: Understanding the Adolescent Brain

Key points:
- The adolescent brain is still developing
- Adolescents’ ability to make rational and logical decisions is impaired
- During adolescence emotional part of the brain takes over

Prefrontal Cortex
- Executive functioning
- Emotional regulation
- Problem solving
- Logical

Amygdala
- Seat of emotions
- Fueled by hormones
- Irrational, emotional, impulsive

Blossoming & Pruning
- Used connections are strengthened
- Unused connections are withered away
- Creates a window of opportunity and period of sensitivity
- Use it or lose it
**Dopamine**
- Main chemical in the brain's reward system
- Higher during levels during adolescence than any other period in their life

**Serotonin**
- Chemical responsible for emotional regulation
- Lowest during adolescence

**What does all of this mean?**
- Adolescents rely on emotion rather than reason
- It's like they are driving a car with no brakes
- More likely than any other age group to engage in risk-taking behaviors
- Parents and caregivers must act as a surrogate prefrontal cortex
- Adolescence is a crucial time to make healthy connections in order to promote healthy development

**Parenting Adolescents:**

**Risks of Risk Taking**

**Key points:**
- Adolescents are more likely to engage in risk-taking behaviors than other age groups
- Period of sensitivity: especially susceptible to adverse consequences related to risk-taking
- Most do not use
- Delaying onset of risk-taking is key
- Parents and caregivers play a significant role in risk-taking behaviors

**Trends of Risk Taking**

**Early Onset Risk Taking**
- Early onset risk-taking can make long-lasting neural connections
- Adolescents that use alcohol before the age of 15 are four times more likely to develop a lifetime problem
- Individuals that do not smoke by the age of 20 are unlikely to begin smoking in adulthood
- Early onset users have higher rates of mental health problems, such as anxiety, depression, and conduct disorder
- Early onset use is also associated with increased risk of social difficulties, health problems, and educational underachievement
- Early onset of sexual behavior increases the risk of pregnancy, sexually transmitted infections, and dropping out of school

**Delaying onset is key!**
REDUCING RISK TAKING IN ADOLESCENCE

Signs that a Teen is Using Alcohol and Other Drugs
- Heavy identification of the drug culture
- Signs of physical deterioration
- Dramatic changes in school performance
- Changes in behavior
- “Hard evidence”

(Popkin, 2009)

Parental Influence on Risk Taking

**Communication**
- Delay sexual intercourse
- Fewer sexual partners
- Lower rates of smoking
- Risk of substance use is reduced
- Communicating negative attitudes about use as determinant to using tobacco, alcohol, and other substances

**Modeling**
- Adolescents whose parents frequently drink are more likely to use alcohol
- Adolescents whose parents smoke are 2 times as likely to smoke
- Earlier in children quit smoking if both their adolescent parents smoke

**Monitoring**
- Report lower levels of smoking
- Delay first sexual intercourse
- Lower rates of substance use
- Lower rates of aggression
- Lower rates of dropping school

Strategies for effective communication
- Stay curious
- Focus on connection
- Listen, listen, listen!
- Show empathy
- Discuss what to do if adolescent ends up in a situation with substances or other risk situations

REASONS FOR NON USE
6th grade only
- No desire to use 80%
- Use could affect performance 77%
- Alcohol and drugs are dangerous 76%
- My friends don’t use 73%
- My parents would object 72%
- Education at school 58%
- Against my principles 34%

Parental Impact on Use (9th grade)

Effective monitoring strategies
- Get to know your adolescent’s friends
- Get to know parents of friends
- Set clear expectations
- Set curfew
- Clear and realistic consequences
- Check notes with other parents
- Spend time together as a family

Additional Prevention Strategies
- Educate your teen about the risks
- Filter out negative influences and in positive ones
- Establish a no-use rule
- Provide healthy opportunities for challenge
- Identify and confront high-risk behavior
- Calmly manage a crisis if one should occur
- Problem-Prevention Talk

Parent Role-Model Reflection
REDUCING RISK TAKING IN ADOLESCENCE

**Parenting Adolescents:**

Promoting Developmental Assets

**Developmental Assets**

The Search Institute has identified 40 developmental assets that serve as positive building blocks to healthy development and reduce risk-taking behaviors.

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**Week 3**

**Week 4**

**Strategies to promote developmental assets**

**Parenting Adolescents:**

Parenting

**Parenting Style Activity**

The only person who can truly control a teen's behavior is the teen himself/herself.

Parents and caregivers role is to:

- Influence
- Focus on building a strong relationship
- Encourage, encourage, encourage!

**Praise vs. Encouragement**

**Praise**

- Outcome oriented
- Words that judge

"You are such a good kid!"

"You made the team! I am so proud of you!"

**Encouragement**

- Process oriented
- Words that notice

"You seem very proud of that."

"You worked really hard today."
The Test

Encourage with Words
- "Thanks. That was a big help."
- "You're getting better at geometry all the time."
- "You can do it."
- "That is really tough, but I think you can work it out."
- "I trust your judgment."

Encourage with Actions
- Nod
- Smile
- Thumbs-up
- Listening without interrupting
- Hug or pat on the back
- Showing confidence in your teen's desire to try something challenging

Parenting Adolescents: Problem Solving

Goals of Misbehavior
- Attention
- Power
- Revenge
- Inadequacy

Step #1: How do you feel?

Step #2: How do you respond?

Step #3: How does the adolescent respond to your response?
The Problem-Handling Model

Active Communication
- Listen actively
- Listen for feelings
- Look for alternatives and evaluate consequences
- Offer encouragement
- Follow up later

Natural Consequences vs. Logical Consequences
- Not imposed by adult
- Allows teens to experience consequences of their choices
- Real life
- Imposed by adult
- Related to behavior
- Meant to curb behavior

Parenting Adolescents: Empowering Parents

Reflection and discussion.

Behind every great kid is a mom who is pretty sure she's screwing it up.

EricaBufalo.com