Does Adolescent Psychological Functioning Predict Membership in Latent Adolescent-Parent Communication Dual Trajectory Classes?

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ABSTRACT

This study examined the association between adolescents’ psychological functioning and membership in subsequent adolescent-parent communication trajectory subgroups in a large community sample of adolescents. Participants completed measures assessing their psychological functioning and communication with their parents at three annual assessments. Fit indices from parallel process growth mixture models suggested the presence of three dual-trajectory classes: 1) Average communication with both parents, with slight increases in adolescent-mother communication, but no growth in adolescent-father communication over time; 2) Good adolescent-mother and poor adolescent-father communication, both stable over time; and 3) Poor adolescent-mother and good adolescent-father communication, both stable over time. Notably, baseline adolescent psychological adjustment was systematically associated with these trajectory classes.

SAMPLE AND PROCEDURE

• The sample included 1,057 10th and 11th grade students from the Mid-Atlantic region (DE, MD, and PA) of the United States
  • 53% girls; 51% White
  • Mean age = 16.15, SD = .75
  • Surveys were administered to participants in school by trained research staff in the spring of 2007 (Time 1), 2008 (Time 2), and 2009 (Time 3)
  • The survey took approximately 40 minutes to complete
  • Participants were given a movie pass as compensation for their time

MEASURES

Adolescent-Parent Communication
The 20-item Parent-Adolescent Communication Scale (PACS; Barnes & Olson, 2003; α = .90–.94) was administered to the adolescents at Times 1-3 to measure communication between adolescents and parents. A sample item is “I find it easy to discuss problems with my mother/father.” The response scale ranges from 1 = strongly disagree to 5 = strongly agree. Separate PACS total scores for adolescent-mother communication and adolescent-father communication were calculated.

Depressive Symptoms
The 20-item Center for Epidemiological Studies Depression Scale for Children (CES-DC; Weissman et al., 1980; α = .91) assessed depressive symptoms at Time 1. A representative item is, during the past week...

“1 felt sad.” The response scale for the CES-DC ranges from 1 = not at all to 4 = a lot. Responses were summed to reflect a total score.

Alcohol Use
Participants were asked how much on an average day they usually drank, with response options ranging from 0 = never to 9 = more than 8 drinks. They also were asked how often they usually had a drink, with response options ranging from 0 = never to 7 = every day. A total alcohol quantity x frequency score was calculated based on these questions. To assess binge drinking, participants were asked to report how many times they consumed 6 or more drinks in the last 6 months. The response scale ranged from 0 = never to 7 = every day.

Drug Use
To assess drug use, participants were asked how frequently they had used marijuana, sedatives, stimulants, inhalants, hallucinogens, cocaine or crack, and opiates (non-medical use only) within the last six months. The response scale ranged from 0 = never to 7 = every day. A total drug use score was generated by summing the scores of the different types of drugs. The alcohol and drug use variables were logarithm transformed because they were skewed.

RESULTS

Table 1: Associations Between Baseline Characteristics and Membership in Latent Adolescent-Parent Communication Trajectory Classes

<table>
<thead>
<tr>
<th>Baseline Predictor</th>
<th>GOOD-MOM/POOR-DAD</th>
<th>POOR-MOM/GOOD-DAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>1.4 (0.8 – 2.4)</td>
<td>1.0 (0.6 – 1.6)</td>
</tr>
<tr>
<td>Gender</td>
<td>1.9* (1.1 – 3.3)</td>
<td>2.2* (1.1 – 4.1)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>1.9 (0.9 – 3.9)</td>
<td>0.9 (0.4 – 2.1)</td>
</tr>
<tr>
<td>Parental Education</td>
<td>1.1 (0.8 – 1.5)</td>
<td>1.3 (0.9 – 1.9)</td>
</tr>
<tr>
<td>Depressive Symptoms</td>
<td>1.0 (0.9 – 1.3)</td>
<td>1.2* (1.1 – 1.3)</td>
</tr>
<tr>
<td>Total Alcohol Consumption</td>
<td>1.0 (0.9 – 1.2)</td>
<td>1.2* (1.1 – 1.3)</td>
</tr>
<tr>
<td>Binge Drinking Frequency</td>
<td>1.0 (0.8 – 1.2)</td>
<td>1.4** (1.1 – 1.6)</td>
</tr>
<tr>
<td>Drug Use Frequency</td>
<td>0.9 (0.7 – 1.2)</td>
<td>1.3** (1.1 – 1.6)</td>
</tr>
</tbody>
</table>

* Values represent odds ratios and 95% confidence intervals.
• The AVERAGE-BOTH Trajectory served as the reference class for all analyses.
• Gender was coded as 0 = boys and 1 = girls.
• Race/ethnicity was coded as 0 = non-White and 1 = non-Hispanic White.

CONCLUSIONS

• This study yielded three dual-trajectory classes of adolescent-parent communication: GOOD-MOM/POOR-DAD, POOR-MOM/GOOD-DAD, and AVERAGE-BOTH.
• Adolescent psychological adjustment (depressive symptoms, alcohol use, and drug use) predicted membership in the POOR-MOM/GOOD-DAD trajectory class, but not in the GOOD-MOM/POOR DAD trajectory class.
• Findings underscore the need to separately examine the adolescent-mother relationship and adolescent-father relationship and their differential associations with adolescent psychological adjustment.

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