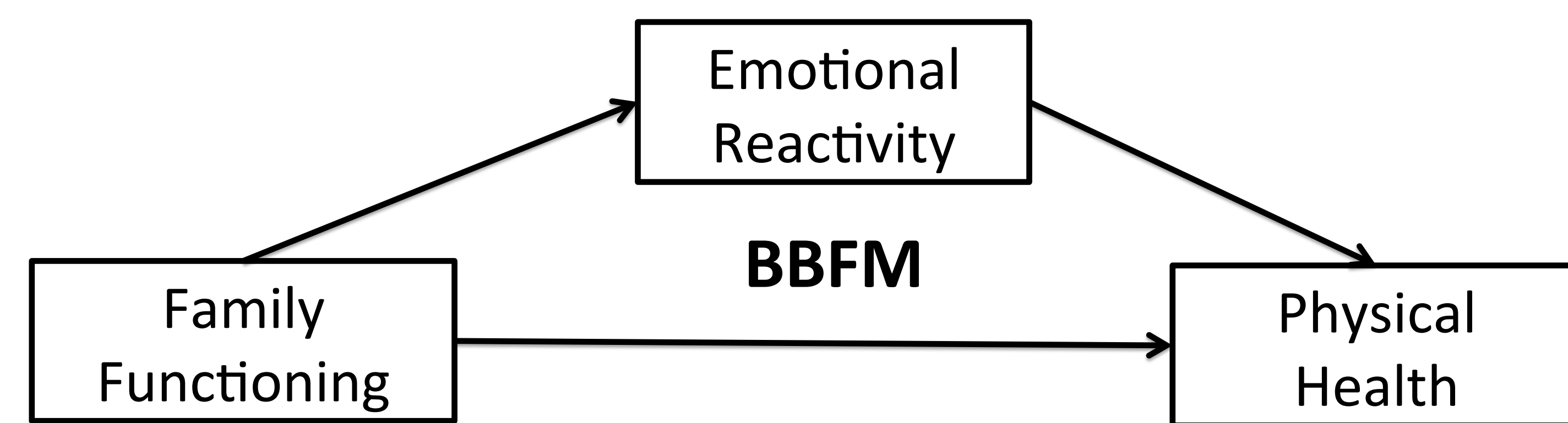


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Background

◆ **The Biobehavioral Family Model (BBFM):** (Woods & Denton, 2014)



- ◆ Postulates that emotional reactivity mediates the association between family functioning and physical health
- ◆ Has been examined in adult populations, but never investigated in an adolescent sample
- ◆ **Adolescent Development:**
 - ◆ Increasing evidence demonstrates the role of familial stress in adolescent emotional development (Yap, Allen & Sheeber, 2007).
 - ◆ No study has examined the role of family functioning in both emotional reactivity and physical symptoms in adolescence.
 - ◆ Current research involving the influence of family on adolescent development focuses on the importance of mothers, whereas there is a significant gap in research investigating how fathers uniquely contribute to adolescent development (Bariola, Gullone, & Hughes, 2011).

Objective

To examine whether adolescent emotional dysregulation mediates the relation between adolescent-parent communication and adolescent somatization in accordance with the BBFM

Methods

Participants

- ◆ $N = 94$ adolescents and their parents from seven public high schools in the Mid-Atlantic region of the United States
- ◆ 55% female, 81% Caucasian
- ◆ Time 1 age: $M = 16$ years, $SD = .70$

Procedures

- ◆ Data were collected at two time points:
 - ◆ Time 1: Spring 2007, students in 10th or 11th grade
 - ◆ Time 2: Spring 2008, students in 11th or 12th grade
- ◆ Adolescents completed paper surveys at their high school.
- ◆ Parents completed paper surveys that were mailed to their home and returned via mail.

Methods

Measures

Construct	Time Point	Reporter	Measure	Internal Consistency
Adolescent-parent communication	1	Adolescent	Parent-Adolescent Communication Scale (PACS)	$\alpha = .90$ for both mom and dad
Emotion dysregulation	1	Parent	Child Behavior Checklist (CBCL), Dysregulation Profile ⁺	$\alpha = .76 - .86$
Somatic complaints	2	Parent	CBCL, Somatic Complaints Subscale	$\alpha = .63$

⁺ Dysregulation Profile of the CBCL is the sum of:

- 1) Aggressive Behavior Subscale
- 2) Anxious Depressed Subscale
- 3) Attention Problems Subscale

Analyses

- ◆ CBCL scores were log transformed to approach normality.
- ◆ Mediation of emotion dysregulation was tested using bootstrapping with 10,000 samples (Baron & Kenny, 1986).

Results

Mean Scores

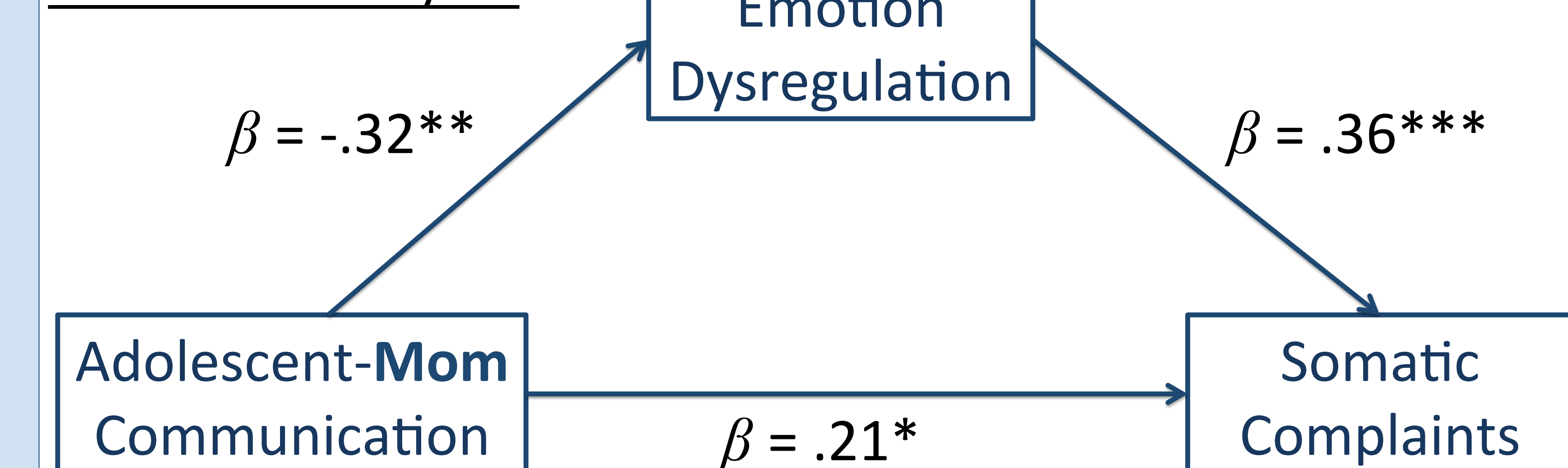
Construct	Mean	Standard Deviation	Range
Adolescent-Mother Communication	69.64 [^]	15.08	38-99
Adolescent-Father Communication	64.31 [^]	17.51	24-99
Emotion Dysregulation	5.18	5.79	0-31
Somatic Complaints	1.07	1.67	0-8

- ◆ On average, adolescents scored high on parent communication.
 - ◆ [^] Communication with mothers was significantly higher than communication with fathers ($t = 2.93, p < .01$), indicating communication with mothers was more open and less problematic than communication with fathers.
- ◆ Parents reported their adolescents did not display a high degree of emotion dysregulation or somatic complaints.

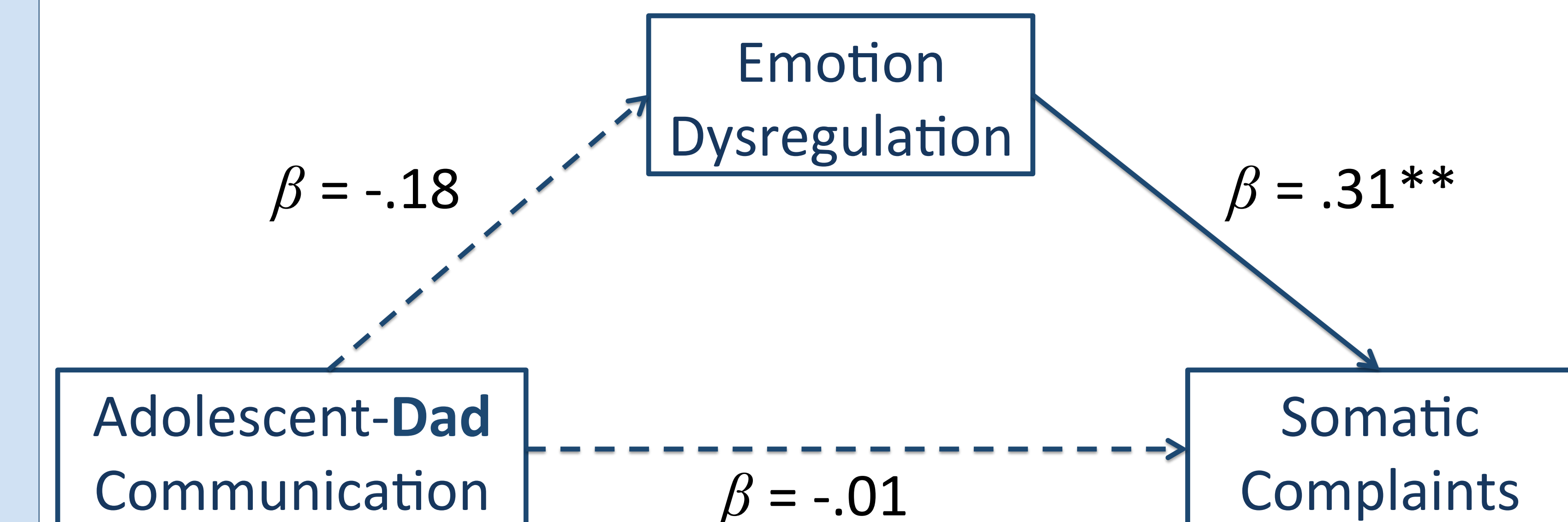
This research was supported by NIAAA K01AA015059.
 To obtain a copy of this poster, please visit adolescentadjustmentproject.org.

Results

Mediation Analyses



- ◆ **Indirect coefficient was significant ($\beta = -.11, p < .05$):**
 - ◆ Emotion dysregulation significantly mediated the relation between communication with mother and somatic complaints.



Standardized coefficients are reported
 $*p < .05$; $**p < .01$; $***p < .001$

- ◆ **Indirect coefficient was not significant ($\beta = -.06, p > .05$):**
- ◆ Adolescent emotion dysregulation predicted somatic complaints.
- ◆ Adolescent communication with father did not predict either emotion dysregulation or somatic complaints.

Conclusions

- ◆ Consistent with the BBFM, adolescent emotion dysregulation mediated the relation between communication with mother and somatic complaints.
- ◆ Adolescent-father communication was unrelated to adolescent emotion dysregulation and somatic complaints.
 - ◆ Mothers are more likely than fathers to discuss emotions and coping with their children (Bariola et al., 2011).

Implications:

- ◆ It is important to consider adolescent-mother communication in the development of regulation and the association between adolescents' emotional and physical health.
- ◆ Researchers and clinicians working with families should recognize familial communication patterns and the ways that dysregulation manifests through physiological symptoms.