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Positive Adolescent Development: Relevance of Family Interventions

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Abstract

Previous researches on children and adolescents have led to the increased recognition of the need for developmental interventions for promoting a positive development of children and adolescents. The 40 assets model brought out by the Search Institute and the positive youth development approach added momentum to this move towards the well-being of the child and adolescent than any problem oriented practice. India, being the home for the largest adolescent population in the world, is shouldering the huge responsibility of helping its adolescents to develop as both successful and responsible adults who can then contribute to the building of the nation. India has declared their children as supreme assets of the country and the National Youth Policy recognizes the significance of promoting a positive child and adolescent development. But the family which is the primary environment of the adolescent has often been neglected in the case of interventions for positive adolescent development. A large volume of literature, irrespective of different cultures shows that the family plays a central role in the positive development of the adolescents. In this conceptual paper, the importance of positive adolescent development with regard to the existing literature is reviewed. Also discussed here from an ecological systems perspective is the relevance of family interventions for promoting positive adolescent development. Based on the review of the existing literature, this article brings forth five focal areas of family centred interventions for promoting positive adolescent development.

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Introduction

Adolescence is a unique period in the life span of a person when he/she passes from childhood to adulthood. This transition from childhood to adulthood is not simply the biological maturity one attains during this period but also include cognitive, social, emotional and personality changes. The World Health Organization (WHO) defines adolescence as the period from 10-19 years of age. In India, there is no uniform definition of adolescence but the National Youth Policy of 2014 (Ministry of Youth Affairs and Sports, 2014)covers adolescents in the sub group who belong to the age group of16-21 years. Adolescence is an important sub segment in the population with their unique needs and problems due to the unique challenges they undergo during this period. It is also an important period because of the short term and long term effects of the way these challenges are tackled by young people. How an adolescent successfully goes through this stage is significantly related to a successful transition to adulthood in which the well-being of the adolescents is of particular concern. This is evident from the increasing interest of social science and public health researchers on the positive aspects of the adolescents.

The main goal for a positive youth development is to help adolescents become socially, morally, emotionally, physically and cognitively competent. The positive adolescent development framework assumes that young people have fundamental, underlying need for healthy development, some of which are unique only to adolescence in this particular time of their life (Resnick, 2000). These needs are not only for the developmental tasks associated with adolescence but also include the experiences and circumstances that help the development of these adolescents. These are experiences that build social competencies, reinforce pro-social attitudes and values, setting high expectations of the individual while providing pathways to experiences of success, mastery, and achievement. In line with the illness-wellness paradigm in the health and mental health field, the positive adolescent development framework also argues that being "problem-free does not mean being fully prepared" (Pittman, 1992cited in Perkins et al.,1999: 43) in terms of the health and well-being of children and youth. They put forward the 4-C framework for positive youth development that

features positive, desirable outcomes: confidence (i. e., a sense of self-worth and mastery), character (a sense of accountability, control, self-awareness and a relation to a deity, the family, and the larger culture), connection (i. e., a sense of safety, structure, membership and belonging), and competence (i. e., the ability and motivation to be effective in terms of physical and emotional health, intellectual development civic action, and employment).

The positive youth development framework is supported by a growing body of research on the families, schools, and neighbourhoods as critical support and opportunities for enhancing adolescent development and for helping youth reach their full potential. The strength-based approach to positive adolescent development recognizes that all adolescents have strengths and that the children and the youth will develop in a positive way when these strengths optimally interact with the resources for healthy development in the ecological system of the adolescent. According to Catalano et al. 's review on 25 well-evaluated positive youth development programmes, about 76% increased adolescents' positive behaviour and about 96% reduced problem behaviour (cited in Sun and Shek, 2010).

The concept of positive adolescent development is gaining wider attention for the past two decades due to the increased recognition of the importance of health and well-being of adolescents in different sectors. Adolescence is considered as a critical period in the life span development because it is during this period individuals make many choices and engage in a wide variety of behaviours that have the potential to influence the rest of their lives. Given the power that these choices and behaviours can have an effect on future options and opportunities, it is critical that we understand what influences in case youth stay on a healthy, productive pathway or move onto more problematic, or potentially destructive, pathway as they pass through this important developmental period. Mental health practitioners and public health researchers strongly recommend the immediate attention of all countries to invest in promotion of well-being of adolescents so as to prevent the incidence of mental health problems and further deterioration of mental health issues. WHO points out that there is an increasingly recognized need for mental health promotion and the prevention of mental disorders, and this particularly concerns children and adolescents (WHO, 2008). WHO (2008) adds that the well-being of an individual is a fundamental right of everyone, which clearly communicates that every adolescent need to get opportunities to go through a positive

development during the period of adolescence. Young people with a positive sense of mental well-being possess problem-solving skills, social competence and a sense of purpose that can help them rebound from setbacks, thrive in the face of poor circumstances, avoid risk-taking behaviour and continue on to a productive life (WHO, 2008). Paralleled by this, a large volume of literature on resilience (Benard, 2006; Resnick, 2000; Robinson et al., 2011) also threw light on the importance of protective factors in the positive development of the adolescents.

India as a country has the largest number of adolescents in the world and hence their positive development is of paramount importance. Providing enabling environments for the adolescents to develop healthy and productively, there is a need to consider it as a critical social investment for the country's future. Given the expected disproportionate increase in the population of older age groups in some countries, resources available for adolescents may become increasingly strained, making prevention and health promotion programmes for adolescents more critical in the future (Irwin et al., 2002). The National Youth Policy also recognizes the importance of positive adolescent development and it has been clearly stated in the preamble that the country will 'ensure that equal opportunities for growth are extended to young people for their overall development, growth and empowerment where they are productively engaged in activities aimed towards national development' (Ministry of Youth Affairs and Sports,2014).

Family in the Positive Development of Adolescents

It is recognized that the ease or difficulty of the transition from childhood through adolescence into adulthood is a function depended on the amount of facilitation the culture offers to the individual who is going through this transitional period. The transition becomes easier with facilitation from the immediate environment.

There is extensive literature which clearly shows that protective factors in the family such as providing a secure base, caring relationship, providing a feeling of connectedness and being valued, providing support and giving a sense of belonging are linked to positive outcomes in adolescence and beyond (Benard, 2006; Eccles et al., 2002; Paradis et al., 201; Robinson et al., 2011). Since family is the primary social group of a child, a nurturing family environment characterized by caring and valuing relationships builds

confidence and trust in the adolescent. Research also shows that the emotional and psychological support offered through a warm and communicative child-parent relationship plays an even more important role during adolescence (Allen et al.,2003; Schofield and Beek, 2009 cited in Robinson et al., 2011). Vassallo et al. (2009) found that parents continued to play the role of an adviser and a supporter to young adult children, while moving away from the more tangible and practical support offered in childhood. They also found that the support offered by the parents to the adolescents was highly underestimated both by the parents and others but it was highly valued by the young people themselves. The resilience researchers termed these factors as protective factors, assets or resources and the positive youth development advocates term them as supports and opportunities while the strength-based practitioners call these as family strengths. Inspite of the different terminologies used, these factors are undoubtedly supporting positive adolescent development, which has been found true across various cultures.

Over the years, several frameworks have been developed for utilizing the strengths in the family and for enhancing a positive adolescent development. Benard (2006) put forward three important family strengths which are associated with adolescent well-being and positive development. They are caring relationships, high expectations and opportunities for participation and contribution. This framework is widely used in positive youth development programmes and is found to be effective. A notable programme is the widely acclaimed Resilience Youth Development Module of the California Healthy Kids Survey, which has been successfully continuing bforthe past several years (Benard, 2006; Eccles, 2008). This conceptual approach is explicitly strengths-based which focus on building positive nurturing relationships and opportunities to give children the resources they need to grow successfully through out their life's course. Saleebay(2009) termed these three protective factors as 'conditions of empowerment' which together with the interaction with the positive beliefs and services lead to empowerment of individuals. Stinnet and De Frain (1985) put forward three types of strengths in the family relationships and processes that support positive adolescent development. They are emotional/subjective strengths (such as close and caring parents); behavioural/concrete strengths (for example, parental monitoring and involvement); and passive parenting strengths like positive parental role modelling. Stinnet and De Frain (1985) also reported the presence of three

factors in strong families namely, a high degree of marital happiness; satisfying parent-child relationships; and family members who do a good job of meeting each other's needs. Baumrind (1991) referred to another two important family strengths associated with positive outcomes, namely social connectedness and clear roles.

Using data from the National Survey of Children, an existing national longitudinal study of families with children, Krysan et al. (1990) correlated four measures of family strengths, as reported by the adolescents, namely, parent-child communication, appreciation, family activities and clear roles and four measures of family strengths as reported by their parents. The strengths reported by the parents were parent-to-parent communication, commitment to marriage, social connectedness and religious training. The outcome domains measured for adolescents included problem behaviour and depression, academic achievement and aspirations, self-concept, social development; and that of parents include parent's psychological well-being and stability and harmony of the marriage. It was found that the different family strengths significantly correlated with one another, family strength indicators were associated with better outcomes for children and adults, and the associations remained significant irrespective of demographic characteristics of the families. This was true not only at the time when the family strengths were assessed but even six years later at the time of the follow-up survey (Krysan et al., 1990).

McFarlane et al. (1995) conducted a study on family structure, family functioning and adolescent well-being wherein they found that instead of the family structure, the style of parenting turned out to be the main determinant of both family functioning and well-being of the adolescents. Another study, the Every Child Every Promise (ECEP) was conducted by America's Promise Alliance in US in 2005 among adolescents aged 12-17 (Moore et al., 2009). The study examined four distinct forms of strengths in the families of adolescents, namely close and caring parents, parental monitoring/supervision and awareness; parental involvement and positive parental role modelling. The findings indicated that family strengths were associated with significantly better outcomes for adolescents in both lower-income families and higher-income families. Specifically, the study found that adolescents from families that had the strengths were more likely to perform well in school, to avoid risky behaviours, and to demonstrate positive social behaviours than where the adolescents from families that lack these strengths (Moore et al., 2009).

Relevance of Family Interventions

While parents and families are seen as vital for successful early childhood interventions, far fewer programmes focus on families during late childhood and beyond is reached (Ryan, 2003 cited by Robinson et al., 2011). This may be potentially detrimental where workers are only involved in the young people's lives for a limited time without enduring on more connections (Robinson et al., 2011). Social work practice with adolescents will involve their families in the intervention process when the risk factors within the family may accelerate the adolescent problems that are present. These families are helped to overcome such risk factors which in turn reduces adolescent problems. Some preventive programmes for vulnerable adolescents also make use of the families for strengthening the protective factors within the family so that parents can guard against the development of their risky behaviour. But family interventions to promote optimal adolescent life satisfaction in particular have not been reported in the literature (Antaramian et al., 2008). After reviewing the research and programmes relating to parents and adolescent health WHO released two reports in 2007, which emphasized the importance of engaging parents as part of a comprehensive strategy for improving adolescent health and development (WHO, 2007a, 2007b).

Families are natural settings for promoting positive adolescent development. Instead of creating parallel support systems a family centred approach strengthens the existing support system for the adolescents. Based on extensive studies on adolescent life satisfaction, Antaramian et al. (2008) advocated the need for devoting continued research and practical efforts for the intersection between optimal well-being, including life satisfaction, and family approaches to practice, training, and research with adolescents. This augments the efforts of social work practitioners aiming at the positive development of adolescents.

Family interventions for promoting positive adolescent development basically aim at capacity-building of parents and offer parenting supports. Such interventions should recognize the strengths and assets of parents, and use such capabilities for supporting and strengthening their parenting competence and confidence. This focus on strengths and assets attract parents to be part of such interventions. With fewerstigmas attached, these kinds of interventions at a universal level are important as the serve as parenting effectiveness platforms which may lead to much more desirable

outcomes. Families who are actively involved in identifying, implementing, and evaluating desired outcomes and accomplishments are more likely to experience increased knowledge and skills, and make positive attributes about individual family members' capabilities as well as those of the family as a whole (Wilson, 2006). Strength based approach to family interventions not only focus on strengths but collaborates with families and children to discover individual and family functioning and strengths (Laursen, 2000). Family interventions at the group level also increase the family peer support which would be an excellent source of social support for both parents and adolescents. Schools, communities and neighbourhood groups can all be settings for these family interventions.

Focal Areas of Family Interventions

Though there are several factors in the family which are connected to the positive development of adolescents five areas need special attention due to their key role in facilitating adolescent transition to adulthood. The five factors are parent adolescent relationship, family activities, adolescent participation, positive parenting practices and positive marital relationship.

Parent-Adolescent Relationship

Parent adolescent relationship may be the one area where we can find unparalleled volume of literature, majority of which reveals that it is a strong predictor of adolescent well-being and positive development. The adolescent evolves into an adult in the framework of the changing relationship between the parent and the adolescent. In adolescence, adolescent relationships with parents move to inter-dependence, resulting in reciprocally supportive relationship. Parents who recognize and value the growth of the adolescent into an adult, who give space to the adolescent to be himself/herself but at the same time also offer caring support for the adolescent's positive development. Healthy adolescent development is facilitated by a strong parent-child relationship that allows for disagreement while encouraging the young person to express his or her growing sense of independence. Confirming the importance of healthy parent adolescent relationship, Erikson (Erikson, 1968 cited in Eccles et al., 2008) proposed trust, the positive emotional relationship with caring adults as one key characteristic of healthy psychological development. Adolescents also

identify and value the importance of maintaining positive, respectful and loving relationships with parents.

This ongoing importance of family connectedness is also reflected in the literature on resilience. Social competence and autonomy are found associated with supportive parent adolescent relationship. The analysis using data from the Avon Longitudinal Study of Parents and Children (ALSPAC) in the U. K., studying the trajectories and drivers of change, both positive and negative, across two time periods showed that: mid-childhood (7. 5-10. 5 years) and early adolescence (10. 5-13. 8 years), the correlations between child well-being with both positive child–parent relations and parents' feelings towards their children were found relatively strong (Gutman et al., 2010). This again points to the importance of parent adolescent relationships as children mature into adolescents.

The quality of parent-child relationship is measured in different terms, namely, communication, closeness and trust between the adolescents and their parents. Some researchers call this relationship as connectedness, a positive, stable emotional bond between parent and adolescent. Barber and Thomas (1990) used the term parental support to measure the relationship between parent and the adolescent. In a study they used physical affection as one measure of the relationship. Several researches (Benard, 2006; Eccles, 2002, 2008; Robinson et al., 2011) show that many aspects of the parent youth relationship can provide positive support for the youth's development, including connectedness and attachment, communication and guidance.

Positive Adolescent Outcomes

Studies found that adolescents who perceive that they are loved and accepted by their parents are less likely to engage in a wide range of health risk behaviours (Benard, 2006; Moore et al,, 2009). There is ample literature which suggests that an adolescent's sense of self esteem and social competence are particularly affected by a stable emotional connection with parents. After conducting a longitudinal study on the development of poor children and their families for 25 years in Kauai, Emmy Werner and her colleagues concluded that the strong social connections to the family is one of the key factors for resilience (Werner et al., 1995 cited in Eccles, 2002). The quality of parent-adolescent relationships also shows associations with adolescents' competence in developing satisfying relationships with others. Adolescents who have secure attachments to their mothers, reflecting

affection and trust, also have secure attachments to their friends, which is associated with higher quality friendships.

Adding strength to these evidences, the huge national longitudinal study of adolescent health in 2000 which surveyed 90,000 middle and high school students and interviewed a 20,000 student samples plus their parents found that commonly regarded "predictors" of adolescent behaviour—race/ethnicity, family income, and family structure—turn out to be relatively weak but the most consistently protective factor found was the presence of a positive parent-family relationship" (Blum et al., 2000 cited by Eccles et al., 2002).

Family Activities

Family is the primary socializing agency in the life of a child. It is also in the family that their feminine and masculine identities are built. The National Association of Social Workers (1993) acknowledges this by stating that adolescents greatly benefit from engagement in activities in which their value is demonstrated and affirmed and their inherent talents, capabilities, and strengths are enhanced. This is where the concept of family activities gains relevance in the development of adolescents. Family activities denote joint activities done by parents and adolescents. Authors term family activities in different ways like family time, joint activities, shared activities and family rituals (Moore et al., 2003; Zaborskis et al., 2007). But the meaning given to these different terms are more or less similar. These activities can be household chores, recreational activities or family meals where there are ample possibilities of interaction and quality time spent together.

Family activities are considered as a characteristic feature of successful families. Joint family activities contribute to the well-being of each family member and enhance the quality of communication between family members. Joint activities of parents and children during adolescence have much more far reaching positive effects on healthy adolescent development. Shared activities foster autonomy, skill development, team work in addition to improved relationships. Though adolescence is typically described as a time of diminishing parental influence there are only few data available on parent and children joint activities throughout adolescence (Zaborskis et al., 2007). Through a national study on family time spent in joint activities, which was conducted by BMC public health agency with the support of WHO among 13 and 15-year-old schoolchildren from six countries of

Europe (Czech Republic, Finland, Greenland, Lithuania, Spain and Ukraine) in the 2001–02 school year, a small, but nevertheless, statistically significant difference in the mean values was detected between boys and girls indicating that boys (0. 061) are more likely than girls (-0. 058) to spend time together with their families. Comparison of the mean values of Family Time Index (FTI) between age categories shows considerably more family time spent together among 13-year-olds (0. 192) than among 15-year-olds (-. 191). Adolescents from families with many children (3 or more siblings) reported spending less time in joint family activities than adolescents from families having only one child (Zaborskis et al., 2007).

Studies done in this area also prove positive effects of family time on overall children development, school achievements and future career (Arshat, 2009; WHO, 2002 cited in Zaborskis et al., 2007; Zaborskis et al., 2007). Family time has shown strong and consistent negative relationship with a range of problem behaviours among children and adolescents (Zaborskis et al., 2007). Since the 1950s, scholars have studied the types of activities that families choose to engage in when they are together. Eating dinner together was the activity shared most by the families. Later the focus of study was extended to other joint activities at home. A study conducted by Arnold and Lang in 2007 (Arnold and Lang, 2007 cited in Broege et al., 2007) attempted to find out the time spent together by family members by identifying the time spent in different activities like leisure, household management, chores, communication, child care, schoolwork at home, work at home, eating, personal time, and personal care. Broege and colleagues combined this self reported data of 500 families with observational data of 32 families taken by Centre on Everyday lives of the Families (CELF), University of California, during the same period. The combined data indicated that when the family members were together they were most frequently in the kitchen (Broege et al., 2007).

A cross-national WHO collaborative Survey on Health Behaviour in School-aged Children (HBSC) in 2001evaluated joint family activity based on eight items: watching TV or a video, playing indoor games, eating meals, going for a walk, going places, visiting friends or relatives, playing sports, sitting and talking about things (chatting) (WHO, 2002 cited in Zaborskis et al., 2007). Students from Spain and Ukraine reported spending the maximum time together with their families in almost all kinds of joint activities, whereas students from Greenland and Finland reported spending the least time in these activities. Boys were more likely than girls to be

spending time together with the family. Joint family activity showed a decline in the age group from 13 to 15 years. Variability of family time in a cross-national perspective was relatively small and related to only the children's age category (Zaborskis et al,. 2007).

Researchers of the 4-H (widely acclaimed longitudinal study of positive youth development which began in 2002 and was repeated annually for eight years, 4-H stands for Head, Heart, Hands and Health, a logical framework of the study)national study in the U Sexamined an array of assets within the family, school, and neighbourhood when adolescents were in the Seventh Grade and found that eating dinner together as a family was one of the most important factors associated with positive adolescent development. In fact, after accounting for the influence of sex, race, and family household income, this collective activity among family members was the strongest predictor of positive adolescent functioning. Results showed that eating dinner together was related to higher levels of positive youth development and contribution and to lower rates of depression and risk/problem behaviours (Lerner and Lerner, 2013). In a longitudinal study conducted by Fulkerson et al. (2010) on associations between family dinner and adolescent perceptions on parent-child communications among teenagers in Chicago, it was found that family dinner frequency was positively associated with adolescent perceptions of parent-child communication. The study suggests that families with teenagers may enhance parent-child communication and ultimately promote healthy adolescent development by making family dinner a priority (Fulkerson et al., 2010). Several other studies (eg. Brody and Flor, 1997 cited in Arshat, 2009; Koblinsky et al., 2006; Arshat, 2009) are available which show that greater involvement in family routines lead to greater family strength and more cooperative behaviour among family members and greater social competence and self-regulation among children. But most of these studies (eg. Brody and Flor, 1997 cited in Arshat, 2009; Koblinsky et al., 2006) have been done with school aged or pre school children and researchers among adolescents are limited to only few areas, when there are numerous joint activities of parents and adolescents which positively influence adolescent development. More studies are required on the joint activities of both parents and adolescents and their influences on healthy transition to adulthood.

Adolescent Participation

The transition to adulthood requires youth to gain knowledge and skills in many areas, including intellectual, social, practical and life skills. The family

is the first environment where the child and the adolescent learn to participate, to know their rights and to respect the rightsbecause their relationships with family members, teachers and fellow students are likely to be particularly regular and influential.

Adolescent Participation and Positive Outcomes

The existing literature shows that participation leads to development of social competence and social responsibility in children and adolescents as well as skills in managing his//her environment leading to empowerment (UNICEF, 1997 cited in UNICEF and Save the Children Sweden, 2007). But lack of parental support is identified as a consistent barrier to children's participation. Parents fear losing control over children as they become more confident and assertive as a result of their experiences of participation. Children's participation requires as much work with adults as with children. Adults need to be influenced to give children opportunities to participate in meaningful and ethical ways. UNICEF in 2000 recommended governments of member states to promote and support children's participation in the family and society, and particularly school life so as to identify and to remove barriers to this participation (UNICEF, 2000 cited in UNICEF, 2007and Save the Children Sweden).

Positive Parenting

Parenting is one of the widely researched areas in terms of its effects on children and adolescents. Parents shape or restrict adolescents' behaviour by supervising and monitoring their activities, conveying clear expectations from their behaviour, and establishing rules and consequences for misbehaviour. Parents often do not realize that they are powerful role models for their children, even when those children reach adolescence. Studies in industrialized countries (Galinsky, 1987; Steinberg, 1994, 2000, New berger, 1980 all cited in WHO, 2007a) found that having parents who make healthy choices is associated with better skills and attitudes among adolescents (WHO, 2007a). Identity achievement is also associated with balanced autonomy backed by a supportive relationship with parents. Positive parenting includes the use of an authoritative parenting style which is translated into positive parenting practices.

Authoritative Parenting Style

Parenting style is a determinant in child development. It affects the psychological and social functioning of the children. Extensive research

has shown that authoritative parenting, or parenting that combines warmth with structure and rules, is related to the best outcomes for adolescents. Parenting style is currently understood in terms of two dimensions of parenting namely, parental acceptance/ responsiveness and parental demandingness or control. Parental acceptance/ responsiveness (also referred to as parental warmth or supportiveness) refers to "the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children's special needs and demands" (Baumrind, 1991:62). Parental demandingness (also referred to as behavioural control) refers to "the claims parents make on children to become integrated into the family whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys" (Baumrind,1991: 61-62). Authoritative parents display high levels of both responsiveness and demandingness. They are warm, nurturing, and sensitive to their child's needs and consistently consider the child's age and maturity when forming behavioural expectations. According to Baumrind (1991)authoritative parenting styles tend to result in children who are happy, capable and successful. Authoritative parenting without physical punishment produces the most positive results and the fewest problems for children in today's world. Children who have been raised in authoritative homes score higher on a variety of measures of competence, social development, self-perceptions, and mental health than those raised in authoritarian, permissive, or neglectful homes. This is true not only in childhood but also during adolescence, as evidenced by higher academic achievement and psychosocial development, and fewer behavioural problems.

Positive Parenting Practices

Together with parenting style parenting practices also are having crucial influence on adolescents which in turn are influenced by the style of parenting. Parenting practices are defined as specific behaviours that parents use to socialize their children (Darling and Steinberg, 1993). Darling and Steinberg(1993) differentiated parenting style as the emotional climate in which parents raise their children. Research delineating parenting practices from parenting styles has been helpful in extending our understanding of parental influence. Parenting styles are a steady composite of beliefs and attitudes that provide the context for parental behaviour, which has an indirect effect on children and adolescent outcomes, whereas parenting practices have direct impact on outcomes (Darling and Steinberg, 1993).

Since parenting practices have a direct link to a child's behaviour and outcomes there is ample literature supporting the positive effects of parental monitoring resulting in positive behaviours among adolescents, with poor parental monitoring clearly linked to negative outcomes in adolescence, such as antisocial behaviour, substance use and sexual risk-taking (Smart et al., 2004 cited by Robinson et al., 2011). The existing literature also reveals differences in the responses of fathers and mothers towards the adolescents. During adolescence, mothers are more responsive and fathers are more demanding (Baumrind, 1991).

Positive Marital Relationship

Positive marital relationship is another important family strength which has a bearing on the adolescents' lives. Marital adjustment, happiness, satisfaction, or a number of variables that attest to the quality of a marriage may be the most frequently studied dimension in the marriage and family field. Marital adjustment is the state in which there is an overall feeling in both the husband and wife of happiness and satisfaction with their marriage and with each other (Rani and Asthana, 2008).

Existing literature shows that a positive marital relationship is a major support of competent parenting (see Belsky, 2005; Cox, 1989). Bandura and Walters (1959)found that mothers tending to irritate and scold their sons felt less affection toward their husbands (Bandura and Walters, 1959 cited by Belsky, 2005). Complementing these findings studies have also found that mothers' professed esteem for their husbands is related to the praise they directed at their preschool children (Cox, 1989; Sears et al., 1957). The quality of the emotional relationship between spouses influences mothers' negativism towards their adolescent sons. Fathers who felt support from their wives had a high sense of parental competence. Marital relations have indirect influence on parenting than direct influence, by having an impact on the psychological well-being of individuals and only thereby the parenting role.

Belsky (1984) described marital quality as a first-order support for parenting and argued that discord in the marriage may adversely affect parenting practices. A satisfying marriage encourages parent's involvement in parenting. When both parents are equally involved in parenting, providing mutual support and agreement over parenting strategies, also may extend to individually parenting in several consistent and effective ways. Marital quality contributes to the children's development in that the

parents form a co-parenting alliance, cooperating with and supporting each other (Berns, 2007). Happily married couples foster desirable characteristics in their children. They provide a congenial and stimulating environment enabling the child to use his abilities to the maximum. They have better adjustment, better peer relationships and better development. When parents report more intimacy and better communication in their marriage, they are more affectionate to their children (Grych, 2002 cited by Santrock, 2007). Numerous studies from different cultures are available which reveals that the correlations between marital satisfaction and parenting are significant.

Effective co-parenting is difficult when couples have marital discord and other family problems. Shalini and Raguram (2005) found that marital relationship of the parents is one of the key aspects of family functioning, which affects other dimensions of family interactions. High levels of marital conflict indirectly affect couples in compromising the quality of parenting, including discipline and parent-child aggression. This shows that even without knowing, the husband wife interactions, whether they are positive or negative, influences the children. Both mothers and fathers can influence their children indirectly through their interactions with their spouses (Bhatt, 2007). This shows the importance of including positive marital relationship in interventions with parents. Programmes that focus on parenting skills may also benefit by focusing attention to the participants' marriages (Santrock, 2007).

Conclusion

Adolescents as a sub segment in the population is gaining increased attention not only among researchers and practitioners but also among the policy makers across the globe and positive development of adolescents has become the priority area in national and international agendas. Rather than waiting for problems to emerge to deal with, social work interventions for adolescents need to be developmentally sensitive so that it aids in not only positive development but also prevention of problems. Family as a critical ecosystem in the life of an adolescent need to be included in the intervention strategies for enhancing positive development of adolescents. Existing literature gives ample evidence on the relevance of family centered/centred interventions for optimising adolescent development. This leads us to the strengths in the processes and to the relationships in the family as a social system which makes family a natural setting for positive adolescent

development. A strengthened family indeed produces strong and productive adolescents. In this article the authors were closely looking into some of the key family strengths which could be utilised for promoting positive adolescent development. Literature, conceptual and empirical as well as those from the field practitioners clearly show that enhancement of these family strengths helps in well being and positive behavioural outcomes in adolescents. Therefore family interventions focusing on the inherent strengths in the families need to be experimented and researched further. In a country like India, with an increasing number of the youth population, it is high time to look for possibilities of such universal interventions, with fewer stigmas attached. This kind of universal interventions with a strength focus will be a critical investment for the future too.

References

Antaramian, S.P., Huebner,S. E. and Valois, R.F. (2008). "Adolescent life satisfaction." *Applied Psychology: An International Review, 57*:112-126.

Arshat, Z., Baharudin, R., Juhari, R. and Talib, M. A. (2009). "Relationships between family background and family strengths with children's social competence." *Pertanika Journal of Social Science& Humanities*, 17(2):205-214.

Barber, B. K., and Thomas, D. L. (1990). "Dimensions of fathers' and mothers' supportive behavior: The case for physical affection." *Journal of Marriage and the Family*, 48(4): 783-794.

Baumrind, D. (1991)."The influence of parenting style on adolescent competence and substance use." *The Journal of Early Adolescence*, 11(1):56-95.

Belsky, J. (1984). "The determinants of parenting: a process model." *Child Development, 55* (1):83-96.

Benard, B. (2006). 'Using strengths-based practice to tap the resilience of families,' in D. Saleebay (Ed.). *The Strengths Perspective in Social Work Practice* (pp.197-220), 4th Edition. Boston: Allyn & Bacon.

Berns, R. M. (2007). *Child, Family, School, Community: Socialization and Support.* Belmont, CA: Wadsworth Publishing Co.

Bhatt, N. (2007). *Human Development:A Life Span Perspective.* Jaipur: Aavishkar Publishers.

Broege, N., Owens, A., Graesch, A.P., Arnold, J.E. and Schneider, B. (2007)."Calibrating measures of family activities between large- and small-scale data sets." *Sociological Methodology*, 37(1):119-149.

Cox, M. O. (1989). "Marriage, adult adjustment, and early parenting." *Child Development*, 60(5):1015-1024.

Darling, N., and Steinberg, L. (1993). "Parenting style as context: an integrative model." *Psychological Bulletin*, 113(3):487-496.

Eccles, J. and J.A. Gootman. (2002).*Community Programs to Promote Youth Development.* Washington D.C.: NationalAcademic Press.

Eccles, J., Brown B.V. and Templeton, J. (2008). 'A developmental framework for selecting indicators of well-being during the adolescent and young adult years,'in B.V. Brown (Ed.).*Key Indicators of Child and Youth Well being: Completing the Picture* (pp.198-225). New York: Taylor & Francis.

Fulkerson, J.A., Pasch, K.E., Stigler, M.H., Farbakhsh, K., Perry, C.L. and Komro, K.A.(2010). "Longitudinal associations between family dinner and adolescent perceptions on parent-child communication among racially-diverse urban youth.",*Journal of Family Psychology*, 24(3):261–270.

Gutman L.M., Brown J., Ackerman, R. and Obolenskaya, P. (2010). 'Change in Well-being from Childhood to Adolescence: Risk and resilience.' www.learningbenefits.net Accessed 2April 2013.

Hart, R. (1992). 'Children's participation: from tokenism to citizenship.' Innocenti Essay No.4., Florence: UNICEF ICDC.

Irwin, C.E., Burg, S.J. and Cart, C.U. (2002). "America's adolescents: where have we been, where are we going?.",*Journal of Adolescent Health*, 31(6):91–121.

Koblinsky, S. A., Kuvalanka, K. A. and Randolph, S. M. (2006)."Social skills and behavior problems of urban, African American preschoolers: role of parenting practices, family conflict, and maternal depression." *American Journal of Orthopsychiatry,* 76 (4):554-563.

Krysan, M., Moore, K.A. and Zill, N. (1990). 'Identifying successful families: An overview of constructs and selected measures.'Draft paper. Washington, DC: Child Trends.

Laursen, E. (2000). "Strength based practice with children in trouble."*Reclaiming Children and Youth*, 9(2):70-75.

Lerner, R. M. and Lerner, J.V. (2013). 'The positive development of youth: comprehensive findings from the 4-h study of positive youth development.' http://www.4-h.org/about/youth-development-research/positive-youth-development-study/13105NFRH_PosYouthDeveReport_v13.pdf. Accessed 15 March 2014.

McFalrlane, A.H., Bellissimo, A.and Norman, G.R. (1995). "Family Structure, family functioning and adolescent well-being: the transcendent influence on parental style." *Journal of Child Psychology and Psychiatry,* 36(5):847-864.

Ministry of Youth Affairs and Sports. (2014). 'National Youth Policy 2014.' http://www.yas.nic.in/en/yas1/national-youth-policy-2014-document. Accessed 23 .May 2014.

Moore, K. A., Chalk, R., Vandivere, S.andScarpa, J. (2003). "Measuring family strengths".*Indicators*, 2(3):71-104.

Moore, K. A., Whitney, C., and Kinukawa, A. (2009). "Exploring the links between family strengths and adolescent outcomes." *Child Trends.* Publication # 2009-20), http://childtrends.org 1–7. Accessed 2 April 2010.

National Association of Social Workers.(1993).*NASW Standards for the Practice of Social Work with Adolescents.*NASW Press: Washington D.C.

Paradis, A., Giaconia, R., Reinherz, H., Beardslee, W., Ward, K. and Fitzmaurice, G. (2011). "Adolescent family factors promoting healthy adult functioning: A longitudinal community study." *Child and Adolescent Mental Health*, 16(1):30-37.

Perkins, D. F., Borden, L. M., and Villarruel, F. A. (1999). "Community youth development: a partnership for action." *The School Community Journal,* 11 (2):39-56.

Rani, S. and Asthana, M. (2008). "Impact of job status on marital adjustment of working women." *Indian Psychological Review,* 70(4):171-176.

Resnick, M. D. (2000). "Protective factors, resiliency and healthy youth development." *Adolescent Medicine. State of the Art Reviews,* 11(1): 157-164.

Robinson, E., Power, L. and Allan, D. (2011). "What works with adolescents? family connections and involvement in interventions for adolescent problem behaviours." *Family Matters*, 88:57-64.

Saleebay, D. (2009). *The Strengths Perspective in Social Work Practice.* 5th edition. Boston:Pearson Education.

Santrock, J. W. (2007). *Child Development.* 11th edition. New Delhi: Tata McGraw Hill Publishing Company Ltd.

Sears, R. R., Maccoby, E.E. and Lewin, H. (1957). *Patterns of Child Rearing.* Evanston: Row and Paterson.

Shalini, A. and Raghuram, A. (2005). "Marital conflict among parents: Implications for family therapy with adolescent conduct disorder." *Indian Journal of Clinical Psychology*, 32(2):177-181.

Stinnett, N. and DeFrain, J. (1985). *Secrets of Strong Families.* Boston: Little, Brown & Co.

Sun, R. C. F. and Shek, D. T. L. (2010). "Life satisfaction, positive youth development, and problem behaviour among Chinese adolescents in Hong Kong." *Social Indicators Research*, 95(3):455–474.

UNICEF and Save the Children Sweden. (2007). *Capacity Building Workshop Strengthening on Meaningful and Ethical Participation of Girls.* Kathmandu:UNICEF and Save the Children Sweden.

UNICEF. (2006). 'Advocacy Tools and Arguments for Social Investment in Adolescents.' http://www.unicef.org/lac/advocacy_tools_eng.pdf. Accessed 23 May 2014.

Van Beers, H. (1995). *Participation of Children in Programming.* Stockholm: RaddaBarnen.

Vassallo, S., Smart, D. and Price-Robertson, R. (2009). "The roles that parents play in the lives of their young adult children." *Family Matters*, 82:8-15.

WHO. (2007a). *Helping Parents in Developing Countries Improve Adolescents. Health.* Geneva:WHO.

WHO. (2007b). *Summaries of Projects in Developing Countries assisting the Parents of Adolescents.* Geneva: WHO.

WHO. (2008). *Social Cohesion for Mental Well-Being among Adolescents*. Copenhagen: WHO Regional Office for Europe.

Wilson, L.L. (2006). "Characteristics and Consequences of Capacity-Building Intervention Practices." *Casemakers,* 2(3). http://www.fipp.org/ Accessed 5 September 2011.

Zaborskis, A., Zemaitiene, N., Borup, I., Kuntsche, E. and Moreno, C. (2007). "Family joint activities in a cross national perspective." *BMC Public Health*, **7**:94.doi:10.1186/1471-2458-7-94.