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Predictors of Parental Monitoring Among Families With a Runaway Adolescent

Natasha Slesnick, Sandra Reed, Amber Letcher, Heather Katafiasz, Travis Jones, and Cynthia Buettner

The Ohio State University

Abstract

Extensive research shows that parental monitoring is a critical factor in child adjustment. Using parent and adolescent reports, this study sought to examine predictors of parental monitoring among an understudied, high-risk sample of runaway adolescents. Parent-reported depressive symptoms, couple (romantic) relationship satisfaction, and adolescent-reported bonding with parents were used as predictors of both child- and parent-reported monitoring. Findings indicated that, among parents, the couple relationship was the primary predictor of monitoring, whereas among adolescents, the parent-child relationship was the primary predictor. Maternal depressive symptoms were unrelated to monitoring. These findings suggest the utility of considering monitoring as an interpersonal phenomenon rather than primarily a parent- or child-driven phenomenon.

Keywords

runaway adolescents; parental monitoring; relational interventions; family systems therapy

Parental monitoring includes those parenting behaviors which involve attention to and tracking of children's whereabouts, activities, and use of free time (DiClemente et al., 2001; Dishion & McMahon, 1998). The literature consistently notes that parental monitoring directly and indirectly predicts child adjustment including substance use (Chassin, Curran, Hussong, & Colder, 1996; Ennett et al., 2008), academic functioning (Plunkett & Bamaca-Gomez, 2003), delinquency (Forehand, Miller, Dutra, & Chance, 1997), and other high-risk behaviors (Stanton et al., 2000). Further, it may be the strongest predictor of adolescent problem behavior compared to other parental control behaviors (Barnes & Farrell, 1992). Parental monitoring is therefore considered a critical parenting practice which is necessary, but not sufficient, for effective parenting and adaptive child outcomes (Dishion & McMahon, 1998). Given the consistency of findings highlighting the importance of parental monitoring on child behavior, more attention directed toward identifying its predictors might be warranted. Few studies have identified components that predict parental monitoring among parents of at-risk adolescents, and this study seeks to address that gap.

Correspondence concerning this article should be addressed to Natasha Slesnick, Department of Human Development and Family Science, The Ohio State University, 135 Campbell Hall, 1787 Neil Ave., Columbus, OH 43210. Electronic mail may be sent to Slesnick.5@osu.edu.

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Components of Parenting

In Belsky's (1984) theoretical model for understanding parenting, three components of competent parenting were identified: (a) parent characteristics or psychological resources, (b) contextual sources of parental support including the couple relationship, and (c) the child's feedback to the parent and temperament. Among parent characteristics or psychological resources, the impact of parental depression on parenting behaviors has been widely researched (Berg-Nielsen, Vikan, & Dahl, 2002). In particular, research converges on the conclusion that parents reporting high levels of depressive symptoms show deficits in communication, interpersonal relations, and parenting (Sander & McCarty, 2005; Slesnick & Waldron, 1997). Studies on at-risk adolescents indicate that those who have a depressed parent experience less parental monitoring and less positive interactions with their parents (Reinherz, Paradis, Giaconia, Stashwich, & Fitzmaurice, 2003; Rutter, 1990; Weissman & Jensen, 2002). However, some research suggests that depressive symptoms among women might be especially correlated to their social or relationship functioning, and further, that the parenting problems observed among depressed parents may be related to deficits in their social relationships more so than their depression (Berg-Nielsen et al., 2002).

The Couple Relationship

Spousal or couple relationship satisfaction is identified as a predictor of parenting in several reviews (Erel & Burman, 1995; Fincham, 1998) and appears to be an important predictor of parental monitoring. Hoffman and Manis (1978) reported that in families with adolescents, the mother identified her romantic partner (as opposed to her child) as having the most value in her life. The level of closeness of the couple relationship was associated with parental sensitivity and involvement with the child (Broom, 1994; Broom, 1998; Hetherington, 1989; Maccoby & Martin, 1983). Dissatisfaction with the couple relationship, especially conflict, was associated with adolescent behavioral problems, primarily through interference with parenting (Bogenschneider, Small, & Tsay, 1997; Cui & Donnellan, 2009; Cui, Donnellan, & Conger, 2007; Davies & Cummings, 1994). This research supports the importance of examining the role of the couple relationship quality on parental monitoring.

The Parent-Child Relationship

The child's reported connection with his or her parent has received less attention for its contribution to parental monitoring. Although the reciprocal influence of the child on parenting has been recognized for decades (Ambert, 2001; Karraker & Coleman, 2005; Maccoby & Martin, 1983), few studies have explicitly examined the child's perspective on the parent-adolescent relationship when understanding parenting behaviors. Supporting a social control theoretical orientation, a significant body of research suggests that children with strong bonds to others, especially their parents, are less likely to engage in delinquent acts, perhaps because strong bonds induce conformity and insulate children from deviant influences (Agnew, 2001; Hirschi, 1969). And some research suggests that the quality of the relationship between the child and parent influences parenting behaviors. For example, Kochanska (1990) reported that depressed mothers' parenting was primarily related to how much they liked their child, whereas nondepressed mothers' parenting was primarily related to their childrearing ideology. Furthermore, children who do not feel connected or bonded to their parents might undermine feelings of parental competence, negatively shaping the parenting they receive and their own development (Prevatt, 2003). Alternatively, a positive or bonded relationship might enhance communication and trust between the child and parent and might be associated with higher levels of parental monitoring. This relational perspective is also consistent with a family systems theoretical framework (von Bertalanffy, 1968). Family systems researchers suggest that understanding of individual family members' behaviors (e.g., monitoring behavior) can best be accomplished through

examining the interactional dynamics among all members of the family. That is, all parts of the family system are interconnected and understanding is only possible by viewing the whole (e.g., White & Klein, 2008).

The conceptualization of parental monitoring described in this study has clinical implications, because findings from this study could suggest that parental monitoring should be addressed through relational interventions. That is, addressing the parent's romantic relationship and the parent-child relationship might be especially potent for improving parental monitoring versus addressing parental monitoring behaviors directly through parenting training without addressing the quality of the relational environment.

Ethnicity and Family Structure

Several researchers note that studies examining parental monitoring have focused primarily on white, middle-class samples (DiClemente et al., 2001; Shillington et al., 2005; Stanton et al., 2000), and few studies have included samples of at-risk adolescents, such as runaways. Among those that have, Whitbeck and Hoyt (1999) determined that parents of runaway adolescents reported less parental monitoring or knowledge of their adolescent's whereabouts than other parents. One study using adolescents recruited through a drop-in center found that higher levels of adolescent-reported parental monitoring were associated with lower rates of alcohol and other drug use (Shillington et al., 2005). Of interest is that, even among this high-risk sample reporting a high incidence of substance use, perceived levels of parental monitoring remained significant protective factors for substance use even after accounting for other important predictors. Therefore, among a sample of adolescents in various stages of disconnection from their families (runaway and homeless adolescents) with potentially low levels of family functioning, parental monitoring still exerted an influence on high-risk behavior.

Some research suggests that ethnicity and family structure are important in the parenting process. African American households, compared to White or Latino households, tend to be more egalitarian regarding gender roles regardless of socioeconomic status (Coltrane, 2000; Gilbert & Rader, 2001; Landry, 2000). However, mothers typically remain the primary caregivers in African American families. Despite the high percentage of single-parent African American households, many single mothers are raising their children with the aid of nonresidential biological fathers, other romantic partners, or other relatives and social networks (Coley, 2001; Jones, Forehand, Dorsey, Foster, & Brody, 2005). Indeed, the contemporary African American family emphasizes the father's role in the childrearing process (McAdoo, 1998), yet little is known about the impact of the nonresidential father's or other romantic partner's support in the African American family (Depner, Leino, & Chun, 1992; Jones et al., 2005; Parke & Buriel, 1998).

Differences in the predictors of parental knowledge or monitoring based on ethnicity and family structure have been identified (Bumpus & Rodgers, 2009). In particular, child disclosure was a strong predictor of parental knowledge in single-parent European American families, whereas parent solicitation of information from children was more highly related to parental knowledge among two-parent, African American families (Bumpus & Rodgers, 2009). More research examining the relationship between race and ethnicity on parental monitoring is needed in order to increase our knowledge in this area.

Studies of runaway adolescents rarely include parent report. However, some evidence suggests that parents of runaways report higher levels of psychological stress and depression compared to parents of nonrunaways (Slesnick & Prestopnik, 2004; Whitbeck & Hoyt, 1999). Also, research suggests that parent and adolescent reports of family and individual characteristics generally show little convergence (Shek, 1999). In particular, runaway

adolescents report significantly more negative family environments than do their parents (Safyer et al., 2004; Slesnick & Prestopnik, 2004). To our knowledge, no study has examined predictors of parental monitoring among runaway adolescents using both parent and child report. In the current study, based upon the literature reviewed, it was hypothesized that lower parent-reported depressive symptoms, higher dyadic or marital satisfaction, and higher adolescent reported care or overprotection would predict higher parental monitoring. Such findings are consistent with a family systems and social control theoretical orientation. Little information is available to guide hypotheses regarding the relationship of race or ethnicity on parenting, especially among runaway samples. However, because research suggests differences in predictors of parental knowledge or monitoring among African American and European American families (Bumpus & Rodgers, 2009), this study explored this relationship and included race or ethnicity in the predictor model. Parental monitoring is considered malleable and central in the behavior change process (Dishion & McMahon, 1998); therefore, identifying those factors associated with individual differences may help tailor intervention and prevention efforts.

Method

Procedures and Participants

Participants ($N = 54$ parent-adolescent pairs) were recruited from the only runaway crisis shelter in a Midwestern city from February 2005 to December 2007. The data collected for this study are part of a larger ($N=180$) ongoing longitudinal study focused on treatment outcomes among substance-abusing runaway adolescents and their primary caretakers (PC). Adolescents were eligible for the study if they were between the ages of 12 and 17 years, had the legal option of returning home from the shelter, had at least one parent willing to participate, and met DSM-IV (American Psychiatric Association, 2000) criteria for alcohol or drug abuse or dependence. Adolescents were not eligible if there was evidence of unremitted psychosis or other conditions which would impair their ability to understand and participate in the intervention or to consent for research participation. Because this study examined the relationship between a parent's couple relationship satisfaction and parental monitoring, only those parentadolescent pairs in which the parent was in a romantic relationship and completed the Dyadic Adjustment Scale (DAS) were included in the study.

A project research assistant approached adolescents residing in the shelter to determine initial eligibility and interest in the project. If the adolescent was eligible and agreed to participate in the study, the parent was contacted. Upon parental consent, the interviewer obtained assent from the adolescent and administered the Computerized Diagnostic Interview Schedule for Children (CDISC, Shaffer, 1992) sections on drugs, alcohol, and psychosis to determine formal eligibility of the adolescent. Adolescents not passing inclusion criteria during the formal screening continued with shelter services and were not included in the study. Those meeting the criteria for participation in the study continued with the assessment battery. Assessment of an adolescent required 3 hr, and each participant received a \$40 gift card at the completion of the assessment. A parent's assessment required 90 min, and each received \$25 upon completion. All procedures were approved by the University Institutional Review Board.

The sample for this study included 54 parent-adolescent pairs. Adults ranged in age from 31 to 59 years ($M = 42.3$, $SD = 7.1$) and were predominantly female ($n = 43$, 80%). Participants' gender and ethnic composition are summarized in Table 1. Parents in the study were predominantly African American ($n = 35$, 65%). The remaining 35% identified their ethnicity as either White, non-Hispanic or "other." The majority of the adults in the sample were mothers ($n = 39$, 72%) or fathers ($n = 11$, 20.3%) of the participating adolescent. Other adult participants identified their relationship to the adolescent as grandmother ($n = 2$,

3.7%), stepmother ($n = 1$, 1.9%), or other ($n = 1$, 1.9%). Sixty-five percent of the adults reported a marital or cohabitating relationship with the remainder in a noncohabitating, romantic relationship. Of the 54 adults in the sample, 11 (20.4%) reported being single and never married, and 5 (9.3%) reported currently cohabiting with a partner. More than half of the adults ($n = 30$, 55.6%) reported being currently married and cohabiting, 2 (3.7%) were separated but still married, and 5 (9.3%) were divorced. Only 8 (14.8%) of the adults in the sample were biological mothers currently married to their child's biological father. None of the biological fathers involved in the study reported being currently married to their child's biological mother. With respect to education, 16 (29.2%) of the adults were high school graduates, and an additional 20 (37%) completed at least 1 year of college. Annual family income reported by 13 (24.1%) of the adults was less than \$15,000, while 11 (20.4%) reported an annual income of \$60,000 or more.

Adolescents (32 male, 22 female) ranged in age from 12 to 17 years ($M = 15.3$, $SD = 1.2$). Forty (74%) adolescents were currently enrolled in school, and 19 (35.2%) reported having been arrested at least once. Also, 1 (1.8%) adolescent reported having no siblings (i.e., brothers or sisters or half brothers or half sisters), 16 (29.6%) reported having one or two siblings, 16 (29.6%) reported having three or four siblings, and 21 (38.9%) reported more than four siblings.

Measures

All data for the current analysis were collected at baseline using interviews and self-administered questionnaires. A demographic questionnaire was administered by the research assistant to both the parent and adolescent and was designed to characterize and compare participants. Measures included age, gender, self-identified ethnicity, and parent marital and cohabitation status.

The 6-item Parental Monitoring Scale (PM; Li, Stanton, & Feigelman, 2000) assessed adolescents' and parents' perceptions of parental monitoring using a 5-point Likert-type scale ranging from 1 (*never*) to 5 (*always*). The instrument assesses the perceptions of whether parent(s) usually are aware of their adolescent's activities and whereabouts. Questions (parent version not shown) include: (a) My parents know where I am after school, (b) If I am going to be home later, I am expected to call my parents to let them know, (c) I tell my parents who I am going to be with before I go out, (d) When I go out at night, my parents know where I am, (e) I talk with my parents about the plans I have with my friends, and (f) When I go out, my parents ask me where I am going. Psychometric properties of this scale are strong (Li et al., 2000). The PM was administered to both adolescents and parents. The internal consistency reliability of the PM, measured using Cronbach's alpha, was .85 among adolescents, and .84 among their parents.

The Dyadic Adjustment Scale (DAS; Spanier, 1976) was administered to assess the quality of the romantic relationship between parents. The four-factor analytically derived subscale scores of this 32-item scale provide measures of dyadic consensus (DAS-I), dyadic satisfaction (DAS-II), affectional expression (DAS-III), and dyadic cohesion (DAS-IV). For the purposes of this study, only the scores on the dyadic satisfaction scale were used. Cronbach's alpha for this subscale among study participants was .89.

The Parental Bonding Instrument (PBI; Tupling & Brown, 1979) consists of 25 items and is a measure of adolescent perceptions of the parent-child relationship. Two subscales measure care versus rejection and control versus autonomy, respectively. The PBI has shown good reliability in both clinical and nonclinical samples and has demonstrated construct and predictive validity (Klimidis, Minas, & Ata, 1992; Parker, 1989). In this sample, Cronbach's alpha was .81 for the care/rejection subscale, and .72 for the control/autonomy subscale.

Parent depressive symptoms were measured using the Beck Depression Inventory II (BDI-II; Beck, Steer, & Brown, 1996). The BDI-II is a 21-item self-report instrument for measuring depressive symptoms in adults and adolescents. Items correlate with the DSM-IV-TR (American Psychiatric Association, 2000) criteria for depression. In this sample, Cronbach's alpha for the parental BDI scores was .93.

Results

Univariate and Bivariate Analyses

Table 2 shows the results of the univariate and bivariate analyses of the study variables. The average Beck Depression Inventory (BDI) score for parents in the sample was 12.7 ($SD = 10.1$). Eight parents (14.8%) scored between 14–19 indicating mild depressive symptoms, eight (14.8%) scored between 20–28, indicating moderately depressive symptoms, and five (9.3%) scored between 29–63, indicating severe depressive symptoms (Beck et al., 1996). The remaining parents ($n = 33$, 61.1%) were classified as nondepressed, scoring between 0–13. Parental depressive symptoms were moderately ($r = -.336$, $p = .013$) and negatively related to dyadic satisfaction, suggesting that as the level of depressive symptoms increased, satisfaction with romantic relationships decreased (or as satisfaction decreased, depressive symptoms increased).

Adolescent-reported scores on the care and overprotection subscales of the Parental Bonding Inventory (PBI) ranged from 3–35 on the care subscale (possible range, 0–36), and 2–37 on the overprotection subscale (possible range, 0–39). On average, adolescents reported slightly lower values on the care subscale ($M = 19.1$, $SD = 7.1$) than on the overprotection subscale ($M = 20.1$, $SD = 6.8$). Higher scores on the overprotection scale were moderately associated with lower scores on the care subscale ($r = -.42$, $p < .001$). Scores on both scales were approximately normally distributed.

The parents' mean score on the dyadic satisfaction subscale of the DAS was 28.2 ($SD = 9.7$) with a range of 5–41. While parent and adolescent scores on the PM scale were moderately correlated ($r = .38$, $p = .01$), parent-reported PM scores were significantly higher on average ($M = 22.5$, $SD = 5.1$; $t = 2.05$, $df = 52$, $p = .046$) than adolescent-reported PM scores ($M = 20.6$, $SD = 6.5$). For this reason, separate multivariate analyses were conducted on parent and adolescent scores. No significant relationships were found between the gender or age of the adolescent in the study and any of the key study variables. Parent ethnicity was significantly related to adolescent-reported parental monitoring ($r = -.310$, $df = 54$, $p = .023$). Adolescents with African American parents reported significantly lower parental monitoring ($t = -2.35$, $df = 52$, $p = .023$) than their non-African American counterparts. For this reason, parental ethnicity was included in both multivariate models.

Multivariate Analyses

Ordinary Least Squares regression was used to examine the association among parental depressive symptoms, adolescent perceptions of parental caring and overprotection, and dyadic satisfaction on both adolescent- and parent-reported parental monitoring. Standardized residuals were analyzed for each model, and tests of normality were conducted. Multicollinearity in each model was assessed using Tolerance and VIF statistics. In each case, the assumptions associated with multivariate regression were met. Regression results for parents' reports of parental monitoring are presented in Table 3. For this analysis, complete data were available for 52 parent-adolescent pairs. The regression of parental depressive symptoms, adolescent perceptions of parental care and overprotection, parent-reported dyadic satisfaction, and parent ethnicity on parental self-report of monitoring behavior resulted in a model that explained 26.4% (18.6% adjusted) of the total variability in

parental monitoring. Only parental satisfaction with a married or partnered relationship significantly predicted monitoring behavior ($t = 3.3, p = .002$). The significant regression coefficient for dyadic satisfaction ($B = .254$) indicates that as satisfaction with the relationship increased, monitoring behavior also increased (or vice versa, as monitoring increased, satisfaction also increased). Specifically, after controlling for all other variables, a 1-unit increase in dyadic satisfaction resulted in a .25 point increase in the predicted parent-reported monitoring score.

A similar regression of adolescent-reported parental monitoring was conducted using the same variables of interest. For this analysis, complete data were available for 53 parent-adolescent pairs. The model including parental depressive symptoms, adolescent-reported care and overprotection, parent-reported dyadic satisfaction, and parental ethnicity explained 30% (22.7% adjusted) of the variability in monitoring behavior as reported by the child. Parent-reported dyadic satisfaction ($t = .54, p = .595$) was not a significant predictor of adolescent-reported parental monitoring. However, both adolescent-reported care scores ($t = 3.5, p = .001$) and parental African American ethnicity ($t = -2.2, p = .030$) significantly predicted adolescent perceptions of parental monitoring. Higher adolescent scores on the parental care scale were associated with higher perceived parental monitoring. Parental African American ethnicity was associated with lower perceived parental monitoring.

Discussion

A significant amount of empirical evidence supports the claim that parental monitoring is a critical parenting process associated with many child behaviors. This study, therefore, focused on the predictors of parental monitoring among a unique sample of high-risk families with substance-using runaway adolescents. Overall, the hypotheses were generally supported; parent report of monitoring was predicted by the couple relationship, while child report of parental monitoring was predicted by the parent-child relationship. However, parental depressive symptoms did not predict monitoring. These findings highlight the importance of considering couple and parent-child relationship satisfaction when understanding parental monitoring. Also, the relationship between perceptions of parental monitoring among parents and their adolescent children was significant and positive but only moderately strong. This suggests that both perspectives may be important considerations when conceptualizing parental monitoring.

The literature indicates that better family functioning, including low levels of perceived conflict and high levels of perceived cohesion, is associated with higher levels of parental monitoring (Bogenschneider et al., 1997; Jones et al., 2005). Even though the current sample may represent those experiencing low levels of family functioning overall compared to families without an adolescent member residing in a runaway shelter, higher perceived levels of interpersonal connectedness and satisfaction were still associated with higher parental monitoring. Therefore, this study's findings contribute to mounting evidence that monitoring, family conflict, and relationship satisfaction may be linked manifestations of underlying family functioning. Although conclusions regarding the temporal relationships among variables cannot be supported by the current cross-sectional design, addressing relationship satisfaction may be important for increasing parental monitoring, and longitudinal research supports this directionality (Jones et al., 2005). Intervention efforts targeting monitoring in a relational format may be viable for protecting these vulnerable adolescents from high-risk activities.

The findings of the current study are similar to those obtained from single-parent African American mothers which showed that the quality of the relationship between the mother and noncohabitating biological father predicted the mother's report of her monitoring (Jones et

al., 2005). In particular, Jones et al. (2005) found that mothers reporting higher levels of support from the father, and lower levels of conflict, reported the highest levels of parental monitoring. This pattern of findings was similar for urban and rural African American families in both a cross-sectional and longitudinal design indicating that it is a fairly robust finding. However, Jones et al. (2005) did not include the child's perspective. Using child report, the parent-child relationship has been identified as important for understanding parental monitoring in prior studies as well as the current study. For example, the relationship between child-reported parent-child closeness and children's negative peer associations has largely been accounted for by parental monitoring in several studies (Ingram, Patchin, Huebner, McCluskey, & Bynum, 2007; Warr, 2005). Warr (2005) suggests that this relationship is observed because greater child disclosure and parental interest in the child are likely to occur when the parent-child bond is strong.

Although most studies examining parental monitoring obtain information from the parent or from the child (but not from both) this study's findings using both child and parent reports were generally consistent with the child-reported data, parent-reported data, and cross-sectional and longitudinal research findings reported by others. Overall, relationship satisfaction was associated with the parent's and the child's perspective of parental monitoring. However, for the parent, the couple relationship was primary, whereas for the child, the parent-child relationship was primary. In one of the few studies to include both parent and child report, Stattin and Kerr (2000) assessed a Swedish, school-based sample of 14-year olds and their parents. The authors found that child disclosure was the strongest predictor of normbreaking and, therefore, concluded that parental monitoring is primarily a child activity rather than a parent activity. However, the current study's findings suggest that parental monitoring or knowledge is associated with the quality of the family relationships, and could be considered a relational phenomenon rather than primarily a child (Stattin & Kerr, 2000) or parent phenomenon (Fletcher, Darling, Steinberg, & Dornbusch, 1995).

The primacy of the relationship in the lives of the informant (parent or child) appears to matter. That is, couple relationship quality, but not child-reported bonding, was associated with monitoring among these parents. Also, the parent's level of depressive symptoms was not associated with monitoring in this sample. These findings provide some support to research suggesting that the couple relationship quality is a powerful determinant in parenting (Erel & Burman, 1995; Fincham, 1998; Hetherington, 1989; Maccoby & Martin, 1982), even above a parent's depressive symptoms (Berg-Nielson et al., 2002) and parent-reported parent-child relationship quality (Broom, 1994; Broom, 1998; Hoffman & Manis, 1978). Consistent with a family systems theoretical framework which highlights the importance of focusing on interpersonal relationships among family members when seeking to understand individual behavior, these findings also suggest that intervention efforts to improve parental monitoring (whether it includes child disclosure or other means for increasing knowledge) should focus on the relational context among family members. Among parents, romantic relationship satisfaction showed the highest association with parental monitoring and, therefore, may be an important intervention target. Similarly, among adolescents, the parent-child relationship showed the strongest association with parental monitoring, above and beyond the indicators of parental functioning (depressive symptoms) and couple relationship quality. This finding also suggests that parent-child relationship quality, specifically bonding, may be an important target of intervention when therapists seek to intervene and improve parental monitoring or knowledge.

Being African American did not influence findings among parents. Among children, having an African American parent was associated with less parental monitoring than having a non-African American parent. Several studies suggest that communication patterns among African American families differ from non-African American families, and response to

parenting practices can differ as well (Baldwin, Baldwin, & Cole, 1990; Steinberg, Dornbusch, & Brown, 1992). Given that few studies have examined conditions underlying parental monitoring among African American families (Bumpus & Rodgers, 2009), more research is needed to determine those relational and parenting factors associated with positive outcomes among different racial and ethnic groups. For example, the parents in the present study were currently in romantic relationships and identified these relationships as primary. However, identifying the primary relationship may also be important when working with parents without romantic partners. Specifically, research suggests that African American single mothers often depend on extended family and neighbors when raising their children (Forehand & Kotchick, 1996; Greenwood et al., 1996; Jones, Shaffer, Forehand, Brody, & Armistead, 2003). In some communities, single mothers with supportive and trustworthy neighbors have demonstrated more parental monitoring in comparison to mothers who reported feeling disconnected from their community (Hill & Herman-Stahl, 2002; Jones, Forehand, O'Connell, Armistead, & Brody, 2006; Klebanov, Brooks-Gunn, & Duncan, 1994). Research to date with African American families often ignores nonbiological caregivers who may significantly impact parenting behaviors (Jones et al., 2006). Thus, satisfaction in the primary relationship, be it romantic or platonic, may be an area of interest for future research concerned with predicting parental monitoring, especially among African American families.

Conclusions and Future Directions

Although the findings from this study suggest that parental monitoring is associated with the couple or parent-child relationship quality, depending upon the informant, conclusions regarding how or why close or bonded relationships are associated with higher parental monitoring or knowledge cannot be made. Possibly, among children, feelings of being bonded or connected to one's parent might be associated with higher levels of openness and communication and higher parental monitoring or knowledge. Similarly, among parents, feeling supported and connected with a romantic partner might be associated with reduced stress, greater happiness, and possibly more open communication with children. This study is also limited in that it is based upon a cross-sectional sample, and temporal connections among variables cannot be made. Furthermore, the sample was relatively small, increasing the potential for type II error. Replication with a larger sample, including families recruited from various locations (different cities, nonshelter, and rural and urban settings), is needed so that conclusions regarding the generalization of study findings can be offered. Finally, both models (parent and child) accounted for about 25% of the variance in parental monitoring, suggesting that there are other predictors, not tested, that account for variance in monitoring. Therefore, more research is needed to shed light on the individual, family, and cultural variables associated with monitoring. As one of the first studies to examine predictors of parental monitoring among a unique population of runaway adolescents, using both parent and child report, this study provides a small step toward increasing understanding of this important concept, and the findings might be useful for future research in this area.

Some implications for understanding parental monitoring are suggested by the current findings. Given that the couple relationship showed the most powerful association with monitoring among parents, and the parent-child relationship showed the strongest relationship to monitoring among adolescents, researchers and therapists might improve intervention success by assessing each perspective, parent and child. Further, it may be important to include the parent's romantic partner in the intervention, regardless of whether he or she lives in the home. Consideration of the quality of the informants' primary relationship, and whether the informant is the parent or child, might be important in future research seeking to understand variables associated with parental monitoring.

Taken together, the findings support conceptual components of theoretical models emphasizing the importance of contextual sources of parental support, that is, couple relationship (Belsky, 1984) and the bond between the parent and child (Agnew, 2001; Hirschi, 1969) on parenting. This study's findings do not support conceptualizations of parental monitoring as an individually based phenomenon. While some authors suggest that higher levels of parental surveillance and parental control could reduce antisocial behavior among adolescents (Fletcher et al., 1995), others recognize that efforts to control or manage adolescents are instead associated with poor child outcomes (Stattin & Kerr, 2000). Rather than intervening at the individual level, family systems based therapy considers the bidirectional relationship between the parent and child and other members of the family system. Therapy uses relational interventions that increase positive communication strategies and emotional connection (Jacob, 1987). Because family systems therapy focuses on the quality of the relationship, impacting behavior through increasing connection, communication, trust, and support among family members, this intervention may be of particular utility for improving parental monitoring or knowledge. In fact, some evidence suggests that family-focused interventions are more effective than either child-focused or parent-focused parenting approaches (Kumpfer, 1998; Mitchell et al., 1995; Suchman, Mayes, Conti, Slade, & Rounsaville, 2004). Further research is needed to identify the most effective context for intervening in this important and dynamic family variable.

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Table 1

Characteristics of Study Participants (N = 54 parent-adolescent pairs)

Characteristic	Parent	Adolescent
Age	42.3 (7.1)	15.3 (1.2)
Gender (#, % Male)	11 (20%)	32 (59%)
Ethnicity (#, %)		
African American	35 (65%)	31 (57.4%)
White, Non-Hispanic	15 (28%)	15 (27.8%)
Other	4 (8%)	8 (14.8%)
Parental BDI ^a depressive symptoms ^b	12.7 (10.1)	--
Adolescent PBI ^c Care Score ^b	--	18.2(7.3)
Adolescent PBI Overprotection Score ^b	--	20.6 (6.7)
Parent DAS ^d Satisfaction Score ^b	28.1 (9.4)	--
Adolescent perception of parental monitoring score ^b	--	21.1 (5.8)
Parent perception of parental monitoring score ^b	22.7 (5.3)	--

^aBeck Depression Inventory-II.^bHigher scores indicate higher levels.^cParental Bonding Instrument.^dDyadic Adjustment Scale.

Table 2

Pearson Correlation Coefficients Between Scale Measures (N = 54)

	1	2	3	4	5	6
1. Parental BDI depressive symptoms						
2. Adolescent PBI Care Score	.115					
3. Adolescent PBI Overprotection Score	-.073	-.421**				
4. Parent DAS Satisfaction Score	-.336*	-.046	.272*			
5. Adolescent perception of parental monitoring score	-.070	.263**	.057	.179		
6. Parent perception of parental monitoring score	-.147	.164*	.014	.463**	.367**	
<i>M</i>	12.7	19.1	20.1	28.2	22.5	20.6
<i>SD</i>	10.1	7.1	6.8	9.4	5.1	6.5

Note. Significant positive correlations indicate that as dyadic satisfaction (4), adolescent perception of monitoring (5), and adolescent-reported parental caring (2) increased, parent-reported monitoring increased. Increases in adolescent-reported parental monitoring (5) were associated with increased perceived parental caring (2) and increased parent-reported monitoring (6). Higher adolescent-reported parental caring (2) was associated with lower adolescent-reported parental overprotection (3).

**
 $p < .05$.

 $p < .01$ (two-tailed).

Table 3

Summary of Regression Analysis for Variables Predicting Parent Self-Reported Parental Monitoring (N = 52)

Variable	B	SE B	B
Parent ethnicity (African American)	-.707*	1.430	-.066
Parental BDI depressive symptoms	.007	.070	.014
Adolescent PBI Care Score	.151	.094	.207
Adolescent PBI Overprotection Score	-.013	.104	-.017
Parent DAS Satisfaction Score	.254**	.077	.464

Note. Significant coefficients indicate that African American parents reported fewer monitoring behaviors than other parents, and that as dyadic satisfaction increased, self-reported parental monitoring increased.

*
 $p < .05$.

**
 $p < .01$.

Table 4

Summary of Regression Analysis for Variables Predicting Adolescent-Reported Parental Monitoring (N = 53)

Variable	B	SE B	β
Parent ethnicity (African American)	-3.904**	1.740	-.290
Parental BDI depressive symptoms	-.065	.086	-.101
Adolescent PBI Care Score	0.390**	.112	.435
Adolescent PBI Overprotection Score	.172	.129	.178
Parent DAS Satisfaction Score	.051	.095	.073

Note. Significant coefficients indicate that African American adolescents reported fewer parental monitoring behaviors than other adolescents, and that as adolescent-perceived parental caring increased, adolescent-reported parental monitoring increased.

*
 $p < .05$.

**
 $p < .01$.