

Positive Parenting, Adolescent Substance Use Prevention, and the Good Life

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Although the effects of traumatic parent-child interactions can be overcome, optimal family relationships are widely viewed as powerful foundational forces for productivity and contentment. Dysfunctional relations, conversely, often are viewed as an open doorway to hell. Positive parenting practices and constructive family relationships are significant predictors of appropriate youth adjustment (Leidy, Guerra, & Toro, 2012; Zhou et al., 2002) and offer protection against evolving delinquent behaviors (Donaldson, Nakawaki, & Crano, 2015; Hemovich & Crano, 2009; Hemovich, Lac, & Crano, 2011). The effects of positive parenting are long lasting (Donaldson et al., 2016) and crucial for youth well-being (DeVore & Ginsburg, 2005; Schwarz et al., 2011), and so it is imperative to understand ways in which parents' actions motivate and facilitate their own, and by extension, their children's attainment of the "good life," a central concept in the discipline of positive psychology and the study of optimal human functioning (Seligman & Csikszentmihalyi, 2000).

Social psychology can contribute to our understanding and attainment of the good life in many ways. It can highlight new approaches for understanding health promotion and psychological resilience (Jané-Llopis, Barry, Hosman, & Patel, 2005; Kobau et al., 2011; Moore & Charvat, 2007), and indicate areas where social researchers might shift their focus toward understanding and preventing illness and self-destructive behaviors, rather than rehabilitation and recovery from engagement in those behaviors. Few scientific disciplines are as well positioned as social psychology to advance the goal of the good life. We contend the application of principles of persuasion to (self-)destructive behaviors, or in promoting positive actions can and should be a fundamental concern of social psychology.

Our particular focus as social psychologists involves study of the formation and change

of attitudes related to the use of illicit and illegal substances, which is damaging to youth development and decreases their and their families' overall quality of life (Topolski et al., 2001; Zullig, Valois, Huebner, Oeltmann, & Drane, 2001). Prevention in psychology has everything to do with what it means to live the "good life." The current chapter centers specifically on adolescent substance use prevention and the importance of positive parenting practices in promoting the goal of abstinence from use of harmful substances. We first outline our views on the role of parents as facilitators of youth development and subjective well-being, and then consider recent developments in adolescent substance use prevention. Finally, we will draw implications for future prevention efforts aimed at preventing adolescent substance use initiation.

Subjective Well-Being and Positive Youth Development

The meaning of "the good life" is fundamental to the study of positive psychology, which centers on understanding factors that help individuals live fulfilling and satisfying lives, rather than directing efforts toward treating mental illness and other negative mental states (Seligman, 2003; Seligman & Csikszentmihalyi, 2000). A central focus of positive psychology is the concept of subjective well-being (SWB) as a fundamental component of the good life (Diener, 1984). SWB refers to people's evaluations of their quality of life, and involves both cognitive and emotional factors (Diener, 1994). It is characterized by high levels of positive affect, low levels of negative affect, and judgments of one's overall quality of life (Diener, 1984). A facet of SWB that has received increased attention is youth life satisfaction, and recent research has focused on the correlates and possible consequences of youth life satisfaction. Considerable research, for example, has shown that low life satisfaction puts teens at an increased risk for experiencing psychological and social problems (Huebner & Alderman, 1993; Lewinsohn, Redner, & Seeley, 1991; Suldo & Huebner, 2004a). Adolescent life satisfaction also has been

associated positively with enhanced well-being (Huebner, Suldo, Smith, & McKnight, 2004) and negatively connected to health-damaging behaviors such as substance use (Bogart, Collins, Ellickson, & Klein, 2007; Zullig et al., 2001).

Positive psychologists have argued that psychology has focused too much on negative affect and mental illness (Seligman & Csikszentmihalyi, 2000). However, some have held that the study of optimal human functioning should not ignore issues related to the avoidance of negative states (e.g., Lazarus, 2003). In support of this argument, the good life is seen to involve using one's strengths to produce happiness and gratification, which cannot be accomplished without preventing unhealthy behaviors and promoting positive ones. Thus, study of substance use prevention and positive mental health should be incorporated into the social psychological analysis of human thriving, as study of prevention is arguably central to promoting individual strengths, virtues, abilities, and overall happiness – in short, the good life.

The Role of Positive Parental Influence in Children's Substance Use

Social relationships affect quality of life (Diener, Suh, Lucas, & Smith, 1999). Children's relations among family members have been shown to influence life satisfaction throughout adolescence (Rask, Åstedt Kurki, Paavilainen, & Laippala, 2003; Schwarz et al., 2011; Suldo & Huebner, 2004b). During adolescence, interactions between parents and their children evolve. This evolution often is accompanied by the emergence and escalation of conflict (Allison, 2000). Parents must learn to balance the promotion of adolescent independence effectively, while simultaneously counteracting development of problem behaviors. Positive parenting behaviors are among the most important influences on healthy youth development (Castro-Schilo et al., 2013; McKee et al., 2007; Skinner, Johnson, & Snyder, 2005). These behaviors are characterized by warmth, acceptance, support, positive reinforcement, affection,

and involvement (Donaldson et al., 2015, 2016; Morrill, Hawrilenko, & Córdova, 2016; Sanders, 2003). This parenting style fosters cooperation and mutual enjoyment of parent-child interactions (Kochanska, Aksan, Prisco, & Adams, 2008), higher levels of youth well-being and life satisfaction (DeVore & Ginsburg, 2005; Schwarz et al., 2011), and is associated with a decreased risk of delinquency (Menting, Van Lier, Koot, Pardini, & Loeber, 2016).

Parents play an important role in attenuating adolescents' initiation of illicit or illegal substances (e.g., marijuana, alcohol, tobacco, etc.). Our research has shown parental warmth and monitoring operate in tandem as important moderators of youth deviance (Donaldson et al., 2015, 2016; Handren, Donaldson, & Crano, 2016; Hemovich et al., 2011; Lac & Crano, 2009; Lac, Alvaro, Crano, & Siegel, 2009; Siegel et al., 2014). *Parental warmth* concerns the extent to which adolescents perceive their parents as loving, caring, and responsive to their individual needs (Lowe & Dotterer, 2013). Teens who experience high levels of parental warmth are more likely to comply with parental attempts to set behavioral rules and guidelines (Grusec, Goodnow, & Kuczynski, 2000). In addition, parental warmth is associated with enhanced perception of well-being (Chang, McBride-Chang, Stewart, & Au, 2003), better psychosocial development, and lower levels of stress (Lippold, Davis, McHale, Buxton, & Almeida, 2016).

Parental monitoring is described as a set of parenting behaviors focused on the child's whereabouts and activities (Dishion & McMahon, 1998). Youth who experience inadequate monitoring may be more susceptible to associating with deviant peers and adopting deviant behavior (Donaldson et al., 2015; Hemovich et al., 2011). In addition, poorly monitored youth are more likely to engage in risky activity, have higher rates of illicit substance use (Lac et al., 2009), and associate with peer groups that approve of substance use (Chassin, Pillow, Curran, Molina, & Barrera, 1993; Donaldson et al., 2015).

Although the link between monitoring and antisocial outcomes has been consistently acknowledged (DeVore & Ginsburg, 2005; Donaldson et al., 2015; Hemovich et al., 2011; Lac & Crano, 2009), the impact of various monitoring tactics is less clear, as parents can utilize a variety of strategies to monitor their children. For example, parents can use surveillance, where they constantly track their child's whereabouts and activities (Dishion & McMahon, 1998; Kerr & Stattin, 2000), or they can rely on the child's voluntary disclosures (Lac et al., 2009; Ramirez et al., 2004).

The relative importance of monitoring and warmth variations is the focus of considerable debate (DeVore & Ginsburg, 2005). For example, Stattin and Kerr's (2000) results contradicted the long-held belief that surveillance and direct control of children's behavior promoted healthy development, and showed instead that voluntary disclosure was more important in promoting healthy outcomes. Parenting that facilitated positive parent-child communication was highly protective against deviant behavior. Fletcher, Steinberg, and Williams-Wheeler (2004) argued that parental control surveillance deterred teen substance use when combined with warmth.

Following conflicting evidence on the effectiveness of different monitoring techniques (e.g., Fletcher et al., 2004; Stattin & Kerr, 2000), researchers recently have begun to assess the effects of parental control, or "over-monitoring," which involves their exerting extreme control over their children's behavior (Donaldson et al., 2015; Gere, Villabø, Torgersen, & Kendall, 2012; Roche, Ghazarian, Little, & Leventhal, 2011). By this definition, parental control involves parents' invasive attempts to control, invalidate, and manipulate children so they think and behave in parentally approved ways (Barber, 1996; Barber & Harmon, 2002; Barber, Olsen, & Shagle, 1994). Parents who over-monitor employ tactics that involve withdrawal of warmth and support while inducing guilt, shame, and anxiety, limiting verbal expression, invalidating a

child's feelings, using personal attacks, inducing feelings of guilt and anxiety, and withdrawing love (Barber, 1996; Barber & Harmon, 2002; Barber et al., 1994; Smetana & Daddis, 2002). This type of maladaptive parenting is detrimental to adolescent development and is related to several emotional and behavioral problems, such as anxiety (Duchesne & Ratelle, 2010), depression (Barber, 1996), and juvenile delinquency (Pettit, Laird, Dodge, Bates, & Criss, 2001).

In research on the detrimental effects of parental control, Donaldson and associates (2015) showed how high levels of monitoring, combined with low relative levels of parental warmth negatively impacted on youth development. This research was designed to assess parental correlates of teen prescription stimulant (e.g., Adderall) and opioid (e.g., Vicodin) misuse. It used a nationally representative survey of adolescent respondents. Results showed that strict levels of monitoring combined with low parental warmth amplified young adolescents' (ages 12 to 14) misuse of prescription stimulants. Among younger teens, high levels of monitoring had a positive influence on social relationships and drug-related attitudes, but a negative impact on usage behavior when combined with low warmth. Parents who monitored their children closely without providing support and warmth appear to have driven their children into prescription stimulant misuse to meet their parents' overly ambitious academic standards. This is not a recipe for the good life, of either parents or their offspring.

Consistent with these findings, Donaldson and colleagues (2016), using a nationally representative survey of parents and their children, showed that parental over-monitoring had lasting and negative effects on their children's development. Responses were collected across 4 waves. At Wave 1, respondents were between the ages of 10 and 20 ($M = 14.89$, $SD = 1.64$). At Wave 2 respondents' ages ranged from 11 to 21 ($M = 15.89$, $SD = 1.64$). In Wave 3, respondents were between the ages of 18 and 27 ($M = 21.81$, $SD = 1.84$) and at Wave 5, the original

respondents were between the ages of 24 to 34 years ($M = 28.54$, $SD = 1.82$). Analysis showed that parents' behaviors (measured at Wave 1) affected binge drinking both one year later (at Wave 2) and 6 to 7 years after the initial assessment (at Wave 3). Parental expectations that their child was an alcohol user and parent consumption of alcohol were predictive of their child's binge drinking during adolescence (Wave 2) and young adulthood (Wave 3). Teen (Wave 2) and adult binge drinking (Wave 3) was most common for respondents whose parents enforced low levels of monitoring and warmth, highlighting the importance of parental communication style and proper monitoring on later teen outcomes. Further, results showed that binge drinking during both adolescence and young adulthood was associated with increased risk of incarceration in Wave 4, which was eight to 14 years after the first survey was administered.

Research by Lamb and Crano (2014) on the self-fulfilling prophecy showed that the expectancy cues transmitted by parents in their interactions with children need not be excessive or pronounced. In their research, transference of subtle parental cues and expectancies predicted adolescent substance use. Discrepancies between parents' expectations of their children's marijuana use and children's reported usage had lasting behavioral consequences. Abstinent adolescents in the first year (T1) of a U.S. nationally representative survey were significantly *more* likely to initiate marijuana use over the next year (T2) if their parents reported the belief at T1 that their child *had* used the substance. Conversely, self-reported adolescent marijuana users at T1 were significantly *less* likely to continue usage at T2 if their parents reported the belief at T1 that their child had *never* used drugs. Odds that abstinent children whose parents believed they used marijuana would initiate use at T2 were 4.4 times greater than those of abstinent respondents whose parents judged them abstinent. Odds of self-reported users quitting by T2 were 2.7 greater if parents reported a belief at T1 that their children had never used drugs. These

results were found despite the finding that most of the adolescent respondents, users and nonusers alike, did not think their parents would be aware of their usage. The relation between youths' marijuana usage and their estimates of their parents' likelihood of knowing that they had used the drug was practically nonexistent ($r = .005$). These results support Stattin and Kerr's (2000) contention by demonstrating that close parental surveillance and inconsistencies in expectations can exacerbate or reduce the risk of youth substance use initiation.

These results and those of Donaldson and associates (2015, 2016) are consistent with self-determination theory (SDT), a model of social development that argues that adolescents have innate psychological needs to experience autonomy and freedom (Ryan & Deci, 2000, 2002). Youth seek voluntarily to engage in interesting and novel activities (i.e., intrinsic motivation), in addition to integrating their sense of self into their values and behaviors (i.e., internalization). Youth can either accept different values as their own, integrating them into their sense of self (integration), or they can behave in accord with a value without accepting it as their own (introjection; Deci, Eghrari, Patrick, & Leone, 1994).

SDT research distinguishes intrinsic from extrinsic motivation and suggests the ways they are differentially associated with underage alcohol consumption (Chawla, Neighbors, Logan, Lewis, & Fossos, 2009; Wormington, Anderson, & Corpus, 2011). Intrinsic motivation concerns behaviors that are freely chosen and pleasurable or interesting in their own right. This type of motivation is associated with an autonomy orientation and is related to positive outcomes, such as less alcohol consumption. In contrast, extrinsic motivation is associated with behavior that is influenced by external sources and regulatory processes, and is related to a control orientation. Extrinsic motivation is associated with negative outcomes, as it leads individuals to feel forced to take a given course of action. Research has shown that extrinsic

motivation is associated with drinking and alcohol related consequences and leads to introjected and external forms of regulation (Chawla et al., 2009; Wormington et al., 2011). Teens might use substances to establish their own sense of autonomy or to diminish stress from outside sources. SDT reinforces the idea that parents who strictly and coldly enforce rules and restrict personal freedom to make decisions suppress their children's innate need for autonomy and independence. In turn, these restrictions are likely to result in internalization of internal pressures that result in negative outcomes such as using substances to regain control and cope with problems.

The importance of monitoring and warmth was anticipated by Baumrind (1978, 1991, 2013), who distinguished authoritative from authoritarian parenting and their resulting outcomes. *Authoritative* parents inspire children to be independent, while simultaneously placing reasonable limits on their behaviors. This style is characterized by extensive communication, warmth, and nurturance, and is related with the most positive outcomes (Baumrind, 1978; Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987), including increased life satisfaction (Stevenson, Maton, & Teti, 1999). *Authoritarian* parenting is characterized by restrictive and punitive parenting, where parents pressure children to follow their commands while harshly enacting rules. Research indicates that adolescents with authoritarian parents are more likely to develop resistance to authority (Trinkner, Cohn, Rebellon, & Van Gundy, 2012) and are more susceptible to substance use than children with authoritative parents (Adalbjarnardottir & Hafsteinsson, 2001; Kenney, Lac, Hummer, Grimaldi, & LaBrie, 2015).

Overall, monitoring and supervision have been shown consistently to play a crucial role in facilitating healthy childhood development (Hemovich et al., 2011); however, the literature reviewed here suggests that harsh discipline and observation alone are not efficient factors in preventing adolescents' substance use initiation. Rather, positive parent-child interactions are

crucial in facilitating positive relationships and youth well-being (Donaldson et al., 2015; Kaminski, Valle, Filene, & Boyle, 2008; Lac & Crano, 2009; Lac et al., 2009). These interactions are characterized by warmth, understanding, and respect. They promote reciprocal and cooperative relationships between parents and their children, enhancing mutual enjoyment of their interactions (Kochanska et al., 2008). Positive parenting results in more effective implementations of discipline, owing to the quality of the parent–child relationship (McNeil & Hembree-Kigin, 2010). These findings indicate that positive parenting should be an important feature in future efforts designed to prevent youth substance use initiation.

Substance Use Prevention: The Role of Media Campaigns

Applied health research shows the importance of prevention campaigns, targeting individuals who have not engaged in illicit use initiation, as substance users have more positive perceptions of usage compared to nonusers (Crano, Siegel, Alvaro, Lac, & Hemovich, 2008; Lac & Donaldson, 2016), and usually are less receptive to persuasive communications (Crano, Siegel, Alvaro, & Patel, 2007). In line with this research, many large-scale mass media interventions have been designed to prevent drug use initiation in adolescent populations. However, adolescents are generally a reactant group, exhibiting heightened sensitivity to threats to personal freedom, making them a difficult target population for substance use prevention (Miller & Quick, 2010). To circumvent reactance, we have suggested that parents are a more expedient target for future campaigns aimed at preventing adolescent substance use and enhancing overall life satisfaction. In line with this suggestion, parent-child communication has been applied as a central component of adolescent drug use prevention (Beatty, Cross, & Shaw, 2008; Donaldson et al., 2016; Huansuriya, Siegel, & Crano, 2014) and has been a significant feature of some antidrug campaign efforts (Stephenson, 2002). Many small-scale, person-to-

person interventions maintain that targeting parent-child communication can enhance the success of efforts aimed at reducing adolescent substance use (Koutakis, Stattin, & Kerr, 2008; O'Donnell, Myint-U, Duran, & Stueve, 2010; Strandberg & Bodin, 2011); however, evaluations of large-scale national campaigns demonstrate that multi-media messages promoting the importance of parent-child drug communication are not always successful (Hornik, MacLean, & Cadell, 2003).

Since research consistently highlights the important role of parents in attenuating adolescent risk of substance use initiation (Donaldson et al., 2015, 2016; Hemovich et al., 2011), application of more comprehensive frameworks modeling the flow of interpersonal communication from parents to their children might be useful in the evaluation of large-scale prevention efforts. In particular, integrating the two-s flow model of communication (Katz & Lazarsfeld, 1955; Lazarsfeld, Berelson, & Gaudet, 1944), which is a model of media influence, with a person-to person approach of attitude change known as the theory of planned behavior (Ajzen, 1991; Ajzen, 1985) might be useful for understanding media influence and the vital role of parents in substance prevention.

The two-step flow of communication model (Katz & Lazarsfeld, 1955; Lazarsfeld et al., 1944) postulates that mass media campaigns convey information to intended audience members via two distinct stages. Opinion leaders (e.g., parents) first attend to and react to persuasive messages. These opinion leaders, in turn, relay and interpret the message content to their opinion followers (e.g., their children), thereby influencing followers' responses to the message. According to this model, opinion leaders are individuals perceived as authoritative and knowledgeable about the message topic. In the context of substance use, teens tend to characterize their parents as credible sources of information about drugs (Kelly, Comello, &

Hunn, 2002). Thus, in applying the two-step flow framework, we conceptualize parents as opinion leaders about drug use information; their children are opinion followers that may be influenced by the information conveyed by parents (Huansuriya et al., 2014). This model suggests that parents can be powerful opinion leaders for their children, by transmitting important information. It indicates that targeting parents in adolescent substance use prevention may be highly effective. Indeed, even the parenting behaviors of a teen's friends' parents can affect substance use: higher parental knowledge of one's friendship-group's parents has been associated with decreased alcohol, cigarette, and marijuana use (Cleveland, Feinberg, Osgood, & Moody, 2012). Targeting parents might have positive indirect influences on teens' peer groups.

The theory of planned behavior (TPB) (Ajzen, 1991; Ajzen, 1985) can be integrated with the two-step flow of communication model, thereby suggesting the pathways through which communications might influence parents' (opinion leaders') attitudes, opinions, and behaviors toward substance use. The TPB holds that intentions directly influence behavior, and that intention to participate in a behavior is influenced by attitudes, subjective norms, and perceived behavioral control (PBC). Attitudes represent positive or negative evaluations. Subjective norms involve perceptions of what important others think about a actor's behavior. PBC is concerned with the extent to which a person feels capable to perform a given behavior.

Combining the two-step flow model with the TPB results in a conceptual model in which the theories synergistically interact to create a useful model of the ways parents might be incorporated into adolescent substance use prevention campaigns. The two-step flow model describes the ways in which mass media influence people, whereas the TPB is informative with respect to the variables that should be targeted. Combining the theoretical frameworks suggests that parents' (i.e., opinion leaders') exposure to a substance use prevention message

may encourage them to converse with their children (opinion followers) about substance use and its dangers. Doing so, parents can influence their children's attitudes, subjective norms, perceived behavioral control, and subsequent intentions to engage in substance use.

Supporting incorporating both theories into future prevention efforts, Huansuriya and associates (2013) combined the two theories in their research on the outcome of a national adolescent substance use prevention campaign. Their results revealed that parents' exposure to the campaign was indirectly linked to their children's intentions to use marijuana one year later. Furthermore, the authors reported that extent of campaign exposure resulted in positive changes in parents' attitudes about communicating with their children about drug use, in addition to facilitating changes in parent's subjective norms (i.e., perceptions that other people would approve of their drug-centered conversations with their children), which increased parent intentions to initiate a conversation, and their subsequent behavior. In turn, adolescents' attitudes about marijuana and their perceived ability to refuse marijuana offers predicted their marijuana usage intentions. An intriguing feature of this research is that parents' PBC was not affected by exposure to the campaign, nor was their children's. The authors attributed this to the lack of information in the prevention campaign about how to resist the offer of illicit substances, a critical antecedent to adolescent substance use (Benjet et al., 2007; Voelkl & Frone, 2000; Wagner & Anthony, 2002). The role of parents in adolescents' resisting offers of illicit substances has been explicated in research, which indicated that children who perceived high levels of parental knowledge received fewer offers of illicit substances than those who perceived their parents as being less knowledgeable (Siegel, Tan, Navarro, Alvaro, and Crano, 2015).

Huansuriya and colleagues' (2013) research provides further evidence that parenting behaviors can play a crucial role in preventing adolescent substance use. It indicates that

targeting parents may be an effective way to reduce adolescent substance use. Their findings fit well with research on positive parenting and the importance of parental warmth and understanding in guiding the content of thoughtful, evidence-based prevention campaigns designed to educate parents about effective ways of influencing their children when dealing with issues of substance use. Such campaigns should stress the importance of parental responsiveness and respect, and the utility of using democratic rule setting (Donaldson et al., 2016). An experimental intervention conducted by Glatz and Koning (2015) revealed that providing parents with specific and concrete instructions about how to deal with their children's potential substance use enhanced their overall self-efficacy and confidence in implementing prevention strategies. In light of all of this research, it stands to reason that future prevention efforts should contain three critical elements, which often are lacking in adolescent substance use prevention campaigns. First, to succeed, the campaign must provide useful and relevant content (information) about substance use and its potential dangers. Many parents are not confident that they know enough about the multitude of illicit substances available today to persuasively discuss substance use with their children. This perception may be true, though Huansuriya and associates found that lack of PBC did not eliminate positive parental prevention effects. Second, the importance of effective parent-child communication should be stressed. Finally, and consistent with the second recommendation, specific strategies for implementing clear guidelines that maintain mutual respect while communicating clear expectations regarding substance use should be a part of every parent-centered prevention campaign.

The application of both the two-step flow model and the TPB when disseminating persuasive information aimed at parents has an added benefit of being less likely to be resisted by adolescents (see Crano et al., 2007). This research examined adolescents' evaluations of

several anti-inhalant messages, which varied in terms of the source (doctor or peer), suggested harm (social or physical), and target (direct or indirect). Analysis showed that indirect messages (i.e., those apparently targeted at parents rather than the adolescents themselves) more effectively influenced youth to avoid inhalant use. The authors concluded that persuasive messages targeted at parents were less likely to be resisted by adolescent respondents, thereby attenuating reactance and counter-argumentation. Thus, adopting a parent-targeted approach to prevention might have important implications for both parents and adolescents, maximizing future campaign effects.

Limitations and Future Directions

Despite the importance of positive parenting, effective strategies can be difficult for parents to enact, and in addition may arouse parental resistance, and fade over time (McNeil & Hembree-Kigin, 2010). People are predisposed to focus on others' negative thoughts and actions (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001) and even the best-behaved children do not always comply with parents' ideals. Noncompliance can be frustrating for parents, and in consequence, about 90% of parents in the United States have resorted to acts of psychological aggression (e.g., shouting or cursing) in response to their children's misbehavior. This response is associated with increased susceptibility of youth to delinquent actions and mental health problems (McKee et al., 2007; Straus & Field, 2003). Thus, future investigations might focus on sustained parental educational strategies that help prevent psychological aggression and reinforce positive parenting. Clearly, one-shot interventions are not likely to succeed.

Another problem requiring consideration is that most parents avoid participating in parent education programs, and disadvantaged parents are least likely to do so (Sanders et al., 1999). This is a challenging problem, because substance use is more common among low income and single parent families (Hemovich et al., 2011). Thus, a multi-level, population-based approach to

prevention might be required to enhance parental competence to implement positive parent behaviors (Sanders, 2003). Sanders argued that an approach targeting multiple prevention contexts including the media, schools, and community institutions would be more effective than single mode diffusion models in disseminating persuasive substance use prevention information.

Individual differences in youth personality (Smack, Kushner, & Tackett, 2015) and temperament (Slagt, Dubas, Deković, & van Aken, 2016) also might be an important consideration for future interventions. Child personality traits that reflect a predisposition to experience negative emotions (e.g., neuroticism) and poor self-regulation (e.g., low conscientiousness) might respond differently to harsh versus positive parenting practices, as these traits have been shown to moderate relationships between parent actions and externalizing behaviors (De Clercq, Van Leeuwen, De Fruyt, Van Hiel, & Mervielde, 2008; Prinzie et al., 2003; Smack et al., 2015). Similarly, a meta-analysis of parenting and child temperament revealed that children with more difficult temperaments were more vulnerable to negative parenting, but also benefited more from positive parenting (Slagt et al., 2016).

Research has identified youth at the highest risk for substance use initiation by re-categorizing non-users into two groups based on systematic differences in their reported certainty of continued abstinence (Crano et al., 2007; Crano, Gilbert, Alvaro, & Siegel, 2008; Siegel, Alvaro, & Burgoon, 2003; Siegel et al., 2014). At-risk youth who reported absolute certainty that they would never engage in substance use were categorized as *resolute nonusers*. In contrast, teens who were uncertain that they would remain abstinent were termed *vulnerable nonusers*. Compared to resolute nonusers, vulnerable nonusers experience less parental monitoring, lower academic performance, and were more approving of substance use, putting them at a greater risk of engaging in drug use in adolescence (Siegel et al., 2014).

Collectively, the research literature suggests that different characteristics of adolescents might influence the effectiveness of certain parenting practices on developmental outcomes. Neurotic teens might be particularly sensitive to a stern parenting style devoid of adequate warmth, whereas vulnerable nonusers might benefit from stricter parenting. Thus, the cited literature implies that tailored health messages might be more effective than a generic one-size-fits-all approach (Hirsh, Kang, & Bodenhausen, 2012). In implementing such an approach, researchers could assess characteristics of adolescents prior to educating parents about strategies appropriate for facilitating healthy development.

Conclusions

The social psychological study of the “good life” is concerned with learning how to enhance well-being and life satisfaction. We have argued that social psychological approaches to prevention are inherently fundamental to this concern. If the family is a major determinant of life satisfaction, then family dysfunction will have a major impact on perceived life satisfaction – and there are few things that are more destructive of family life than an addicted child. Thus, programs to limit substance use and subsequent addiction in youth can have appreciable effects on the experience of “the good life.” Given its foundational concern with attitudes and attitude change (Allport, 1935), social psychology can make a substantial positive contribution to life satisfaction by bringing an evidence-based focus to substance use prevention in youth. Because youth typically have their first encounters with illicit substances in early or middle adolescence (Patrick & Schulenberg, 2010), prevention is critical to facilitating their optimal development. Considerable research indicates that parents are a trusted source of information about drugs (Kelly et al., 2002), and thus, can function as important opinion leaders for communicating antidrug persuasive information to their adolescent children. For this reason, we have argued that

campaigns that affect parents' behaviors might be an effective means of affecting adolescents' substance-related behaviors. A well-designed prevention campaign might focus on more than the diffusion of substance use information for parents. It also should involve instructing parents about the importance of positive parent-child communication, warmth, and setting democratic and fair guidelines and boundaries. This requires parents to learn communication strategies conveying warmth and understanding to guide adolescent children without threatening their autonomy. These goals can be met with with effective persuasive prevention communications. The necessary knowledge has been available for years; questions regarding the will to enact such programs remain to be answered.

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