

## **Overprotective Parenting: Helping Parents Provide Children the Right Amount of Risk and Responsibility**

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*Overprotective parenting in low-risk environments may have negative consequences for the psychosocial development of children and youth. Though not well studied, a number of different bodies of literature can be used to speculate on the reasons for overprotective parenting and the impact it has on children. In this article, the social and familial dynamics leading to overprotection are discussed. It is shown that overprotection among middle-class families may result from poorly informed parents regarding the psychosocial developmental needs of their children for risk and responsibility and a lack of familiarity with population-wide data which shows that many of today's youth are safer than at any previous time in history. Focusing on the "risk-taker's advantage," this article uses a case example to illustrate a three-part model of intervention to help challenge overprotective parenting while opening up safe opportunities for youth to experience manageable amounts of risk and responsibility.*

In my clinical practice I am seeing a trend towards young people who are growing up in safe communities but who are being denied opportunities to experience what were normative rites of passage a generation ago. Behaviors that are perceived as having an element of risk or responsibility (e.g., walking to school alone or in pairs, riding bicycles on the street, sleepovers as part of community programming with groups like Guides and Scouts) are being denied children by parents who fear for their offspring's safety. Furthermore, parents have increased surveillance of their children by insisting on

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webcams in daycares, giving elementary school aged children cell phones, installing netnannies to restrict internet access, and physically shadowing children when they are on playgrounds or at recreational activities like swimming lessons and soccer practices. There is evidence that such caution is: (1) unnecessary; (2) denies children the opportunity structures to experience healthy psychosocial development; (3) contributes to patterns of delinquency or excessive anxiety among children from stable, well resourced homes; and (4) leaves children unprepared for transitions to adulthood and independent living.

Though interventions to address this phenomenon of the caring but over-protective parent have not been empirically studied, in this article I will draw on a number of related bodies of research and clinical case material to explore the problem and propose a model of intervention. The recent success of Ungar's (2007) *Too safe for their own good: How risk and responsibility help teens thrive*, Levine's (2006) *The price of privilege*, Barham's (2004) *Disconnected*, and Pipher's (1994) *Reviving Ophelia* demonstrate an emerging discourse in regard to the need for parents to balance protection with the provision of appropriate amounts of risk and responsibility for their children.

## THE CHANGING FAMILY: WHY OVERPROTECTION MAKES SENSE TO PARENTS

There are a number of possible arguments for why overprotection has become a problem for middle-class families whose children are, as I will show later, largely safer than any previous generation in history.

### Argument One: Overprotection Represents Normative Functioning

Typically, our challenge as clinicians is to neither pathologize overprotection, nor to accept what has become a ubiquitous style of parenting. As Walsh (2003) shows in her discussion of normal family processes, clinicians may err by labeling a family pattern as dysfunctional when in fact it is adaptive under stress. Clinicians may also err if the patterns they find confounding family functioning are actually expressions of cultural norms and satisfying to family members. Discussions of overprotection risk both errors. Under the stress of modernity and heightened expectations for individual achievement, parents may experience themselves as reasonable in protecting the few children they raise from every eventuality. They may also, within the cultural hegemony of middle-class western values, be perfectly normal in their heightened surveillance. Viewed from the perspective of child development, however, overprotection is not benign (Barber, 1996). It may be inadvertently disadvantaging young people's healthy physical and psychosocial development.

### Argument Two: Threats to the Autonomy of the Family

The post-war industrial boom led to a more mobile, nuclear family that has recently been challenged by postmodern expressions of what family means and the nature of its functioning. Family sociologists like Popenoe (1988) argue that the nuclear family is in decline, that its members are less internally cohesive, its social functions (from the regulation of sexuality to socializing of children) are weakening, that the family as a unit has transferred its power to the state, and that the nature of the nuclear family structure is unstable over time. In contrast, Dreikurs and Stoltz (1964) showed four decades ago ways in which the family was becoming a more democratic institution. Though parents struggled to assert authority over a generation of youth who expected equality, new family patterns could potentially promote greater responsibility among young people for themselves and others. These changes in family functioning have exacerbated traditional forms of parenting that were normative in the early part of the twentieth century among parents from different family forms (nuclear, blended, extended, sole parent, same-sex). In the absence of empirical data, we might speculate that it is because of what Gairdner (1992) has termed “the war against the family” that parents seek to extend their control over their offspring in reaction to their diminishing roles. The result may be a pattern of overprotection as compensation for the fragility of family authority.

### Argument Three: The Self-Actualization of the Parent

As parents seek to complete themselves through acts of generativity (McAdams, 1993), the raising of offspring who succeed is well understood as part of the cycle of adult development. It is not surprising, then, that children’s success should shape adult perceptions of their capacities. A growing number of studies show that children influence their parents as much as parents influence children (Ambert, 1992).

### Argument Four: The Lack of Capacity Among Youth

As Elkind shows in *The Hurried Child* (2001), there is concern that we are parentifying young people in the absence of parental executive functioning. While Elkind’s argument is for letting children be children, and thus one might extrapolate, protect them as children, there has been a concurrent lengthening of the period a young person may avoid responsibility for self and others. Sociologically speaking, and in contradiction to Elkind’s thesis, childhood is being extended and with it the perception that our children require a parent’s care and protection longer. Viewed this way, the child is not only ontologically underdeveloped, but also is seen as phylogenetically

less evolved and therefore in need of protection (Lesko, 2001). The result is that a child may be doubly disadvantaged in light of her caregiver's assessment of the child's capacity to reason through the consequences of her actions. Regardless which of these arguments one holds to (the truncating or lengthening of childhood) there remains a perception of the child as lacking capacity to protect herself.

### THE INAPPROPRIATENESS OF OVERPROTECTION IN LOW-RISK SOCIAL ECOLOGIES

Barber (1996) provides an exhaustive review of the construct of psychological control as a form of overprotection. Work since the 1960s has shown that "psychological control is a rather insidious type of control that potentially inhibits or intrudes upon psychological development through manipulation and exploitation of the parent-child bond (e.g., love-withdrawal and guilt induction), negative, affect-laden expressions and criticisms (e.g., disappointment and shame), and excessive personal control (e.g., possessiveness, protectiveness)" (p. 3297). Barber is careful to distinguish psychological from behavioral control. The latter, when used judiciously, appears to have no ill effect on youth development. The former, meanwhile, is associated during adolescence with internalizing problems and in some cases delinquency. There is evidence from cross-national studies of mood disorders and parental functioning that these patterns hold true in western countries (Heider et al., 2005; Muris, Meesters, & van den Berg, 2003) and non-western countries alike (Lowinger & Kwok, 2001; Muris, Loxton, Newumann, du Plessis, King, et al., 2006). However, overprotection should be understood in relation to the vulnerability of the child. A number of studies of children with medical disorders such as Type 1 Diabetes have shown that the child's degree of illness affects parental stress levels which in turn may influence parenting practices. In this regard, overprotective parenting may not be related to childhood internalizing behaviors like depression when one controls for the level of childhood vulnerability (Mullins et al., 2004).

While investigations of individual and family functioning demonstrate a link between overprotection and internalizing and externalizing problem behaviors across cultures, the motivation for overprotection is not easily discerned from that literature. Social factors may increase the likelihood of overprotection by parents, especially when there is no apparent risk from individual vulnerability or the child's immediate social and physical ecologies (Ungar, 2007). The growth in the number of smaller middle-class families, and increasing expectations of children to succeed, coupled with a perception of the world as a more dangerous place, are at least hypothetically factors contributing to patterns of overprotective parenting. The problem is

not overprotective parenting *per se* but the inappropriateness of excessive concern in low-risk environments.

In physical and social ecologies where risk exposure has been minimized, excessive worry about children's well-being may result in parenting practices incongruent with children's developmental needs. Building on work by Baumrind (1971), studies of parenting styles across contexts such as in urban environments where gun-related violence is common, and gangs and drugs everyday concerns for parents, are showing that more authoritarian parenting styles (controlling and less warm) may actually protect children better than consensual authoritative styles. When Brodsky (1996) looked at the lived experience of sole parent African American mothers raising daughters in inner city Washington, she found that the mothers who showed a lack of a psychological sense of community, and kept their children protected from that community, reported better family functioning. Such extreme examples highlight the need to match degree of enmeshment and disengagement in families to the context in which parenting takes place. The level of protection should match the level of *actual* risk.

As Becvar explains in regard to families that demonstrate resilience when facing multiple disadvantages: "In families that flourish roles and responsibilities are apportioned and handled in a reliable manner, and attention to the need for the accomplishment of tasks is balanced by appropriate attention to emotional wishes and requirements" (p.58). Families that overprotect do not show sufficient flexibility, nor do they seem to be able to filter information that is relevant from that which is distal and of little importance to them in their specific social ecologies. A family's resilience, including its ability to negotiate age-appropriate boundaries, relies on the family's belief system, organizational processes and communication patterns (Walsh, 2006). Each family must approach the challenge of the risk posed to a child in a way that tolerates experimentation leading to growth (Vygotsky, 1978). Families threaten their children's development when roles and responsibilities are not apportioned well. The authority of the family executive system is maintained but at the price of negotiation with children whose full range of psychological needs are ignored. While care and protection are common functions of all families, there is a danger that overprotection actually denies children what I have termed elsewhere "the risk-taker's advantage" (Ungar, 2007).

## OVERPROTECTION IS UNNECESSARY

A barrage of media reports about a generation at risk has created the perception by parents of the need for overprotection. This, despite evidence that suggests a young person growing up in a western middle-class family is safer today than at any time in modern history. Criminologists Chesney-Lind and Belknap (2004) tell us that our children are neither more dangerous

to themselves and others, nor more out-of-control than in the past. If we were to take a city like San Francisco, and compare two 17-year-old girls, one from the baby boom generation of the 1960s and 1970s, another, her daughter growing up today, we would find that the girl growing up now is much safer, much better behaved, and much more responsible than her mother. The daughter is 50% less likely to be murdered, 60% less likely to be in an accident causing her death, 75% less likely to commit suicide, 55% less likely to become a mother herself, 60% less likely to commit murder, and 40% less likely to be arrested for property crimes (Chesney-Lind & Belknap, 2004).

U.S. data gathered by *Child Trends* (2007) shows that a perception of heightened risk among youth is a distortion of the facts. Notably, the percentage of high school students who have had sexual intercourse in the past three months (are sexually active) has fluctuated only slightly since 1991, ranging from 33 percent to 38 percent, with 34 percent of high school students reporting being sexually active in 2005. Among non-Hispanic Black students, however, the percentage of sexually active students *decreased* from 59 percent in 1991 to a low of 46 percent in 2001. Currently in 2005, 47 percent of non-Hispanic Black students report being sexually active. These changes have not been the result of changing preferences for other high-risk sexual activities. Among teens ages 15 to 19 who have not had sexual intercourse, only one in four report having ever engaged in oral sex with an opposite sex partner (24 percent of males and 22 percent of females in 2002), based on analyses of the 2002 National Survey of Family Growth (NSFG). Furthermore, condom use at most recent sexual intercourse among sexually active high school students *increased* from 46 percent in 1991 to 63 percent in 2005. Concurrent with this trend towards healthier sexuality has been a decrease in teen births and abortions over the past thirty years (Abma, 2003).

Violence in our communities is also decreasing despite changing charge patterns by police which have tended to criminalize status offences of youth (like drinking under age) and aspects of youth behavior like bullying and school yard fighting (Carrington, 2001). The most common crimes committed by young people remain common assault in which no injury is caused and theft under \$5,000. Rates of common assault have decreased over the past decade despite police being more likely to investigate playground skirmishes. Populationwide, rates of homicide are also down in almost all western countries (see Statistics Canada, 2006). Rates of sexual assault are stable, and likely decreasing if one takes into account higher rates of reporting resulting from primary prevention efforts (Canadian Centre for Justice Studies, 2006).

Likewise, worry about other aspects of teenager delinquency is increasingly unfounded. There is little evidence that drug and alcohol use among youth as a population has increased, and may have actually decreased over the past 30 years (Health Canada, 2005; Poulin, 2006; Tjepkema, 2004).

A disturbing irony, however, regarding risk exposure is that statistically, children are most at risk when they are with their families or at their place of residence. Sexual assaults are most commonly perpetrated by individuals known to a child and while the child is at home. Most child abductions are carried out by parents themselves and result from custody disputes. It is the same for internet solicitations by sexual predators. A survey of youth internet use showed that 79% of such solicitations occur while children are using their home computers (Mitchell, Wolak, & Finkelhor, 2007). Gun-related deaths are also more likely when a child is at home. Sadly, the safest place for our children seems to be out beyond our front doors.

### THE CONSEQUENCES FOR CHILD DEVELOPMENT

While the actual risks facing middle-class children are decreasing, overprotective parenting may result in a number of behaviors that are associated with risks to children. In my clinical practice I see two ways youth respond to overprotection.

First, youth will acquiesce to the worries of parents. They accept the fiction of the risks facing them and withdraw. These are children who are at risk of anxiety disorders, lack of physical activity due to being driven to programming, and a lack of motivation. Specifically, studies of enabling behaviors among parents have shown that parents who limit their children's exposure to responsibilities and opportunities to experience challenge raise children with a more external locus of control who are more likely to be at-risk as learners (Lynch, Hurford, & Cole, 2002). These children are less likely to be honors students. They show evidence clinically of perceiving the world around them as dangerous, failing to assess risks appropriately. A recent spike in the incidence of anxiety disorders among post-secondary students suggests a more anxious population of children transitioning into adulthood (Kadson & DiGeronimo, 2004).

A second noticeable pattern occurs when youth resist the admonishments of their parents to "Stay safe." Hearing too often "No" they seek on their own opportunities for risk and responsibility. In order to successfully negotiate the developmental tasks of adolescence, a proportion of young people seek a sense of belonging and the rites of passage signaling transition to adulthood through risk-taking behaviors that are not guided by their caregivers. In practice, youth who resists their parents' protection must find on their own opportunities to test their limits. Drug abuse, time spent unsupervised on the street, early sexual initiation and minor criminal activity can all function as substitutes for culturally sanctioned rites of passage (Selekman, 2005; Ungar, 2004).

## Intervention Strategy

To help families look critically at their pattern of overprotection, I employ a three-phase clinical approach. The approach borrows heavily from social constructionism and postmodern approaches to therapy first developed by Gergen (1991) and White (1988) and reflected in writing by Madsen (1999) and Ungar (2001, 2004). Typically, intervention proceeds as follows, though the actual ordering of the process varies greatly by individual family.

### Phase One: Inviting Parents to Reflect on their Childhoods

Inviting parents to reflect on their own childhoods and the risks and responsibilities that they assumed is a respectful place to begin a family conversation. Often, it has been a youth's insistence on more freedom or problematic withdrawal that has brought the family to therapy. Parents often feel attacked. Their initial fear for their children becomes compounded by their fear of being perceived as a bad parent by the therapist. Conversations during this phase focus on inviting parents to remember their own patterns of risk-taking, whether through episodes of adventure or assuming of responsibilities that signaled their transition to adulthood. The focus is on eliciting thick descriptions of childhood experiences that parents say taught them self-respect, demonstrated capacities, fostered independence and, where possible, helped them nurture compassion for others.

I often observe in these accounts of past behavior discursive dissonance. Parents minimize the advantages of risk-taking that they may have experienced as beneficial to their development. They also make assumptions about their own children's lack of capacities to cope, or argue that the world is far more dangerous and therefore greater amounts of supervision are warranted. During this first phase, I do not challenge these perceptions, but instead work towards the goal of describing the formative experiences adults had.

### Phase Two: Exploring the Child's Motivation for Risk and Responsibility

Parents are asked to explore their child's motivation for his problem behavior. Where children are anxious and withdrawn, the exploration relates to the functionality of the disordered behavior: "How does being anxious help your child stay safe?" "What does your child need in order to function more independently and confidently?" Where children are acting out in dangerous and delinquent ways, questions focus on other functional aspects of the behavior: "How does delinquency help your child experience adventure and responsibility?" "What messages does he hear about himself when he behaves in these ways?" It is preferable that all family members meet to

answer these questions, with youth themselves explaining the advantages and disadvantages of how they have adapted to the experience of overprotection by their caregivers.

### Phase Three: Exploring Safe Substitutes for the Child's Problem Behavior

During this third phase, intervention moves from reflections on past behavior of parents and child motivation to identifying substitute behaviors for the young person. These substitutes should be sufficiently safe to reassure parents but still bring with them the necessary risk and responsibility to meet the needs of young people seeking to "jump the maturity gap" (Moffitt, 1997). The two most common errors made at this point are:

- a. The substitute suggested by the child or therapist is culturally or contextually in conflict with family and community values (attending a secular summer adventure camp may put the child in an environment that is in conflict with the families religious values);
- b. The substitute suggested by parent(s) or therapist does not meet the young person's developmental needs for a powerful sense of self, nor bring with it a celebrated rite of passage under the social gaze of peers and community (an opportunity to use power tools alone with one's parent at the family cottage may not be greeted with the expected level of enthusiasm when no audience except the parent is present to witness the child perform).

### A CASE EXAMPLE: COLIN AND HIS FAMILY<sup>1</sup>

These three phases of intervention can be illustrated through my work with a 14-year-old boy named Colin whose parents separated when he was four and his sister, Tina, just a year old. Colin was referred to counseling at a community mental health agency by his school guidance counselor. Academically Colin was under-performing. A talented saxophone player, Colin had withdrawn from Band. His grades were adequate but teachers were concerned that he showed little motivation to do work more appropriate to his abilities. A failed math test and Colin's request to be transferred out of the French Immersion stream at his school, resulted in him being asked to see the school counselor.

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<sup>1</sup> Identifying information has been changed to protect the family's confidentiality.

Colin lives with his mother, Louise, and younger sister. Louise divorced the children's father, David, following an episode in which he held her against a wall and threatened to punch her. Following the divorce, Louise was given title to the family home where she continues to live with her children. The home is in a very desirable older suburban community. Louise is a stay-at-home parent who says she has been reluctant to work because of her parenting obligations. The family maintains itself on support payments made by David.

David works as a consultant in the oil and gas sector. His travel schedule permits him to see his children every other weekend and one evening a week when he is not travelling. House rules vary by parent. When with David, the children are supervised well, but allowed to listen to music of their choosing, visit with friends, ride their bicycles on city streets, and have responsibilities to cook and maintain the home.

Time spent with Louise is far more restrictive. Herself a "problem child" (Louise's self-description) who grew up in an urban working-class neighborhood, Louise fears her children may become involved in risky behaviors like drug use, smoking and truancy which were formative experiences for her. She blames her own mother for not having supervised her better. Marrying David helped her break a cycle of excessive risk taking. When we first met, Louise reported supervising her children very closely. Colin had a five o'clock weekday curfew. He was expected to come home shortly after school and to be in for the evening, focusing his attentions on his homework or reading. He was only permitted out if he was attending a structured activity such as basketball, which he enjoyed. The only exception to this seemed to be when Louise drove Tina to dance classes three evenings a week. At such times, Louise ignored Colin leaving the home to visit a friend of his who lived a block away, as long as he returned before she arrived home.

Though the situation had been stable for many years, more recently Colin had begun to get angry with his mother. During one of his meetings with his school counselor, Colin said that the police had been called to his home the evening before. Colin had become upset with his mother over her refusal to let him attend a school dance. He had grabbed a handful of coins from a change bucket by the front door and thrown them at a window. The window had broken and though this was the first time Colin had done anything violent, Louise called the police to warn him against acting this way in her home. Though her response was in keeping with her fear of Colin becoming like his father, Colin interpreted his mother's actions as symptomatic of her excessive control over him. It was this episode that led to the referral by the school to an outside agency.

At the time, Colin's bedtime was ten o'clock, weekdays and weekends (it had been nine o'clock the year before). Television use was restricted to

one hour each evening. The family had no cable nor internet access. Louise refused to let Colin listen to music of his choosing and censored any CDs that had offensive language on them. These restrictions were explained as ways Louise protected her children. They were not motivated by any particular religious beliefs.

Despite Louise presenting as comfortably outspoken and friendly at first, conflict in the therapeutic relationship emerged when attempts were made to open space for Colin to express himself. Louise refused to listen or be challenged on any of her rules. Louise's outright refusal to change her rules left Colin and I in a bind: How to help Colin find reasonable amounts of risk and responsibility without damaging his relationship with his mother.

Colin and I worked on a strategy of quiet changes that he could make that would slowly show his mother he is responsible and able to handle more decisions for himself. We joked about Colin having to learn how to be "in jail." His homework was to rent movies about people who adapted to "incarceration": *The Shawshank Redemption*; *Brubaker*; *Chicken Run*; and a season of *Prison Break*. Immediately, Colin's behavior at home improved which pleased Louise enough to get her to consent to Colin continuing to work with me. Colin began to listen to his music after he went to bed and his lights were out. He spent his time at his father's (on a temporary absence from incarceration, as he learned to say) visiting his friends and taking more responsibilities for himself. In time, as Colin aged and his behavior calmed, Louise began to overlook more and more of his risk-taking and responsibility-seeking behaviors. Colin began to cook, which at first Louise resisted. He joined a citywide basketball league which meant he could be away from home more often. Louise seemed to overlook the fact that Colin was exaggerating the number of practices he had and their length.

Though the solution was far from ideal, directly challenging Louise to change raised too many issues for her. Instead, we found substitute identities for Colin (including his identity as the 'prisoner') that brought with them a self-construction as powerful. My hunch is that Louise understood exactly what her son needed and was happy that I was promoting his independence, even if her own fears inhibited her from participating directly in his emancipation. Louise's pattern of overprotection in fact resembles what is commonly noted in the literature, where an anxious parent with possible symptoms of depression and post-traumatic stress may exercise overprotective behavior and negatively affect her child (Stein et al., 2000). While this might be the case, the strengths approach used in this clinical vignette demonstrates that in her own way, Louise came to understand her son and to let him find through our time together substitutes that she could passively agree to. Her own psychological needs did not in the end inhibit progress as a family.

## CONFRONTING THE CHALLENGE OF FEAR AND OVERPARENTING

The risks to Colin's well-being from overprotection reflect a constellation of threats posed to youth from more economically advantaged homes. As Luthar (2003) has found in her studies of teenagers from wealthier families: "affluent youth reported significantly higher levels of anxiety across several domains, and greater depression. They also reported significantly higher substance use than inner-city students, consistently indicating more frequent use of cigarettes, alcohol, marijuana, and other illicit drugs" (p.1582). Children in homes where there exist the resources to keep them safe may inadvertently have their development threatened by parents who over-react to the risks posed.

As work with Colin and his family shows, the motivation for a parent's overprotection is in most cases benign. Love is coupled with insecurities on the part of the parent, justified by a hyperbolic news media that makes every assault against a child experienced as a personal threat. Accurate information on the actual risks facing children locally, and educating parents on the way overprotection disadvantages young people, may help to challenge patterns of overprotection among families raising children in safe social and physical ecologies.

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