The Influence of Low-Income Families on Adolescents' Psychosocial Adjustment: 10 Helpful Tips for Professionals to Work with Low-Income Families

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Abstract

This article examines the effects of socio-economic conditions on children, specifically focusing on how low income can lead to marital tensions. These tensions, in turn, negatively affect parenting styles, which impacts adolescents' adjustment within their families, their relationships with their parents, and their overall health and social development. This article also discusses physical development, cognitive development, and emotional and social development in Adolescents supported by Erikson's theory on adolescence, and previous empirical studies. The article concludes with 10 helpful tips professionals can use when working with low-income families.

Keywords: Adolescents, Adjustment, Children, Families, Low Income.

Introduction

Families have incredible dynamics. Yet when a crisis engulfs a low-income family, it can exert a variety of influences. Therefore, socio-economic conditions and their impact on children. Adolescent family members are the focal point of this topic as their experience relates to low-income families and health, both physical and physiological (healthy relationships among the family members). Family lives in low income might be the lead to marital tensions and in turn negatively impact parenting style which affects adolescents' adjustment in their families, their relationship with their parents as well as their health and social development [15]. This article discusses physical development, cognitive development, and emotional and social development in adolescents supported by Erikson's theory on adolescence, and previous empirical studies.

Adolescent's Physical Development

Adolescence is a period in time (changes occur in physical, cognitive, emotional) whereas adolescents are the individuals (teenagers) are in that period in time. Puberty is a change that occurs to both male and female differently both inside and outside the body. During childhood growth occurs slowly and in puberty, change is rapid and dramatic. Puberty is defined as the transition to adulthood through the process of physical changes, hormonal change and body growth. Male and female have different sexual maturation; it is determined by the sex hormones. In females, it is called estrogen while in male is called androgen testosterone. Estrogen hormone change in a female causes development of breast, uterus, ovaries, and vagina; it contributes to regulation of the menstrual cycle. While in male, androgen testosterone hormone leads to muscle growth, body, and underarm and facial hair. Puberty also leads to psychological changes and feelings of autonomy [4]. Autonomy is important not only for becoming an adult but also for gaining an identity. And adolescents' engaging with peers for emotional support a way to deal with puberty [34]. Moreover, primary sex characteristics are changes directly

in the reproductive organ. Changes in females are menarche, uterus, ovaries and vagina. In contrast, secondary sex characteristics are physical changes. It is visible and appears outside on the body. Changes in females are in breast, and underarm and pubic hair and male's changes are in the voice and growth of underarm and facial hair. So, the age for puberty changes to be completed is varying among adolescents. Some adolescent completes these puberty changes in 2 years, while other adolescents take 4 to 5 years. Puberty does not only follows a hereditary pattern but also is influenced by an adolescent's experience. Experience is a major influence affecting the growth of a person. For example, experiences a person goes through or responsibilities a person undergoes cause abrupt growth, which make him or her demonstrate characteristics different from those of his or her age group [3].

Cognitive Development in Adolescents

Adolescents are in a period where they are totally egocentric, thinking mainly of themselves. Adolescents believe that they are the focus of everyone's attention and concern, they feel that they are unique and special, and others constantly watching and judge them. Adolescents become more self-conscious. Imaginary audience is a new form of egocentrism that is raised in adolescents. Adolescent egocentric is overcome with continued intellectual development and social interaction. In this transition, adolescents need more guidance from their parents [4, 34]. However, parents should be a positive reaction to their teens. Parent should provide just advice to their teen without criticism since they are so sensitive person in the period. Moreover, imaginary audience play a part of personal fable, this is a cognitive distortion. Personal fable is that the adolescent thinks he or she is special and unique, and their feeling and experiences are special [4]. Adolescents have an exaggerated sense of invulnerability that

may put them in risk of tackling new and dangerous experiences: drugs, and sexual risk. Moreover, formal operational stage beginning around age 11, where adolescents develop the ability for abstract thinking. Adolescents become a young cognizer, and fully understands the concepts of analogy and metaphor. Further, language in this stage starts to demonstrate metaphorically and refer to more abstract objects or ideas [24].

Emotional and Social Development in Adolescents

Erickson's theory, in the stage of "identity versus role confusion", emphasized identity as the major personality achievement of adolescence [13].

Erikson's Theory on Adolescence

As a boy who never got to know his father, Erikson has made identity a central issue in his work. [13]. Erikson believed that development is founded on the individual's experience of problems or crises. Growth occurs when the individual successfully resolves these problems, and in this way, the individual develops his or her character, identity, and a strong sense of self. Crises are inevitable when a person lives in a society and is part of a culture, and with every crisis we master, our identity develops further. Erikson explains that in stages a person moves from one stage to the next by overcoming the crisis presented at each stage. Each crisis must result in an acute emotional reaction and will continue to worry the individual until it can be resolved. Crises are normally turning points in an individual's life, e.g., entering school as a child, moving from elementary to middle school, from middle school to high school and so on; all these crises require one to develop social skills and obligations, and one copes with each stage successfully or unsuccessfully. Every stage needs to be dealt with fully before a person can move on to the next. Erikson believed the psychology of the individual to be shaped by

nurture, and that the individual, or rather the child, must pass through various stages of development with a crisis at each stage. How the child deals with those crises determines the child's ability to deal with the next stage. Erikson focused mainly on the issue of identity during adolescence rather than during childhood, as the adolescent years bring mental uncertainty combined with physical revolution, and it is a period during which individuals redefine themselves. During this stage, adolescents start to develop a sense of identity and become different people to what they were in the childhood period; they are no longer children, and this is apparent from the physical and mental changes they are going through. In Erikson's view, this stage can be a period of confusion for individuals who have comfortably and satisfactorily overcome the childhood stages, and now have to start over. More importantly, adolescence involves changing schools after spending seven or eight years in one school, and with that comes the responsibility of dealing with new relationships, new teachers, new systems, and new obligations and expectations. In addition, this is the time when individuals start to think about career paths. All of these factors require individuals to deal with the crisis and establish a new identity in order to define themselves at yet another level. This often results in adolescents being nonconformist with authority figures such as parents, but conformist with peers. Mainly, kids understand themselves through the looking glass, by seeing themselves reflected in others. Although ultimately, many adolescents in this stage end up agreeing with the values of their parents, from whom they initially wanted independence, they will have a chance to question these values and make decisions accordingly. By the end of the process, they should have developed a satisfying sense of self; otherwise, they will suffer role confusion and, as a result, will continue to struggle with the issues of adolescence as they move into adulthood [13].

Parenting Styles and Adolescents' Psychosocial Adjustment

Having supportive parenting has a substantial influence on the overall health of the child, both physically and psychologically [33]. Thus, emotional support plays a critical role in developing healthy behaviors among children. Researchers examined individual, family, and environmental factors that indicate unhealthy behavior among children. Researchers found that improving parent-child communication could decrease the risk factors in individuals such as poor academic performance and self-esteem. They recommended that assessment strategies should be developed to identify youth who are prone to unhealthy behavior, and that community-based strategies to enhance communication between parents and children should be applied [26]. Other study found that adolescents' perceptions of problems involving communication with parents were associated with the psychosocial risk [20]. Similarly, other study found that adolescents who perceived communication with one of their parents as open were involved with less serious forms of delinquency [5]. Researchers found that open communication prevents the child's involvement in health-risk behaviors. From other perspectives According to [31], parenting styles will influence directly the kind of parent's children will become. Here, a good (positive and emotionally supportive) parenting style produces quality parents in the future, while maltreatment and harsh and abusive parenting produces a similar parent. Therefore, parenting style is an indicator of the child's future behavior. A child's behavior can reflect his or her underlying range of emotions, including fear or frustration. According to [4], parenting style is very important in child rearing. It forms the child's character. Therefore, parents should try to follow a certain authoritative style from the beginning to develop the role of habit in the child. This habit includes the boundaries that the parents set for the child, which include rules the challenge of

which will lead to the child's being punished. This, in my belief, would help nurture not only a successful and respectful individual but an individual who is a good citizen also [22]. "Reciprocal parent-child associations were most evident under conditions of adolescent negativity" ([28], p. 1479). For example, harsh parenting relates negatively to flexible, involved adolescents, thus parenting behavior discourages the development of effective adolescent problem solving. Regardless of parenting strategies, unidirectional (parent-child) influences occur when the adolescent takes an appositive position to resolve an issue; harsh inconsistent parenting offsets that positive approach, encouraging coercive behavior from the adolescent. On the other hand, non-coercive, nurturing, or authoritative parenting is based on an understanding of the child's needs, producing a positive parent-child relationship and encouraging a flexible and rational child-parent relationship. The controlled and individualistic families pose two differences of family relationship and parenting styles [16]. Another study focused on parenting styles, among them authoritative parenting: the kind of parenting observed in the controlled family, and authoritarian parenting as it manifests in individualistic parenting. [36].

Adolescents' Psychosocial Adjustment in Law-Income Families

The term "low income" clearly describes families whose earnings fall below the threshold needed for basic sustenance. These families often struggle to meet essential needs, leading to significant financial stress. This economic hardship impacts children and adolescents, particularly in terms of their health and family dynamics. Adolescents in such families are especially affected, with their experiences tied closely to issues of physical and psychological health, as well as family relationships. The ability to maintain cohesive family dynamics distinguishes families with effective control from those where members are more isolated and individualistic [19].

Research has shown that a family's economic status influences how adolescents adapt within the family environment. For instance, study explored how adolescents from low-income families handle conflicts, revealing that family conflict is linked to the internalization of symptoms among these youth. [11]. Researchers investigated the effects of economic hardship on male adolescents, while other study found that economic instability impacts parental emotions and behaviors, leading to marital tensions, which subsequently affect parenting styles and adolescent adjustment [8]. Both parents, regardless of gender, are equally affected by financial strain [6]. Additionally, researchers examined how poverty and neighborhood conditions impact parenting styles, finding that living in poverty with a poor neighborhood diminishes warmth in parenting and increases harshness [25].

Another study looked into parental stress and its effects on adolescent adjustment. It found that parental stress, often resulting from financial strain, was linked to stress-related depression in parents, which disrupted their disciplinary practices and influenced adolescent development. Moreover, financial stress had both positive and negative effects on parent-adolescent relationships, with increased psychological stress leading to more negative interactions and fewer positive ones [9].

Growing up in poverty also exposes adolescents to other mental health risks. Poorer adolescents are more likely to face violence, experience alienation from school, and endure high levels of stress [14]. Chronic poverty has been associated with academic struggles, behavioral problems, and higher rates of depression and suicidal thoughts [30, 35]. Furthermore, another research highlighted that low income is often linked to poor nutrition, which contributes to health issues. Poor dietary choices, such as frequent consumption of fast food and inadequate intake of healthy foods, are major factors in disease and early death among

low-income families. [19]. Researchers suggested that poverty affects not only income levels but also the quality of consumption choices. [17]. Similarly, other researchers argued that low-income families are at higher risk for malnutrition, leading to conditions like heart disease, stroke, and cancer, which lower life expectancy compared to middle- or upper-class families [19]. However, making healthy grocery choices and maintaining good eating habits can be equated to effective budgeting. Parents, therefore, need to create a structured environment with clear rules and consequences [19].

In contrast, individualistic families often cite financial constraints as a primary reason for poor dietary choices, believing that convenience foods are more affordable. Economic problems impact adolescents differently based on gender. For girls, economic stress can lead to increased responsibilities and maturity within the family, while boys may experience heightened conflict, especially if their fathers are unemployed, which can lead to diminished respect for their fathers [12]. Economic strain creates a challenging family environment, putting adolescents at risk for various issues [10] found that harsh parenting is linked to psychological and behavioral problems in adolescents. Repeated exposure to unresolved marital conflict increases the likelihood of aggression and depression in these youths. Adolescents who experience aggressive parenting often reflect these behaviors in their relationships with siblings and later in their own families [7].

What are 10 Helpful Tips Professionals can use when Working with Low-Income Families?

Families have incredible dynamics. Yet when a crisis engulfs a low-income family, it can exert a variety of influences. And while it is interesting to question how a family acquired its low-income status, it is not a point to be pursued at this juncture. Therefore, since we know that low-income families exist, what are 10 helpful tips professionals can use when working with them? Above all else, establish a relationship based on trust. Professionals must make observations about the relationships among the family members, and making these observations does not involve judging. Avoid "I" statements, be objective in making comments, and continue to make observations even while talking. Essentially, focus on the positive and encourage [27, 37].

Professionals must be able to make contributions to families, personal networks, and neighborhoods. Moreover, professionals are not replacements for families; instead, they must remain cognizant of their responsibility to provide the tools necessary for families to achieve their goals. Professionals must be able to present themselves in a manner that will allow them to communicate effectively with the low-income families that need their help. A clear and honest definition of the professional's responsibilities, resources, and expectations must be provided to each low-income family with which he or she works. A key issue is the motivation inherent in everyone involved: the families and the professionals as well.

Professionals who target the strengths of a family will learn about its resilience despite the crisis that may have been exacerbated by its low-income status. These Low-Income Family 3 strengths also exist in personal networks among families and friends. Low-income families tend to live in specific communities; therefore, the professional should include community social support resources to mitigate the crises these families must confront. Low-income families maintain self-recognition, so it is important to target their wellbeing.

Because of their socioeconomic status, poor families may incur multiple problems, such as mental illness, addiction, and generally poor health due to malnutrition. Thus, the professional must lead them to becoming the type of family identified by as the controlled family, which learns to make healthy choices in

shopping for groceries and cooking meals from basic ingredients [19]. The strategies used to achieve this include providing nutritious meals on a budget. This ability distinguishes a controlled family from an individualistic family, whose members are essentially separate units. In comparison, the individualistic family cites its lack of financial resources as being a major reason for not eating proper food. The members of such families believe it is cheaper to consume convenience food. But which doing so satisfy their hunger, it does not keep them healthy. Thus, low-income families are at risk of afflictions, such as heart disease, stroke, and cancer, which lower their life expectancy more than families in the middle or upper classes [1]. Accordingly, the professional must help guide these families to develop an awareness of this condition. Such families must understand the importance of making healthy nutritious choices, which recognizes the fact that child development is affected significantly by these circumstances.

Are professionals judgmental rather than encouraging? Professionals must remain aware that they are not engaged with the family to serve as a replacement for the Low-Income Family for parents. In fact, they should underscore the accountability held by the parents who are ultimately responsible. Further, while professionals must be able to connect with the family, they cannot be viewed as being the permanent solution. The family must function properly and independent of professional facilitation [32]. Therefore, boundaries must be recognized and maintained. Professionals should focus on the strengths offered by personal networks within poor families and look to those for solutions concerning emotional guidance and social regulation. To be effective, these networks should be self-sustaining. Solutions can also be developed by capitalizing on the strengths of both families and neighborhoods. Neighborhoods are committed networks that offer self-sufficiency, educational outcomes,

pride, and resources. By focusing on communities, the efforts taken will influence the individual directly. For example, a community that develops leadership training will acquire the skills necessary to practice self-sufficiency. Once professionals teach these skills to those in need, the neighborhood will have developed the tools it needs to implement, adjust, and sustain leadership. The neighborhood thus will be prepared to create short- and long-term goals for the community based on data collection and measured results. Clearly, the professional must recognize that it will be challenging to sustain the motivation of the leaders and members of the community. Therefore, the leaders' goals must include continued growth as well as the involvement of all community members. A strong mission, vision, and organizational structure will provide an enviable image of the community's thoughts and commitment, with professionals serving as the co-manufacturers [2].

The family dynamics utilized to achieve changes among individuals and the community must be based on honesty and strength. Will the professional be able to give his or her best? Will the low-income family be fortunate enough to receive the best assistance? Certainly, the professional must be healthy to be credible as a teacher of health. In the process of the instruction being given, the low-income family will learn a new way of life, and painful changes will take place; however, sending healthy people back to a dysfunctional community may not necessarily enable an individual to influence the community. Professionals thus should be concerned with supporting the individual and community in a robust, socioeconomically correct context, which advocates effective public policy. Indeed, a simple change would be to replace the label of "multi-problem poor family" to "multi-challenged families" or "financially challenged family." This can be considered a positive method to promote resilience over crisis [37]. Understanding why we do what we do and

sharing this knowledge with low-income families will reassure them that they are indeed being heard. To that end, what can professionals do to improve communications in order to meet the needs of low-income families?

1. Know myself and prepare myself adequately by acquiring a professional education that is geared toward low-income families. Choose literature with multicultural themes and diverse characters depending on the target population. Professionals should always remember that they are guests in the community.

2. Professionals should understand their target families and the basic issues they face due to their low income.

3. Low-income families follow a diet regimen that places them at greater risk for sickness, disease, and premature death than families from the higher socioeconomic groups. Thus, to preserve the family, professionals should establish a goal of instilling in them the habit of making healthy food choices in a manner that suits their budget.

4. Organize, create, and choose an approach to be taken with low-income families through individuals, families, or neighborhoods that benefit from both mission and vision statements.

5. Develop structures, training, and programs to work with low-income families. [20, 37]. Since each family's situation is different, professionals should be aware of the living arrangements within the family setting. They should provide an educational structure and programs based on the information available about a particular family as a uniquely individual unit.

6. The professional should establish a relationship based on support and encouragement. The professional should serve low-income families but must also enable entire communities to thrive by advocating community involvement from political, corporate, religious, and civic

leaders, and capitalize on their time, talent, and treasures.

7. Professionals should facilitate mentor and protégé programs. Neighborhood meetings should be held to acquire community input [18].

8. Communicate with low-income families using practice examples. Examine the needs and areas of improvement for these families.

9. Seeking funding from foundations to enable improvements in schools, parks, and family training.

10. Professionals should be prepared to share information with other professionals in order to track and evaluate outcomes. This ensures that goals are met and enables adjustments to be made to the changes that are already occurring [18].

Conclusion

Children primarily depend on their parents for support, with society playing a secondary role. For instance, parents need to provide for their children's economic needs, which requires them to be part of a larger societal framework. A society is a collective of individuals who live together for mutual benefit, united by shared beliefs, values, and common goals. Essentially, society is made up of individuals who form a cohesive unit through a common understanding of their world. Individuals contribute to societal progress and secure their livelihood by working towards these collective goals. Thus, personal skills and efforts benefit the broader society [29].

However, job insecurity is a significant issue exacerbated by the complex economic systems in modern competitive societies [21]. An individual may lose their job through no fault of their own, which impacts more than just their income. Beyond the psychological toll of lost ambitions and diminished self-worth, job loss can lead to homelessness and an inability to provide for one's children. However, poverty often results from the cyclical nature of the

market, where some benefit while others suffer. In such cases, society should take responsibility for supporting those affected by economic downturns [30]. As researchers argue, by aiding those who are disadvantaged, society not only helps its members but also ensures its own continuity and prosperity by investing in the future generation of leaders [23].

References

[1]. Anderson, J., (2005), Improving Latin America's school quality: Which special interventions work? *Comparative Education Review, 49*(2), 205-229.

[2]. Austin, M., Lemon, K., & Leer, E., (2005), Promising practices for meeting the multiple needs of low-income families in poverty neighborhoods. *Journal f Heath & Social Policy, 21*(1), 95-117.

[3]. Berger, K., (1994), *The developing person through the life span* (3rd ed.). New York: Worth.

[4]. Berk, L., (2008), *Infant, children, and adolescents* (6th ed.). Boston, MA: Pearson.

[5]. Clark, R. D., & Shields, G., (1997), Family communication and delinquency. *Adolescence, 32, 81*-93.

[6]. Conger, R. D., & Conger, K. J., (1992), A family process model of economic hardship and adjustment of early adolescent boys. *Child Development, 63*(3), 526. Doi:10.1111/1467-8624.ep9207061028

[7]. Conger, K., & Conger, R. D., (1994), Differential parenting and change in sibling differences in delinquency. *Journal of Family Psychology, 8*(3), 287-302.

[8]. Conger, R. D., Elder Jr., G. H., Lorenz, F. O., Conger, K. J., Simons, R. L., Whitbeck, L. B., & Melby, J. N., (1990), Linking economic hardship to marital quality and instability. *Journal of Marriage & Family*, *52*(3), 643-656.

[9]. Conger, R. D., & Patterson, G. R., (1995), It takes two to replicate: A mediational model for the impact of parents' stress on adolescent adjustment. *Child Development*, *66*(1), 80-97. Doi:10.1111/1467-8624.ep9503233299

[10]. Cummings, E., Ballard, M., El-Sheikh, M., & Lake, M., (1991), Resolution and children's response to interadult anger. *Developmental Psychology, 27*, 462-470.

[11]. DeCarlo Santiago, C., & Wadsworth, M., (2009), Coping with family conflict: What's helpful and what's not for low-income adolescents. *Journal of Child & Family Studies, 18*(2), 192-202. Doi:10.1007/s10826-008-9219-9

[12]. Elder, Jr., G. H., van Nguyen, T., & Caspi, A., (1985), Linking family hardship to children's lives. *Child Development, 56*(2), 361. Doi:10.1111/1467-8624.ep7251622.

[13]. Erikson, E., (1979). *Dimensions of a new identity*. New York, NY: W.W. Narton.

[14]. Felner, R. D., & Brand, S. (1995). Socioeconomic disadvantage, proximal environmental experiences, and socioemotional and academic adjustment in early adolescence: investigation of a mediated effects model. *Child Development, 66*(3), 774-792. Doi:10.1111/1467-8624.ep9506152725

[15]. Foster, M. E., & Kalil, A. (2007). Living arrangements and children's development in low-income white, black, and latino families. *Child Development, 78*(6), 1657-1674.

[16]. Fox, R., Duffy, K., & Keller, K. (2006). Training community-based professionals to implement an empirically supported parenting program. *Early Child Development & Care, 176*(1), 19-31.

[17]. Headey, B. (2008). Poverty is low consumption and low wealth, not just low income. *Social Indicators Research, 89*, 23-39. doi:10.1007/s11205-007-9231-2

[18]. House, R. M., & Martin, P. J. (1998). Advocating for brighter futures for all students: A new vision for school counselors. *Education,119*, 284-291.

[19]. Mackereth, C., & Milner, S. (2007). The influence of family culture on eating in low-income families. *British Food Journal, 109*(3), 198-205.

[20]. Marta, E. (1997). Parent–adolescent interactions and psychological risk in adolescents: An analysis of communication support and gender. *Journal of Adolescence, 20*, 473–487.

[21]. McCarty, D. (2008). The impact of public housing policy on family social work theory and practice. *Journal of Family Social Work, 1*1(1), 74-88.

[22]. Miller, D. F. (2007). *Positive child guidance* (5th ed.). Clifton Park, NY: *Thomson Delmar Learning.*

[23]. Minujin, A., Delamonica, E., Davidziuk, A., & Gonzalez, E. (2006). The definition of child poverty: A discussion of concepts and measurements. *Environment and Urbanization, 18*, 481-500. Doi:10.1177/0956247806069627

[24]. Piaget, J. (1968). *Six Psychological Studies.* New York: Random House, Inc.

[25]. Pinderhughes, E. E., Nix, R., Foster, E. M., & Jones, D. (2001). Parenting in context: Impact of neighborhood poverty, residential stability, public services, social networks, and danger on parental behaviors. *Journal of Marriage and Family, 63*, 941-953.

[26]. Riesch, S. K., Anderson, L. S., & Krueger, H. A. (2006). Parent–child communication processes: Preventing children's health-risk behavior. *Journal for Specialists in Pediatric Nursing, 11*(1), 41-56. Doi:10.1111/j.1744-6155.2006.00042.x

[27]. Riley, D., & Roach, M. (2006). Helping teachers grow: Toward theory and practice of an Low-Income Family 9 "Emergent Curriculum" model of staff development. *Early Childhood Education Journal, 33*(5), 363-370.

[28]. Rueter, M., & Conger, R. (1998). Reciprocal influences between parenting and adolescent problem-solving behavior. *Development Psychology, 34*(6), 1470-1482. doi:0012-1649/98/$3.00

[29]. Schokkaert, E., & Sweeney, J. (1999). Social exclusion and ethical responsibility: Solidarity with the least skilled. *Journal of Business Ethics, 21*, 251-267.

[30]. Seccombe, K. (2007). *Families in Poverty.* New York, NY: Pearson.

[31]. Shaffer, A., Obradovic, J., Burt, K., Herbers, J., & Masten, A. (2009).Intergenerational continuity in parenting quality: The mediating role of social competence. *Developmental Psychology, 45*(5), 1227-1240.

[32]. Sousa, L. (2005). Building on personal networks when intervening with multi-problem poor families. *Journal of Social Work Practice,19* (2), 163-179.

[33]. Spinrad, T., & Losoya, S. (1999). The relations of parental affect and encouragement to children's moral emotions and behaviour. *Journal of Moral Education, 28*(3), 323-337.

[34]. Steinberg, L. (2008). *Adolescence* (8th ed.). New York: McGraw-Hill Higher Education.

[35]. Unger, J., Kipke, M., Simon, T., Montgomery, S., & Johnson, C. (1997). Homeless youths and young adults in Los Angeles: Prevalence of mental health problems and the relationship between mental health and substance abuse disorders. *American Journal of Community Psychology, 25*, 371-394.

[36]. Vereecken, C., Legiest, E., De Bourdeaudhuij, I., & Maes, L. (2009). Associations between general parenting styles and specific food-related parenting practices and children's food consumption. *American Journal of Health Promotion, 23*, 233-240.

[37]. Waldegrave, C. (2005). Just therapy with families on low incomes. *Child Welfare, 84*(2),265-276