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Adolescent Suicidal Ideation and Parental Perception, Parenting Style, and Parental Denial

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Walden University
2020

Abstract

Adolescent Suicidal Ideation and Parental Perception, Parenting Style, and Parental

Denial

by

Julie Mann

MS, Walden University, 2017

MS, Kaplan University, 2013

BS, Kaplan University, 2010

Dissertation Submitted in Partial Fulfillment

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Abstract

Adolescent suicidal ideation is a substantial health concern in the United States, from both mental and physical perspectives. Parent-child connectedness (PCC) ostensibly plays a considerable role in reducing the problem. Along with parents of youth who are struggling with suicide, mental health care providers and school administrators would appreciate understanding more effective strategies for eliminating adolescent suicidal ideation. This cross-sectional, quantitative study sought a statistically significant relationship between PCC measured as parental perception, parenting style, and parental denial (independent variables) and the dependent variable of adolescent suicidal ideation. Bandura's social cognitive theory, Baumrind's parenting style theory, and Mowder's parent development theory were used to address the research question. Participants included parents in the Midwest whose adolescents had either experienced suicidal thoughts or had attempted suicide. Multiple linear regression was used to analyze the data. According to ANOVA, $F(5, 74) = 1.078, p > 0.05$, the overall test was not statistically significant. Specifically, results for parental perception ($B = .036 < p 0.05$), were statistically significant. Parenting style permissive ($B = .844 > p 0.05$); parenting style authoritative ($B = .776 > p 0.05$); parenting style authoritarian ($B = .568 > p 0.05$); and parental denial ($B = .277 > p 0.05$) were not statistically significant. Based on these results, social change could only occur if more emphasis on promoting PCC is pursued. These findings imply that while parenting style and parental denial marginally influence adolescent suicidal ideation, the meaningful impact is insufficient to be considered statistically significant.

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Dedication

This dissertation is dedicated to my family who patiently dealt with my occasional bouts of frustration, and wondering if the journey would result in a successful outcome. At the outset, I recognized the endeavor would be challenging, and without a supportive foundation, the likelihood of success would be substantially diminished. Lastly, I wish to dedicate this undertaking to my grandson, Carter. You are capable of accomplishing anything, regardless of obstacles that you may encounter along your voyage of life!

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When I commenced on this venture, my apprehension as to whether successful completion was feasible seemed inconceivable. Nevertheless, whenever I experienced doubt to effectively achieve my objective, Dr. Hamilton provided encouraging words that kept me from straying off course. Minus her guidance, the likelihood of this dissertation being finalized would be diminished. I would also like to thank both Dr. Jaeckle and Dr. den Heyer for their contributions. The collaborative effort offered from my team was invaluable.

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Chapter 1: Introduction to the Study

Adolescent suicidal ideation is an extensive problem amongst youth from nearly all socioeconomic environments and cultures, and the problem has been escalating since 1999 (Centers for Disease Control and Prevention [CDC], 2014; Curtin, Warner, & Hedegaard, 2016; Oppenheimer, Stone, & Hankin, 2018). During adolescence, the parent–child dynamic frequently experiences challenges, particularly self-sufficiency and the progression into adulthood (Oppenheimer et al., 2018). Elevated negative parent-child relationships (PCRs) and reduced positive parental-child rapport boost the probability of adolescent suicidal ideation (McKinnon et al., 2016; Oppenheimer et al., 2018). Conversely, PCRs that consist of mainly constructive interactions decrease the likelihood of suicidal thoughts and feelings (Borowsky, Taliaferro, & McMorris, 2013; Oppenheimer et al., 2018). While studies have ascertained that positive PCRs generally lessened the possibility of youth suicide, these studies did not consider parent–child connectedness (PCC) from the perspective of parental perceptions, parenting style, and parental denial (essentially, dismissal of a child’s feelings and/or circumstances), and whether these variables could influence adolescent suicidal thoughts.

The results of this study could provide statistically meaningful analyses about collective parent-child relationships and adolescent suicidal ideation, as evaluated from the parental viewpoint and possible suicidal thoughts or actual attempts. Suicide is the second leading cause of death for adolescents in the United States (CDC, 2014; Curtin et al., 2016; Oppenheimer et al., 2018). In order to prevent this prevalence from becoming more common, there is a need to discover effective approaches to tackle youth suicide

and enhance adolescent self-efficacy. This study has implications for positive social change by determining how parental influence and involvement is often associated with youth self-efficacy (Graziano, Bonino, & Cattelino, 2009; Wu & Yaacob, 2017). It could be instrumental in developing strategies to improve PCRs, to reduce adolescent suicide.

This chapter covers the following sections: introduction; background; problem statement; purpose of the study; research question and hypotheses; theoretical and/or conceptual framework for the study; nature of the study; definitions; assumptions; scope and delimitations; limitations; significance; and summary. The collected data from the questionnaire will clarify possible connections between PCC (parental perceptions, parenting styles, and parental denial) and adolescent suicidal ideation. Analyses gathered from the data will potentially propose further studies in order to research the perceived correlation between PCC and adolescent suicidal ideation.

Background

Social interactions, which include PCRs, can imply either a significant positive or negative correlation about adolescent suicidal ideation (Aviad-Wilchek, Ne'eman-Haviv, & Malka, 2017; Cheng et al., 2014; Liu & Miller, 2014; Patton et al., 2009). While Holt et al. (2015) asserted that positive social interactions tend to reduce the problem, Liu and Miller (2014) declared that adverse “life stressors,” such as a negative parent–child dynamic, can exacerbate the probability of youth suicidal thoughts. Kleiman and Liu (2013) theorized that enhanced parental support would diminish the likelihood of adolescent suicidal ideation, especially suicide attempts. James et al. (2017) bolstered this theory by stating that negative parental attitudes increased the possibility of youth

suicidal feelings. Miller, Esposito-Smythers, and Leichtweis (2016) concurred with the presumption, stating that a lack of parental connection intensifies the problem.

Dazzi et al. (2014) declared that misunderstandings surrounding engaging in conversations of adolescent suicidal ideation can strengthen the probability of experiencing suicidal thoughts are untrue. Discussions between parents and adolescents concerning the problem frequently generate positivity, reduce suicidal ideation, and improve PCRs (Dazzi et al., 2014). Bandura (1977) theorized that individuals manage and integrate interactions with others in a variety of phases that happen during customary stages of child development into adulthood. PCRs, parents must recognize the expected child growth stages, and alter their attitudes/reactions to adolescent children, lest they heighten the possibility of suicidal ideation. Understanding how PCC influences the problem of adolescent suicidal ideation could substantially help avert further suicidal thoughts and suicide attempts.

Problem Statement

Curtin, Heron, Miniño, and Warner (2018) stated in their report on injuries to youth, ages 10-19 that suicide rates increased 56% during the years 2007-2016, although between 1999 and 2007, suicidality had diminished 15% (National Vital Statistics Report, 2018). As of 2015, adolescent suicide ranks third amongst causes of death for youth, aged 10-14, and is the second cause of death for adolescents, aged 15-24 (CDC, 2015; Stone et al., 2017). While researchers cannot definitively ascertain the motivation for adolescent suicidal ideation, they concur that suicidal ideation and suicide attempts are both commonplace mental health crises and a predominant precursor of adolescent

death (Miller, Esposito-Smythers, & Leichtweis, 2015). Correlations between decreased emotional self-worth and adolescent suicidal ideation have been theorized as indicators of the problem, but not clearly established, particularly regarding gender and/or race (Valois, Zullig, & Hunter, 2015). It has been suggested that additional research on adolescent suicidal ideation is crucial, particularly the reasons and indicators of adolescents who are prone to suicidal ideation (Bauman, Toomey, & Walker, 2013).

Adolescence is a developmental period where feelings are strengthened, with temperament changes sometimes resulting in irrational decisions (Valois et al., 2015). Youth frequently do not possess the cognitive maturity to comprehend the extent of adverse actions, and thus respond to challenging situations with meticulous consideration beforehand. This lack of cognitive maturation and control of emotions can exacerbate the probability of a suicide attempt, particularly with youth more prone to suicidality. Adolescents who do not have a strong family system are more susceptible to suicidal thoughts, especially if they believe their existence does not matter (Valois et al., 2015). Thus, a positive overall PCR is vital as a way to dissuade adverse feelings and behaviors that can frequently denote suicidal ideation.

PCC is described as a positive and trusting dynamic between child and parent(s), and a substantial source of emotional support (Whitlock, Wyman, & Moore, 2014). It is frequently instrumental in deterring dangerous health behaviors that include suicidal ideation and/or suicide attempts (Boeninger, Masyn, & Conger, 2013; Borowsky, Taliaferro, & McMorris, 2013; DeLuca, Wyman, & Warren, 2012; Nkansah-Amankra et al., 2012). PCC has been minimally researched with respect to adolescent suicidal

ideation, especially relating to positive and negative outcomes (Kuramoto-Crawford, Ali, & Wilcox, 2017). From this standpoint, discovering whether a statistically significant relationship exists between (a) the independent variables of parental perception, parenting style, parental denial, and (b) adolescent suicidal ideation could generate statistically significant data important in reducing the devastating effects of the problem. If a statistically significant correlation is found between PCC and adolescent suicidal ideation, further studies could use this model for replication.

Previous studies have discussed the independent variable of parental perception with usage of emotional support as the viewpoint for adolescent suicidal ideation, but not how other elements of PCC influence the problem (Kuramoto-Crawford, Ali, & Wilcox, 2017; Miller et al., 2015). For instance, favorable parental perception and/or attitude toward an adolescent child frequently influence suicidal ideation or suicide attempts (Miller et al., 2015). Thus, it can be inferred that negativity surrounding parent support enhances the possibility of suicidal ideation and suicidal attempts in cross-sectional, longitudinal, and clinical samples in previous studies (Bonanno & Hymel, 2010; Czyz, Liu, & King, 2012; Miller et al., 2015; Sharaf, Thompson, & Walsh, 2009; Winfree & Jiang, 2010).

Although parental perception is important to an adolescent's worldview concerning his/her situation, parenting style can considerably influence adolescent suicidality, particularly if a parent is overly authoritarian and withholds emotional support from an adolescent who is struggling with suicidal ideation (Donath, Graessel, Baier, Bleich, & Hillemacher, 2014). Negative parenting styles (e.g., authoritarian or

rejecting–neglecting) boost risk factors commonly linked with adolescent suicidal ideation (Baumrind, 1991; Donath et al., 2014). Conversely, adolescents whose parenting style is categorized as authoritative generally possess noticeably greater self-confidence and self-control, particularly in contrast to authoritarian and rejecting–neglecting parenting style (Donath et al., 2014). Thus, ascertaining parenting style—in connection with the above stated variables, and as a variable of PCC—could determine whether an adolescent is more susceptible to suicidality (Kuramoto-Crawford et al., 2017).

Kuramoto-Crawford et al. (2017) declared that parenting styles can considerably influence adolescent suicidal ideation. The researchers asserted that parental denial measures potential parental undermining of an adolescent’s emotions, and suggest whether PCC is evident. For a child who is more susceptible to engaging in self-harm and/or suicidal thoughts, parental denial can substantially increase the possibility of suicidal ideation or suicidal attempts (Adrian et al., 2018). Negative parental attitudes can increase instances of adolescent self-harm, especially parent(s) who are overly critical of their child. Elevated rates of self-harm are generally found when parental negative actions are interspersed with parental criticism, particularly if the disapproval is not integrated with positive behavior. Prior studies on adolescent suicidal ideation have addressed the stated variables individually, but no study has integrated these together in a study. A previous research endeavor also focused on life stressors and adolescent suicidal ideation, which is comparable to parental perceptions and/or parent denial (Liu & Miller, 2014).

Although the aforementioned research regarding adolescent suicidal ideation illustrates important findings, I found minimal research that has meaningfully examined PCC (parental perception, parenting style, and parental denial) and its influence on adolescent suicidal ideation. Thus, further research is warranted that could examine the relationship of PCC on suicidal ideation, in an effort to address the problem of adolescent suicidal ideation (Miller et al., 2015).

Purpose

The purpose of this cross-sectional, quantitative study was to correlate a potential statistically significant relationship regarding PCC on adolescent suicidal ideation. In order to address the previously stated gap, the objective was to see whether certain variables influenced adolescent suicidal ideation, contained within Bandura's theoretical framework (Bandura, 1977; Miller et al., 2015). Child welfare professionals, school teachers and/or administrators, and parents personally impacted by adolescent suicidal ideation could significantly benefit from the collected data, and plausibly employ the information to combat the problem. The research study was conducted at a community outreach center, in tandem with an online option (Survey Planet) that included a brief questionnaire on PCC and adolescent suicidal ideation (Weiss et al., 2015).

Research Question and Hypotheses

Research Question: Is there a statistically significant relationship between PCC (parental perception, parenting style, and parental denial) on adolescent suicidal ideation?

*H*₀: There is no statistically significant relationship between PCC (parental perception, parenting style, and parental denial) on adolescent suicidal ideation.

*H*_A: There is a statistically significant relationship between PCC (parental perception, parenting style, and parental denial) on adolescent suicidal ideation.

Theoretical Framework for the Study

The underlying theoretical framework was Bandura's (1977) SCT, which entails the dynamic between psychosocial functioning and PCR's. The connotation is that socioeconomic environment impacts behavior, conduct, and personality, and is replicated, unless otherwise changed (Bandura, 2001). According to Bandura (1988; Phan & Ngu, 2014), three components of SCT are paramount: (1) growth of an amalgamation of cognitive, social, and behavioral skills via appropriate role models; (2) development of self-esteem, in order to perform abilities successfully, and (3) implementation of suitable objectives. SCT has been linked to a support-efficacy model in connection with adolescent self-efficacy and PCC (Antonucci, Birditt, & Akiyama, 2009; Wu & Yaacob, 2017). This bolsters the premise that positive PCRs deter adolescent suicidality propensities.

Bandura's (1977) SCT was used throughout the study, but Baumrind's PST (1966) contains the crux of PCC, which includes parental perceptions, parenting style, and parental denial/reactions. According to Baumrind's theory, parenting styles, which include authoritative, authoritarian, and permissive, also incorporate parental attitudes and reactions, influence child socialization, and can substantially influence suicidal thoughts. For instance, Donath et al. (2014) used Baumrind's theory to measure parental

behavior and parenting style in connection with adolescent suicidal attempts. Mowder's parent development theory (PDT; 2005) suggests that parenting roles evolve throughout the child developmental process. Therefore, while bonding, sensitivity, and support are crucial elements to maintain a positive adolescent-parent relationship, understanding how child growth can impact suicidal thoughts is essential.

The theoretical framework will be further discussed in the literature review, and provide corroboration between adolescent suicidal ideation and the theories. Furthermore, each theory connects with the research question and the overall purpose of the study in both the literature review and the discussion and recommendations sections. Likewise, the theoretical framework address each variable.

Nature of the Study

This study used a cross-sectional design to obtain statistics from a specific sample population. Quantitative research customarily utilizes questionnaires to evaluate potential connections between independent and dependent variables (Rowley, 2014). For this study, a connection between parental perceptions, parenting styles, and parental denial could be ascertained or refuted by implementing a questionnaire. Furthermore, this methodology would provide the probability of effectively answering the aforementioned research question. For each independent variable, validity and reliability were assessed. Furthermore, reliability was ensured by consistent use of Cronbach's alpha.

Parental perception (continuous/interval level) concerning adolescent suicide is customarily essential because parental reactions frequently influence an adolescent's self-worth, which is an element often associated with adolescent suicidal ideation (Greene-

Palmer et al., 2015). Baumrind's PST (Baumrind, 1991; Donath et al., 2014) defined parenting style as parental warmth and parental control in childhood (for both mother and father); PST is crucial in connection with adolescent suicidal ideation. Parental denial (continuous) is generally defined as dysfunctional communication, with negative interaction between child and parent worsened by a parent's refusal to grasp the severity of the problem (Capuzzi & Golden, 2013). Lastly, the dependent variable, adolescent suicidal ideation (continuous variable), was defined as thoughts pertaining to termination of an adolescent's life, and scored on an interval level (Curran, 2014; Nunes & Mota, 2017). The number of times a participant's child experienced either suicidal ideation and/or suicidal attempts were reported to make this a continuous variable.

A questionnaire was distributed to the sample population in the Midwest with at least one adolescent who has experienced suicidal ideation. This research was implemented through a brief explanation and distribution at a nonprofit multi-agency. A code to complete the questionnaire through an online website was provided to those wishing to take it. The questionnaire was initially open to participants during a four week period but ended up being extended an additional two weeks.. Data was collected and coded using IBM SPSS, and evaluated with regard to the research question/hypotheses. Novel information that ostensibly could be replicated in the foreseeable future is the desired outcome.

Multiple linear regression analysis was used because it helps determine the correlation strength and predictability between a continuous dependent variable and multiple independent variables, which were measured as categorical or continuous

(Nimon & Oswald, 2013). While multiple linear regression analysis is quite useful for predictive objectives, determining relative significance necessitates further steps, such as the inclusion of multicollinearity/correlation coefficients (Nimon & Oswald, 2013). Although this study did not involve any multicollinearity issues, further studies might incorporate additional variables. This strategy could produce different results.

Definitions

The following variables were used in this study:

PCC (parental perception). This independent continuous/interval variable is described as parental insight into an adolescent's exhibiting signifiers of adolescent suicidal ideation, and whether said parent's reactions and/or mindset is associated with the problem (Greene-Palmer et al., 2015). The type of parental reactions/attitudes range on a Likert scale from 1 (strongly disagree) to 5 (strongly agree). A higher score indicates increased parental stress and possible negative reactions to situations, while a lower score denotes less parental stress, and the ability to handle conflicts more effectively.

PCC (parenting style). This independent continuous/interval variable is referenced from Baumrind's Theory of Parenting Styles (Baumrind, 1966, Baumrind, 1991; Buri, 1991; Donath et al., 2014; Weiss et al., 2015) that defined parenting style as authoritarian parenting (randomly altering parental rules in a punitive manner), authoritative parenting (constant execution of unambiguous parental rules within the dynamic of a warm parent/child relationship) permissive (minimal parental rules), and rejecting-neglecting (essentially ignoring). The types of parenting are highlighted and used a Likert scale that spanned from 1 (strongly disagree) to 5 (strongly agree).

Computation of the subscale scores and ultimately, the final score, signifies a propensity toward a type of parenting style.

PCC (parental denial). The independent continuous/interval variable that is described as dysfunctional communication (Capuzzi & Golden, 2013). The type is parental rejection/attitudes with a four point Likert scale that ranges from 1 (strongly disagree/never) to 4 (strongly agree/almost always). A final lower score implies a greater parental psychological flexibility, while a higher score suggests increased parental psychological inflexibility.

Adolescent suicidal ideation. Lastly, the dependent continuous variable is defined as ideation regarding the termination of an adolescent's life (Curran, 2014; Nunes & Mota, 2017). The amount of times that a respondent's adolescent has engaged in either suicidal ideation or suicidal attempts will be measured and assessed in accordance with the independent variables. Previous researchers have commonly implemented a continuous approach to measure suicidal ideation with mixed results, especially concerning the actual severity of the problem, and whether suicidal thoughts will culminate in suicide attempts and/or death (Liu, Jones, & Spirito, 2015).

The majority of terminology used in this study are either commonplace, or will be more thoroughly discussed in subsequent chapters. Nevertheless, while an overall definition of adolescent suicidal ideation has been provided, there will be further mention of suicidal ideation (SI) and suicidal attempts (SA), concepts though fundamentally linked, are not equivalent. Adolescent who exhibit and/or disclose SI might never attempt suicide, and some youth who commit SA perhaps refrain from displaying or revealing SI

(Miller et al., 2015). Thus, it is imperative to distinguish between the two concepts, particularly in the literature review section.

Assumptions

The assumption was that all survey participants are parents whose adolescents either experience or endured suicidal ideation and/or suicide attempts. Furthermore, the assumption was that all participants who partook in this study did so without reservation and provided honest responses to questions on the survey. Moreover, the assumption was that research participants read and comprehend English minus support from others. Because the majority of participants took the questionnaire online, there is no method to determine if the above statement is true, and must accept that the assumption was correct.

Scope and Delimitations

The reason for the study was to examine whether a potential relationship existed between PCC (parental perception, parenting style, and parental denial) and adolescent suicidal ideation. This required a germane sample population: parents whose adolescent children had either displayed suicidal ideation or engaged in suicidal attempts. Whether positively or negatively, PCRs can purposely or unintentionally influence adolescent suicidality (Aviad-Wilchek, Ne'eman-Haviv, & Malka, 2017; Cheng et al., 2014; Liu & Miller, 2014; Patton et al., 2009).

Selection of the sample population area involved accessibility to potential participants. Although I would have preferred to include adolescent participants, this was not possible due to IRB regulations surrounding the inclusion of minor populations in research studies, with the exception of certain circumstances. Durkheim's (1951)

Interpersonal Theory of Suicide was considered and rejected as a possible theoretical framework for this study, as the theorist hypothesized that societal amalgamation and expectations cultivated circumstances for suicidal contemplation, especially when certain social factors were incorporated into a situation. It was determined that Bandura's (1977) SCT, Baumrind's PST (1966), and Mowder's PDT (2005) were more relevant to the study. Bearing in mind the emphasis is from a PCR aspect to suicidality, and not strictly suicidal ideation, the dismissed theory seemed unrelated.

Generalizability could be limited, given the small sample size and lack of population diversity. If further studies were performed under similar circumstances, the gathered data and subsequent results might bolster generalizability. Ostensibly, parents in other environments enduring comparable situations would respond to the survey in a similar manner, thus increasing applicability in this regard.

Limitations

Limitations of the study include the elements of the study (i.e., parental perspective only, with no input from adolescents coping with suicidal ideation), in conjunction with the study being conducted in the Midwest. The locality was fundamentally considered rural, with findings perhaps not comparable to urban/metropolitan cities. Bearing in mind population size and community interaction, there was a possibility that participants could encounter each other at the survey site, considering a sizeable portion of the community use the site's services. This was not an issue for online participants. Internal validity should be maintained, as implemented variables are applicable to explaining the relationship between the independent and

dependent variables. Nevertheless, external validity could be problematic, considering the sample population and its locality.

Biases connected to this study were nonexistent, from the perspective of onsite survey distribution, to online participation. I presumed participants respond to the questions untruthfully. While there is conjecture that parental attitudes regarding youth suicidality could impact ideation and/or suicidal attempts, there is no prejudice that a definitive link between PCC and the topic. Due diligence to avoid any predisposition was stringently upheld.

Significance

This study's potential contributions examined and sought information that could conceivably correlate the gap of parental perception, parenting style, and parental denial regarding the escalation of adolescent suicidal ideation. Although linkage between adverse behavior from peers and adolescent suicidal ideation had been established, no prior connection has addressed the concept of PCC about the propensity toward suicidal ideation (Weiss et al., 2015). Perceived criticism or disapproval, particularly in connection with the parent and child dynamic, can exacerbate suicidal ideation (Hagan & Joiner, 2017). Furthermore, a sense of purpose, or 'life meaning,' can dissuade suicidal ideation for both adolescents and adults, regardless of current challenges one is experiencing (Aviad-Wilchek, Ne'eman-Haviv, & Malka, 2017; Tan, Chen, Xia, & Hu, 2018; Zhang, Shi, Liu, & Miao, 2014).

Another plausible significance entails the influence of PCC, and the impact of child self-esteem and appropriate child development, essential components connected

with deterring adolescent suicidal ideation (Nunes & Mota, 2017). Ascertaining the potential benefits associated with PCC could provide parents and professionals applicable methods to improve PCR's. Comprehending the relational aspect between the aforementioned variables and adolescent suicidal ideation could fundamentally save lives. Child welfare professionals, mental health professionals, and school administrators, in conjunction with parents whose children have expressed suicidal ideation could substantially benefit from results revealed from this study. Relevant analyses from gathered data might offer these individuals different techniques to address the problem of adolescent suicidal ideation. Tackling the problem of adolescent suicidal ideation from a theoretical and pragmatic perspective, could alter current interventions used to tackle suicidal ideation, and eventually, prompt social change.

Summary

Quantitative methods were used to address the research questions concerning a potential relationship between PCC and adolescent suicidal ideation. Data was gathered from parents whose adolescent children either demonstrated/disclosed suicidality, or attempted suicide. The pertinent data was evaluated through implementation of a multiple linear regression analyses to determine a correlation between the stated variables. Chapter 2 (Literature Review) further examines a conceivable relationship pertaining to the proposed hypotheses by providing literary resources to bolster the theoretical proposition. Considerable time was spent perusing library and other online resources, in order to gather germane information about the topic. Using appropriate Boolean language was necessary to gather relevant data, especially taking into account my independent

variables. Articles were garnered that addressed the topic of adolescent suicidal ideation, in conjunction with each stated independent variable comprised of PCC. Searching for the most recent information was essential.

Chapter 3 (Research Method) includes the introduction, research design, time and/or resource limitations, and applicability of the design option in connection with the human and social services field. The chapter also encompasses the methodology section that is comprised of: the target population and guesstimated size; sampling strategy, which includes the protocol for obtaining the sample, sample eligibility parameters, power analysis, justification for the effect size, alpha and power levels, and source for calculating sample size. Procedures for recruitment, participation, and data collection, with an explanation concerning each specific portion are also included. Instrumentation and operationalization of constructs is contained within the chapter, and encompasses all pertinent information pertaining to the developer of the instrument, appropriateness to the study, published reliability and validity values used that are germane to the study, and prior usage of the instrument. Threats to validity (internal and external) are addressed, in addition to ethical procedures associated with the study.

Chapter 4 (Data Collection and Analyses) encompasses the methodology of data collection, and a detailed evaluation of the results. The section is comprised of tables and figures gleaned through usage of SPSS. Descriptive Statistics and assumptions that consist of: Durbin-Watson (independence of error) scale test; variance of inflation (VIF) factor; Cook's distance values; normality; and homoscedasticity and linearity are contained in this chapter. Data coding, multiple linear regression analysis, and ANOVA

results are also discussed. Findings pertinent to the gathered data and analyses conclude the data collection and analyses section.

Chapter 5 (Conclusions and Recommendations) essentially provides a detailed interpretation of the findings, along with an analysis of the chosen theoretical approach and used theories in this study. Theoretical application of the findings from the perspective of using each theorist is discussed. Limitations of the study are addressed in relation to generalizability, validity, and reliability. Recommendation for further research are discussed, in addition to implications for social change. Recommendations for practice are also examined in this last chapter.

Chapter 2: Literature Review

The problem of adolescent suicidal ideation has steadily risen in the United States since 1999, mainly amongst adolescent girls aged 10-14 (Curtin et al., 2016; Van Meter, Paksarian, & Merikangas, 2019). For each suicidal death, approximately 25 suicidal attempts are guesstimated to occur (Van Meter et al., 2019). According to the Youth Risk Behavioral Surveillance System (YRBSS), adolescent (ages 10-24) deaths in the United States as a result of suicide were determined to be 17% from 2014-2015 (Kann et al., 2016). In the majority of the four predominant causes of death amongst this age group, suicide was ranked second with other intentional injuries; vehicular fatalities was the number one cause at 23%. It is noteworthy that nearly 15% of adolescent participants had created a suicide plan approximately one year prior to undergoing the survey, with essentially 9% attempting suicide during the same time period.

As asserted by various researchers, foreseeing youth suicidality is challenging, with current preventive strategies relatively ineffectual (Franklin et al., 2017; Van Meter et al., 2019; Vigo, Thornicroft, & Atun, 2016; Walker, McGee, & Druss, 2015). Considering the substantial number of youth suicides, minimal research has been performed, and thus, information on risk factors are limited (Franklin et al., 2017; Van Meter et al., 2019). PCC frequently averts adolescent suicidal ideation and suicide attempts (Boeninger, Masyn, & Conger, 2013; Borowsky et al., 2013; De Luca, Wyman, & Warren, 2012; Kuramoto-Crawford et al., 2017; Miller et al., 2015; Nkansah-Amankra et al., 2012; Whitlock et al., 2014). Conclusions found from researchers through prior cross-sectional research studies confirm that positive parental perception

(or relationship quality) deter youth suicidality on a universal scale (McKinnon et al., 2016; Oppenheimer et al., 2018). Conversely, adverse RQ may influence and/or trigger the onset of adolescent suicidal ideation, especially if overall parental perception is predominantly negative (Oppenheimer et al., 2018).

Besides impairing youth self-worth through dismissal of an adolescent's emotional circumstances, the impact of parental denial on adolescent suicidality can impact the youth's perspective concerning "life meaning" and subsequent leisure activities (Aviad-Wilchek et al., 2017). Adolescents who characteristically undergo suicidal thoughts experience communication issues with their parents, thus exacerbating the problem of understanding a youth's mindset (Capuzzi & Golden, 2013).

The following sections of this chapter will include: the literature search strategy; the theoretical foundation; the literature review related to key variables and/or concepts; and a summary/conclusions. Encompassed within the literature search strategy section will be the library databases, and search engines, along with used key terms, the scope of literature resources, and exceptions (e.g., limitations and generalizability). The theoretical foundation portion will include the three theorists whose theories were implemented and deemed applicable about the research study. Furthermore, the literature review related to key variables and/or concepts sections will be comprised of literature resources relating to the variables; parental perception, parenting style, parental denial, and adolescent suicidal ideation. Lastly, summary and conclusions will succinctly reiterate key points and transition to Chapter 3, the methodology section.

Literature Search Strategy

The databases used for this research study included Google Scholar, Thoreau, PsycINFO, SocINDEX, Academic Search Complete, Social Work Abstracts, and Psyc ARTICLES. The following keywords were used: ‘adolescent OR child* OR young person OR youth OR teenager’ (first search box); ‘suicidal OR suicidal ideation OR suicidal thoughts OR attempted suicide OR self-injurious behavior’ (second search box); ‘parent* OR parent & child OR parental attitudes OR parent child relations’ (third search box); and ‘NOT bullying OR cyberbullying.’ The rationale for using OR and the * symbol was to incorporate additional articles about the topic, while NOT was to eliminate resources involving bullying/cyberbullying. The literature was published between 2013 and 2019, with the exception of Bandura, Mowder, Baumrind, and Campbell, as these sources were originally composed decades ago. Current researchers who used the theorists’ perspective were included in subsequent sections.

Due to Walden University’s library idiosyncrasies, using ‘parental perception’ as a key word was not an option. For whatever reason, the databases would not accept the key word, but instead, would accept ‘parental attitudes’ that is comparable in scope. Inputting adolescent with suicidal ideation retrieved too many articles involving bullying/cyberbullying, hence, the necessity of using the Boolean operator NOT. Nevertheless, there is the possibility that some pertinent articles were rejected because of this research strategy. This approach could also potentially influence generalizability, albeit minimally, taking into account bullying/cyberbullying was neither a variable nor a consideration concerning this research study.

Theoretical Foundation

Notwithstanding the various theories applied in other research endeavors in reference to adolescent suicidal ideation, the particular ones chosen for this research study included: Bandura's SCT (1997); Baumrind's PST (1966); and Mowder's PDT (2005). Bandura's (1997) SCT plays a substantial role in connection to an adolescent's overall connectedness to a youth's collective social environment and development, especially considering the parent-child dynamic. Baumrind's (1966) PST parenting style can meaningfully influence whether an adolescent's propensity toward suicidal thoughts is diminished/eliminated or considerably enhanced. Furthermore, Mowder's (2005) PDT with respect to parent development addresses fluidity relative to PCR, particularly as the child matures, and social influences plausibly impact effectiveness of said parental bond.

Bandura's SCT

According to Bandura's SCT (2003), individuals learn from each other, particularly within one's family environment, and encompass self-observation, self-reaction, self-assessment, and self-efficacy. Essentially, objectives are envisioned, created, and facilitated frequently draw upon family experiences. While ostensibly independent thought and behavior are customarily encouraged as children progress from young childhood to adolescence, prior occurrences commonly influence actions, including feelings of mortality. Notwithstanding substantial impact that affect an adolescent's cognitive social development through family interactions, societal factors (e.g., peers, technological enhancements, and comparable elements) can sway conduct, either positively or negatively (Bandura, 2001). Routinely, adolescents do not fully

recognize the extent of this influence, and thus, can respond in unfavorable or inappropriate methods, resulting in detrimental consequences, particularly if self-assessment and/or self-efficacy is adversely affected through observation of other individuals' actions (Bandura, 2003).

At its center, Bandura's theory (1977) emphasizes the impact of psychological events that enable the formation and bolstering of self-efficacy. Fundamentally, efficacy can conceivably be attained if specific behavior is performed. Nevertheless, some individuals will engage in certain activities, regardless if they believe said behavior will achieve an explicit outcome. Bandura (2001) asserts that people are agents, which entails that individuals are both creators and consequences of social systems. The agentic component of Bandura's theory incorporates the ability to engage in one's self-growth, self-efficacy, and the capacity to acclimate to diverse circumstances.

Awareness of one's mental health status is associated with cumulative quality of life, and includes applicable and constructive methods to achieve optimal life circumstances (Bandura, 2001). For adolescents contemplating suicide, envisioning positivity in connection to their collective life situations is paramount in order to avert suicidal ideation. If an adolescent's family conditions do not promote optimistic environments where the youth can develop hopeful self-assessment, self-development, and self-efficacy, the potential for negativity to flourish and generate suicidal thoughts is noticeably increased.

Baumrind's PST

Baumrind's (1966) PST entails three distinctive types of parental authority that include: authoritative; authoritarian; and permissive; with outcomes plausibly connected to uniqueness of each PCR, in conjunction with typical results through implementation of a specific parenting style. Baumrind deemed authoritative parenting style as the most stable, while authoritarian and permissive approaches are perceived as more radical examples of unhealthy parental control. As stated by Baumrind, the authoritative parenting style consists of establishment of parental rules, in connection with freedom within certain parameters, along with emotional support, acceptance of determined punitive repercussions if set rules not followed, and transparent communication between all parties. Conversely, authoritarian parenting style entails compliance of rules, with no exceptions, absolute parental control, lack of parent-child communication, and strict disciplinary consequences for disobedience. Lastly, permissive style is described as undue leniency of unfavorable behavior, in tandem with no rules or reprimands, which permits youth a sense of unwarranted freedom, and bolsters the possibility of formulating positive decisions.

Baumrind (2012) proclaimed that power assertion by parents can be perceived as derogatory behavior, regardless of being a commonplace and essential during the child development process. Although permissive parenting style rejects assertion of parental power, authoritative and authoritarian styles use power tactics to maintain obedience, with the former encompassing confrontive strategies and the latter involving coercive methods (Baumrind, 1966; Baumrind, 2012). Confrontive power can entail negotiation

and open-mindedness, while cognizant that compliance and/or repercussions may occur, and coercive power implements intimidation and inflexibility to one's parental rules. Baumrind found in a longitudinal study conducted on preschoolers that confrontive power was constructive concerning their child development, consistent with the researchers' hypothesis that this type of power was favorable over coercive powers of assertion. Essentially, Baumrind concluded that parental discipline, in tandem with potential options through negotiation, is the optimal parenting style, and offers the best opportunity to avert possible adolescent maladaptive behavior.

Furthermore, Baumrind (2005) advocated the authoritative parenting style in association with adolescent self-efficacy and autonomy, primarily due to the integration of warmth, in conjunction with limited usage of psychological power. Authoritative parents expect their adolescent children to conform to their rules, yet foster an environment where independent thinking is endorsed. To augment this hypothesis, prior researchers discovered a positive correlation between authoritative parenting style and adolescent autonomy. Conceivably, if an adolescent experiences a supportive family environment that encourages autonomous perspectives and communication, the youth will be less vulnerable to suicidal ideation.

Mowder's PDT

Mowder's PDT (2005), initially titled as Parent Role Development Theory, was created as a theoretical strategy to help comprehend and/or clarify parenting perceptions and behaviors. Although comparable to social learning and cognitive developmental theories (e.g., Bandura, 1977), PDT emphasizes fluidity in correlation with parental roles

and perspectives, especially with reference to the overall PCR . The theoretical approach is comprised of six predominant factors customarily associated with the parental role, and include: “bonding, discipline, education, general welfare and protection, responsivity, and sensitivity” (Mowder, 2005, p.2). Notwithstanding the importance of each parental element, the extent to which each is applied frequently is reliant on the age and/or development stage with regard to a child. Mowder’s theory is beneficial from the standpoint of therapeutic endeavors (e.g., parent and child interventions), researching parental comparisons and distinctions, and potential issues on the topic of appropriate child development.

Mowder’s (2005) PDT encompasses a perspective in which each parent determines his/her parental role, a responsibility that must be adaptable during child developmental stages through adulthood. A person’s original parental perspective frequently is influenced by personal experiences, as well as other unique aspects of an individual’s socioeconomic background, but is subject to change, especially if coping with challenging circumstances. For instance, a relatively permissive style parent might alter his/her parental perspective should an adolescent exhibit unfavorable behavior conducive to detrimental results. A parent who customarily displays authoritarian parenting style and has an adolescent child who experiences suicidal ideation, could feel the coercive parental power is too harsh, and thus, adopt a permissive parenting style. Despite evidence to the contrary, the parent might believe a more lenient stance could avert actual suicide attempts and/or completions, particularly if a similar situation had occurred with an acquaintance.

Although most people envision the parenting role as one that happens during parent–child interactions, Mowder’s (2005) PDT asserts that parenting a child has no boundaries, and is continuous. Understanding the changeability of the parental role is essential, especially if adverse circumstances transpire, and necessitate an alteration of the customary parental perspective. Key is the capacity to adapt and develop applicable strategies to continue as an effective parent.

Rationale for Implementation and Connection Between Theories

The rationale for implementation of the specific theories entails the essential core of each particular theory (Bandura, 1997; Baumrind, 1966; Mowder, 2005). For instance, at its center, Bandura’s theory (1977) encompasses the first social interactions (i.e., parents and family members) and humankind encounters, with future communications and experiences influenced by these occurrences. During childhood, if an adolescent observes adverse conditions, perhaps those circumstances could trigger suicidal thoughts. Baumrind’s theory (1966) on parenting style has been shown to be instrumental in either impeding or increasing the probability of adolescent suicidal ideation. Furthermore, Mowder’s theory (2005) with reference to parent development assimilates well with the other two theories, as effective parenting is key in diminishing the trend of escalating adolescent suicide ideation and attempts. Each theory provides a piece of the puzzle as to the stated hypotheses of the research endeavor, in conjunction with analysis of the collected data, and when integrated into one study, the potential results can be rather meaningful to interested readers, as well as plausibly helpful to professionals in the human and social services field.

Rationale for Using Variables in Conjunction with Theorists

The rationale for using variables in conjunction with stated theorists involves the PCR that is embodied within each theory (i.e., Bandura, 1977, Baumrind, 1966; Mowder, 2005). For instance, regardless of whether an adolescent will confirm or refute it, parental perception relating to his/her overall life circumstances and/or decisions is important. If a parent's perception or parental denial of an adolescent's life challenges is unsupportive, particularly in the scope of suicidal thoughts, the probability of adverse ideation continuing is amplified. Both Bandura's theory (1977) and Mowder's theory (2005) align with these variables. Linking the variable parenting style with Baumrind's theory (1966) is reasonable, as the theorist is considered a prominent expert in connection with the topic, with various researchers using the theory as a framework in their respective studies.

Literature Review Related to Key Variables and/or Concepts

Prior research endeavors relating to adolescent suicidal ideation, and quantitative studies have been previously undertaken by researchers, albeit with different variables examined, a portion from the perspective of the adolescent (Bakken & Gunter, 2012; Riberio et al., 2016; Souza et al., 2010). For example, Bakken and Gunter (2012) researched non-suicidal self-injury (NSSI) and the possibility of the behavior continuing into adulthood with actual suicide attempts. Riberio et al. (2016) studied previous self-injurious thoughts and behaviors (SITB's) as indicators or future attempts, while Souza et al. (2010) examined the pervasiveness and linked factors of suicidality amongst youth age 11-15. Other research studies about the topic and collective parenting only included

the independent variable parenting style, while others focused on parental perceptions concerning adolescent risky behavior, of which encompasses suicidal ideation.

For instance, Kuramoto et al. (2017) studied PCC in reference to parental perceptions/support, minus parenting style and overt parental denial germane to adolescent suicide, while Whitlock et al. (2014) examined connectedness without the above stated variables. Furthermore, Ruholt et al. (2015) focused on parental perceptions/support and parental involvement, using Mowder's (2005) theoretical framework in guiding their study. Moreover, although from a slightly different perspective, parental perceptions and parental denial can be somewhat intertwining, as discussed in Goshen et al. (2013). The researchers emphasized parental affectionless control, in combination with overprotective support that seemingly blurred the lines between minimal/no support, to a negative profusion of parental support. Lastly, inclusion of the topic adolescent suicidal ideation must be incorporated into the literature review to emphasize the urgency surrounding the problem.

Adolescent Suicidal Ideation

Adolescent suicidal thoughts and behaviors are deemed a critical health problem in the United States, as youth entering adolescence are more prone to engaging in acts of self-harm, and potentially committing suicide (Valois et al., 2015). As previously stated, researchers who administered the Youth Risk Behavioral Surveillance System (YRBSS) between the timeframe of 2014-2015 found that 17% of adolescent (age 10-24) deaths in the United States were determined to be suicide (Kann et al., 2016). Nevertheless, it is believed that the actual number of adolescent deaths attributable to suicide could be

substantially greater as a result of inaccurate categorization or concealed within further plausible causes of demise (Valois et al., 2015). Throughout the adolescent child development stage, feelings are frequently enhanced, and can generate illogical or irresponsible actions that result in adverse repercussions (Dawes et al., 2008; Harrington, 2001; Valois et al., 2015). Thus, the capacity to handle destructive sentiments is crucial in order to avoid engaging in suicidal ideation.

Valois et al. (2015) performed a cross-sectional research study with the purpose of examining a correlation between suicide ideation, suicide behavior, and emotional self-efficacy (ESE). Participants of the study encompassed students in grades 9 through 12 (age 12-18) in South Carolina ($N = 3,836$). Valois et al. hypothesized a correlation between low levels of emotional self-efficacy and increased levels of suicide ideation/attempts in respect to the study participants. According to the researchers' findings, a considerable portion of adolescents experience suicide ideation/attempts, in conjunction with low or ordinary ESE. Black students (both male and female) and white males were more apt to experience low ESE, a potential trigger for suicide ideation/attempts, with planning and attempting suicide greatest for black females and white males.

Liu and Miller (2014) conducted a research study germane to adolescent suicidal behavior in correlation with negative life events. In order to complete this task, the researchers engaged in dissecting current literature relevant to the topic; it is important to note that both negative and positive life events were included in the research quest. After excluding inapplicable articles remotely associated with the topic, 95 were considered

useful, and thus, scrutinized for germane information. Ultimately, the researchers concluded that while a correlation exists between adverse life events and suicidal ideation, the possibility of additional risk factors (e.g., mental health issues, alcohol/substance usage, or unforeseen tragic circumstances) could influence the probability. Therefore, additional research is essential, in order to firmly establish a connection between the variables.

While likely not considered a factor or trigger applicable to youth suicide, Halvorsen et al. (2012) conducted a research study to investigate a potential connection between itch and suicidal ideation, and whether the anticipated pain bolstered suicidal ideation. According to the researchers, enduring diseases (of which skin disorders would apply) are frequently linked with enhanced psychological suffering that could activate suicidal thoughts, particularly if the itch/pain becomes too problematic to control. Ultimately, the researchers found a correlation between itch/pain and adolescent suicidality, but suggested further studies were needed if replication were to occur.

Furthermore, while An, Ahn, and Bhang (2010) conducted a study with both adolescent participants and their parents (with both groups measured with essentially different variables, minus one) that contained parental factors, the researchers expanded their research to include: fathers' satisfaction with health; mothers' insufficient sleep; parents' history of suicidal ideation; and satisfaction with family. According to the findings, the variable satisfaction with family was substantially different from adolescents coping with suicidal thoughts than youth who disclosed otherwise.

Ostensibly, positive family connections are more important than genetic components. Further research would be required to substantiate these findings.

Comprehending the impact and/or correlation of collective parental influence, whether positive, negative, or somewhere in-between would plausibly provide insight into the problem of adolescent suicidal ideation, and conceivably, help further strategies to tackle the issue. Notwithstanding near adulthood status, adolescents continually glean knowledge and acceptable behavior from their home environment. Thus, understanding how parental events/conduct impact adolescent actions or feelings is imperative.

Parental Perception and Adolescent Suicidal Ideation

Parental perception, in connection with this study, is defined as parental insight into adolescent signifiers of suicidal ideation, and subsequent parental reactions or attitudes connected with the problem (Greene-Palmer et al., 2015). One research study pertinent to parental perception (or in this particular case, parental validation and invalidation) examined family interactions between adolescent suicidal thoughts and/or self-harm, and methods to mitigate the risky behavior (Adrian et al., 2018). This purpose of this study was comprehending a potential correlation between parental perceptions/attitudes and self-harm, with participants adolescents and their parents. Three separate assessments were conducted during a six month time frame that used the biosocial theory.

The first assessment endeavor included pretreatment baseline measurements between validation and nullification of parental behaviors. During the midtreatment assessment point, self-harm probability and improvement in the context of parental

validation were remeasured and examined for any progression. Lastly, the final assessment at the end of the six month time period analyzed the results and determined that while suicidal ideation measurements did not significantly change, parental validation considerably impacted self-harm behavior. This was plausibly beneficial for youth who might eventually contemplate suicide. It should be noted that the adolescents in this study were considered high risk and engaged in therapeutic interventions; findings from the study verified the hypothesis of a correlation between parental perceptions/attitudes and adolescent suicidal ideation. Thus, while it can be inferred that parental perceptions/attitudes impact adolescent suicidal ideation, the collected data and analysis might not be applicable to a portion of adolescents who experience suicidal ideation.

Another research study about parental perceptions was conducted that focused on physiological reactivity concerning PCR s, youth prone to suicide, and adolescents seemingly not susceptible to suicidal ideation (James et al., 2017). The researchers in this study additionally investigated the possibility that parental criticism might be instrumental in recognizing those youth with suicidal ideation who were most predisposed to biological dysregulation. Heart rates were measured pre and post positive and negative interactions with parents, in order to determine whether the tone of the conversation impacted biological responses plausibly connected with suicidal ideation. The researchers confirmed their hypothesis that youth who cope with suicidal ideation would not experience heart rate reactivity in conjunction with parental discussions. Furthermore, respiratory sinus arrhythmia (RSA), commonly linked with an individual's

capability to control personal emotions, was repressed by youth who experienced suicidal ideation during conversations with parents, especially those accustomed to criticism by said parents.

Miller et al. (2015) studied perceptions of social support from not only parents on the subject of suicidal ideation (SI) and suicide attempt (SA) history, but also peers and school administration from a sample population of adolescents receiving clinical treatment. Linear regression analysis was used to determine that perceptions of lower school support indicated a higher risk of SI, despite a perceived notion of support from parents and peers. A correlation between lower perceived school support and SI and lower parental support was deemed the highest risk. Furthermore, results from the researchers' analysis concluded lower support from peers and school support conveyed the maximum probability of SA history. Despite this last conclusion, the researchers asserted that perceptions of parental and school support are more essential than peer support, particularly with reference to comprehension of SI and prior suicidal behavior, and perhaps crucial in connection with suicide preventive measures.

Schwartz et al. (2010) conducted a study in order to comprehend parental and adolescent perceptions pertinent to adolescent suicidality from a diverse sample population. Although this was a qualitative, and not quantitative endeavor that used focus groups to gather pertinent information, the data was applicable to the variable of parental perceptions on adolescent suicidal ideation. According to the researchers, while both groups acknowledged the severity of the problem, neither thought the issue was extensive and/or germane to their localities. Both groups recognized specific risky behavior

connected to suicide, particularly substance and alcohol usage; nevertheless, parents generally perceived this behavior as customarily engaged in by adolescents. This last conclusion is troubling, as seemingly, parents condoned apparent risky behavior, and did not distinguish it as a potential factor connected with adolescent suicidal ideation.

Lastly, although perhaps from a slightly different perspective, parental bedtimes for adolescents can presumably impact suicidal ideation. Gangwisch et al. (2010) initiated a research study to investigate a potential relationships between parental set bedtimes, sleep duration, and depression regarding shorter sleep periods and depression. The hypothesis was that parental set bedtimes could be a plausible defense in connection with a propensity toward depression and suicidal ideation. While depression and adolescent suicidality have been previously linked, uniqueness of individual can impact whether lack of sleep bolsters the possibility of depression and/or suicidal thoughts. Nevertheless, the authors concluded that the study strengthened their hypothesis, with parental set bedtimes diminishing potential adverse consequences (e.g., depression and/or suicidal ideation).

While parental perceptions and influence on adolescent suicidal ideation have been addressed in other research studies, the endeavors have not included the variables of parenting style and parental denial. Although prior results could contain some similar results, there imaginably would be differences, considering the combination of variables. Thus, exploring this prospect could result in gleaning innovative information previously unknown.

Parenting Style and Adolescent Suicidal Ideation

Parenting style refers to Baumrind's (1966) PST, which include authoritarian parenting (randomly altering parental rules in a punitive manner); authoritative parenting (constant execution of unambiguous parental rules within the dynamic of a warm parent/child relationship); permissive (minimal parental rules); and rejecting-neglecting (essentially ignoring). Donath et al. (2014) studied the combination of parenting behavior and parenting style on adolescent suicide attempts, in conjunction with other factors linked to preventive strategies. The authors used three protective parental variables in this study: mother's warmth; father's warmth in childhood; and mother's control in adolescence. Authoritative parenting (protective) and rejecting-neglecting parenting (risk) were acknowledge as significant predictors ($p < .001$) concerning suicidal attempts. Furthermore, seven additional variables were implemented including: ADHD; female sex; smoking; binge drinking; absenteeism/truancy; migration background; and parental separation events. According to the researchers' conclusions, parenting style is meaningful, as youth of authoritative parents generally reap the benefits, while children of rejecting–neglecting parents are more disposed toward suicidal attempts, particularly if their parents deem them as too problematic to handle.

Nunes and Mota (2017) endeavored to examine both the role of parenting style and attachment to parents, in connection with adolescent suicidal ideation, with the researchers implementing three separate questionnaires to collect data. The questionnaires were the Styles & Dimensions Questionnaire: Short Version, Father/Mother Attachment Questionnaire, and Suicidal Ideation Questionnaire.

According to the researchers' findings, emotional maladjustment from parents boosts the probability of suicidal ideation, and confirmed a linkage between positive attachment to parents and authoritative parenting styles, particularly the decrease of suicidal thoughts. Furthermore, while attachment and authoritative parenting style in relation to the mother seemingly averted adolescent suicidal thoughts, the same elements from the father prevented the problem even further.

Abdul Gafoor and Kurukkan (2014) examined how parenting styles impact the well-being of their children, particularly from the perspective of socialization. Baumrind's (1966) PST was used as a theoretical framework for the endeavor. According to the researchers, implementation of parenting style is frequently swayed by cultural beliefs, with those principles substantially dictating favorable and adverse behavior. The researchers' results were comparable with Baumrind's theory and other studies with authoritative parenting generating optimal outcomes, authoritarian parenting less effective, and more rigid, and permissive/negligent parenting producing undesirable consequences.

Greening, Stoppelbein, and Luebbe (2010) explored the effects of parenting styles from the perspective of younger children (age 6-12) as to whether the type of parenting style used during earlier childhood development could provide awareness into plausible safeguards against adolescent suicidal ideation. The participants were 118 Black and 54 White children, predominantly male, that received acute child psychiatric inpatient service. According to the researchers' findings, potential suicidal behavior could be alleviated by parenting style, with authoritarian parenting style producing positive results

for depressed Black children, but not depressed White children. The mindset is that cultural differences explain this conclusion, and the former responded better to authoritarian parenting style that encompasses stricter boundaries and expectations. However, the parenting style did not improve circumstances for depressed White children.

Parenting style has been documented as being instrumental in promoting positive child development, and a potential deterrent to suicidal ideation (Abdul Gafoor & Kurukkan, 2014; Donath et al., 2014; Greening et al., 2010; Nunes & Mota, 2017). Nevertheless, these studies did not include parental perceptions and/or parental denial of adolescent suicidality. Inclusion of these variables with parenting style could generate data that could offer new information and analyses regarding the problem, and furtherance of reducing occurrences of suicidal ideation.

Parental Denial and Adolescent Suicidal Ideation

Parental denial is designated as dysfunctional communication, and a parental rejection of the ideation and/or practice of adolescent suicidal ideation (Capuzzi & Golden, 2013). Greene-Palmer et al. (2015) investigated parental reactions about adolescent suicidal attempts, and potential further efforts that ran the gamut from general sadness to guilt and/or denial of the problem. According to the researchers, specific family relationship elements are linked to enhanced probability of adolescent suicidal ideation and/or self-harm. Particular factors connected to this problem encompass: inadequate family interaction and resolving issues; minimal demonstrations of warmth, supportive behavior, and general openness that encompasses the parent-child dynamic;

substantial conflict within the home; and lack of parent–child attachment. The researchers found that maternal hostility and paternal anger, in conjunction with quarreling indicated additional suicide attempts. Considering pre and post-attempt incidences, mothers and fathers both experienced enhanced sadness, anxiety, and fear, while mothers further felt intensified caring, guilt, and being overwhelmed. Presently, limited research involving the correlation between family interactive factors pre and post suicidal attempts have been undertaken by researchers that includes parental reactions, including anxiety, hostility, and denial of the behavior.

Hagan and Joiner's (2017) examined the impact of sensed criticism and suicidal ideation/attempts, in tandem with belongingness and burdensomeness as stated in the *Interpersonal Theory of Suicide* (Durkheim, 1951). As asserted by the authors, this problem has previously received minimal awareness, notwithstanding prior knowledge of adverse repercussions through disapproving attitudes. The researchers' findings proposed that seeming parental criticism/denial boosts the probability of both suicidal ideation and attempts. Interestingly, parental negativity is correlated with thwarted belongingness; nevertheless, the behavior has no impact on ostensible burdensomeness. The sample size was relatively small, and thus, might skew the results.

Pace and Zappulla (2010) investigated a possible correlation between depression, emotional autonomy (in connection with parental control) and suicidal ideation, with emphasis on depression and parental detachment with regard to youth suicide. Participants of the study included a relative equal number of male and female adolescents ($N = 403$), with variables of depression, separation and detachment, and suicidal ideation.

According to the researchers' results, there was a significant relationship between all genders with regard to depression and suicidal ideation, but only a significant association involving detachment and suicidal ideation for male adolescents. Considering negative perceptions, such as parental denial of suicidal ideation and collective family relationships, might boost suicidality. Disinterest and/or detachment from parents about suicidal ideation could intensify the problem, and result in further contemplation of suicide.

Arbuthnott and Lewis (2015) reviewed prior literature pertaining to parental influence on non-suicidal self-injury (NSSI) in regard to potential interventions and parental support and/or denial of adolescent suicidal ideation. According to the authors, providing parental emotional support to youth who engage in NSSI is challenging, and can produce a number of negative feelings, such as sadness, shame, embarrassment, disappointment, anger, and frustration, seemingly contradictory to help a youth enduring these circumstances. Revealing this information to other individuals is difficult, with most choosing to refrain from discussing the matter, and denying the problem. While some are amenable to communication with parents experiencing comparable situations, others imaginably would prefer to remain silent about the issue. The authors assert that current and accurate information would perhaps alleviate undesirable and unhelpful feelings, and diminish negative parental feelings applicable to adolescent suicide.

Parent denial of adolescent suicidal ideation frequently originates not only from lack of accurate information regarding the problem, but also a mindset that if one rejects the idea, the phenomena cannot be occurring (Capuzzi & Golden, 2013). Combining

parental perceptions, parenting style, and parent denial in connection with suicidal ideation could help clarify not only how these variables correlate to one another, but provide germane strategies to combat the problem. Considering the severity of the problem, ascertaining a solution posthaste is critical, something this study could provide to interested parties.

Summary and Conclusions

Although there are substantial knowns in connection to suicidal ideation (i.e., a critical health concern, with no absolute treatment to prevent the problem), there are also unknowns concerning adolescent suicidal ideation in correlation with PCC. For instance, numerous adolescents have experienced childhood with seemingly inadequate parental figures, yet managed to avoid engaging in suicidal thoughts, despite adverse living conditions. Conversely, adolescents from loving and supportive homes have undergone suicidal ideation, a portion to the point of suicide attempts and/or completions. Thus, there is no definitive proof that collective negative parenting will eventually generate adolescent suicidal ideation. Furthermore, while ostensible caring and compassionate parenting tactics will conceivably diminish suicidality, this suggests that parents who eschew adherence to specific techniques could provoke resentment and an unwillingness to alter current behavior, regardless of potential positive results.

To recap, Bandura's SCT (1977), Baumrind's PST (1966), and Mowder's PDT (2005) will be used as a theoretical framework during analysis of the collected data. PCC (parental perception, parenting style, and parental denial) will be implemented as the categorical independent variables, and adolescent suicidal ideation will be the continuous

dependent variable. Furthermore, data will be collected, and its correlational relationship will be employed to examine the collected data and establish whether a correlation is found between the independent variables and adolescent suicidal ideation. Collected data and conclusions could assist professionals and their intervention strategies used to help adolescent clients, and thus, this research study should offer meaningful information not found in comparable research studies.

The research method components that will be used in Chapter 3 include: the introduction, which encompasses restatement of the study's purpose and previewing main sections of the chapter; and research design and rationale that entails the variables implemented in the study, identification of the research design, time and/or resource limitations, and applicability of the design option in connection with the human and social services field. Threats to validity (internal and external) will be addressed, in addition to ethical procedures associated with the study, and a summary and conclusions.

Chapter 3: Research Method

The purpose of this cross-sectional, quantitative research study was to ascertain if a statistically significant relationship existed between the independent variables of PCC and the dependent variable of adolescent suicidal ideation. To tackle the stated gap, the process involved collecting data and analyzing it. The theoretical framework focused on social cognitive skills (Bandura, 1977), in conjunction with Baumrind's (1966) theory in conjunction with parenting style, and Mowder's (2005) theory on parental development. The results could help parents whose children experience suicidal thoughts and child welfare professionals, along with further social change initiatives. The following instruments were used: an online survey (Survey Planet), the Parental Stress Scale (PSS; Berry & Jones, 1995), the Parental Authority Questionnaire (PAQ; Buri, 1991), and the Parental Acceptance Questionnaire (6-PAQ; Greene, Field, Fargo, & Twohog, 2015) that centered on PCC (Weiss et al., 2015).

Major sections contained within this chapter include: the research design and rationale of the study, the methodology section, the threats to validity, and the summary/conclusions of the research endeavor. The research design and rationale encompasses stating the used variables, linking the research design to specified research questions, and clarifying time challenges and resource limitations that involved implementation of the design selection. This section demonstrates the applicability of the research design in regard to progression of innovative information with reference to the human and social services field and adolescent suicidal ideation. The methodology section consists of the target population, sampling and sampling procedures, procedures

for recruitment, participation, and data collection; instrumentation and operationalization of constructs, along with a data analysis plan. Furthermore, the threats to validity section is comprised of external and internal validity risks, as well as construct or statistical conclusion validity related to the study. Moreover, ethical procedures are discussed in the threats section, as well as ethical concerns pertinent to data gathering and handling of such data.

Research Design and Rationale

This research study includes three independent continuous variables (PCC), and one continuous dependent variable. The first independent continuous/interval variable is parental perception, and is succinctly described as parental insight into an adolescent's exhibiting signifiers of adolescent suicidal ideation, and whether said parent's reactions and/or mindset is associated with the problem (Greene-Palmer et al., 2015). This variable is measured and summed through totaling scores assigned to each question. Then, the second independent continuous/interval variable is parenting style that is founded on Baumrind's Theory of Parenting Styles, (Baumrind, 1966), and focuses on ascertaining a propensity toward a certain parenting type through computation of three score numbers in association with each type of parenting style. The third independent continuous/interval variable is parental denial, and is delineated as dysfunctional communication (Capuzzi & Golden, 2013). Parental denial emphasizes the PCR, and also is calculated through specific score numbers assigned to each question. Lastly, the dependent continuous variable adolescent suicidal ideation is defined as a philosophy involving the cessation of an adolescent's life, and is measured by how many times a respondent has viewed his/her

adolescent experiencing suicidal ideation and/or suicidal attempts (Curran, 2014; Nunes & Mota, 2017).

The research design is a quantitative cross-sectional approach that implemented a questionnaire germane to the topic and addressed any correlation concerning the research question and subsequent hypotheses. Feasibly, the design choice is the most applicable option, as the approach can analyze whether a connection exists between PCC and adolescent suicide from the perspective of current suicidal ideation that plausibly could result in suicide attempts and/or death from suicide. The time frame for data collection was a 4-week period, but was extended an additional 2 weeks, due to unforeseen circumstances. Despite this seemingly reasonable time allotment, a portion of potential participants might have experienced challenges undertaking this endeavor, particularly if they felt uncomfortable taking surveys online. For those incapable of taking the collective questionnaire online, paper questionnaires were available for completion for a brief period of time. Questionnaires are commonly used in quantitative research as an applicable strategy to correlate possible relationships between used variables (Rowley, 2014).

Methodology

Population

The population for this research study are parents (mothers, fathers, and/or guardians) who reside in the Midwest, and whose children have either experienced suicidal ideation or actually engaged in suicide attempts. The target sample size was originally 63, but ended up being 83 participants. Suicidal ideation can encompass not

only discussion and/or potential indicators of the problem, such as temperament changes (e.g., general apathy instead of participation in favorite activities), but also include commonly deemed nonsuicidal actions, for instance, self-mutilation.

Sampling and Sampling Procedures

The sampling strategies of convenient and purposive sampling probability technique will be used, in order to further clarify the collected data from the questionnaires from parents and/or guardians who reside in the Midwest. Convenient sampling involves participants available during the testing period, while purposive sampling ensures that specific categories of populations are chosen, based on the topic in question (Apostolopoulos & Liargovas, 2016). The samples were obtained through networking procedures of known individuals and entities (e.g., nonprofit organization directors, queries by means of the internet, and comparable strategies). As previously stated, the sampling structure will encompass parents whose adolescents have either experienced suicidal ideation and/or suicide attempts. Out of consideration for plausibly grieving parents that lost their children to suicide, no attempts to recruit this population will be undertaken.

Procedures for Recruitment, Participation, and Data Collection

Recruitment for the sample population entailed enlisting assistance from nonprofit organizations that serve human and social services clients. Participants were required to dwell in a specific part of the Midwest, so there was no need to gather residency statistics. Furthermore, the age of the parent(s) was seemingly negligible for this study, and therefore, was not collected.

The research study's purpose was thoroughly explained to eligible and willing participants, whether participation occurred online or in person. Participants were provided a standard informed consent form prior to beginning the questionnaire that stated the study was being conducted by a research student as a part of the dissertation process, and would be required to provide a check mark that they understood their rights. Partakers were also informed that their responses would be kept confidential and only viewed by the researcher, and pertinent members of the student's committee team. Participants were also notified that the results from the study would be published, minus any specific information exclusive to any one person, and would be expected to respond truthfully on the provided questionnaire. Moreover, partakers were advised that they could choose to leave the questionnaire unfinished, with any unfinished questionnaires categorized as incomplete. This was not a problem, as all questionnaires were completed.

Questionnaires were offered both onsite and online, with email information provided by collaborative organizations to participants. For those choosing to complete the collective questionnaire onsite, participants were thanked for their contribution, asked if they had any questions, and then permitted to leave. Participants who completed the questionnaire online were also thanked afterward, with contact information, should they have any questions. There was no formal interrogation. If a participant felt distressed afterward, applicable counseling avenues were suggested during this time. Furthermore, no follow-up procedures were scheduled, as the research study is a correlational design that does not include any interventions.

Instrumentation and Operationalization of Constructs

PCC is defined as a combination of parental perception, parenting style, and parental denial. As previously stated, the research study is a correlational endeavor, with no invention or treatment addressed or anticipated in the future. The variables of PCC (parental perception, parenting style, and parental denial) are already in progress, and will be used accordingly to undergo measurement, analysis, and final conclusions. The independent variables of parental perception, parenting style, and parental denial are continuous, and as such, will be measured on a continuous/interval scale. Furthermore, the dependent variable of adolescent suicidal ideation will be measured on a continuous scale.

Parental perception. Parental perception (independent variable) is described as parental insight into an adolescent's exhibiting signifiers of adolescent suicidal ideation, and whether said parent's reactions and/or mindset is associated with the problem (Greene-Palmer et al., 2015). The independent variable of parental perception was measured on a continuous/interval level using The Parental Stress Scale [PSS]; (Berry & Jones (1995), with prior approval obtained by Berry prior to data collection, and is included in the Appendix. The questionnaire encompassed 18 questions that implicated parental perceptions/attitudes and stress associated with the parent-child dynamic, and uses a five point Likert scale spanning the choices of 1 (strongly disagree) to 5 (strongly agree). The eight positive items are reverse scored so that possible scores on the scale can range between 18-90, with higher scores on the scale indicative of greater parental stress.

Parenting style. Parenting style (independent variable) is succinctly defined as one of four types of parenting style based on Baumrind's (1966) theory and contains the classifications of authoritative, authoritarian, permissive, and rejecting/neglecting. The independent variable of parenting style was measured on a continuous/interval level, and used PAQ that contains a five point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Comparisons of conclusions considering the classifications of authoritative, authoritarian, and permissive parenting style were implemented, and used the same protocol practiced by Buri. The PAQ questionnaire includes three subscales within the questions that focus on each type of parenting style, and is scored by adding the individual questions to calculate the subscale scores, with scores on each ranging from 10-50, and overall signifying a tendency toward a type of parenting style. Each type of parenting styles generated a score that resulted in three separate scores.

Buri (1991) created the PAQ in order to examine and measure parental authority, with specific questions linked to one of the three listed Baumrind (1966) parenting styles. Although Buri initially originated PAQ as a strategy to correlate youth behavior from the perspective of parenting methodology, for the purpose of this study, the questionnaire was utilized to ascertain whether a correlation existed between PCC (collective parental attitudes) and adolescent suicidal ideation. Taking into account that PAQ does not include queries related to suicidal ideation, a separate question was included to address the fundamental topic of the study. Prior approval to use PAQ was granted, and the permission email is included in the Appendix.

The PAQ (Buri, 1991) influenced additional creators of parental authority (e.g., Beyers & Goossens, 1999; Darling & Steinberg, 1993; Gracia, Garcia, & Lila, 2008; Lefebvre, 2004; Steinberg et al., 1991), with other researchers retooling the questionnaire to complement their particular research endeavor (Abdul Gafoor & Kurukkan, 2014; Williams, Ciarrochi, & Heaven, 2012). Although these other researchers used students, instead of parents as participants, the underlying purpose was comparable (i.e., correlating a potentially significant relationship between parental authority/attitudes and youth behavior). In Abdul Gafoor and Kurukkan (2014), construct validity occurred due to the usage of Baumrind's (1966) theory pertaining to parenting style in regard to the variables used in the scale. Furthermore, reliability was bolstered through a test/retest methodology that found comparable numbers between the scale (0.81) and the control (0.83).

Williams et al. (2012) implemented an abbreviated version of PAQ (Buri, 1991) that contained 15 questions, with five of each focused on the three previously mentioned parenting styles (e.g., authoritarian, authoritative, and permissive). According to the researchers, shortened iterations of this measurement have established reliability and validity, as correlations were found between both authoritarian and authoritative parenting styles. Nevertheless, while the authors determined that parenting style foretold prospective levels of psychological flexibility (i.e., the ability to suitably react to environmental stresses), the study failed to envision a significant change in overall flexibility. While reliability is apparent, the authors suggest that future studies use different construct to boost validity concerns.

The rationale for using PAQ (Buri, 1991) entails the rudimentary components of the questionnaire and the perceived association between PCC and adolescent behavior. Suicidal ideation is generally not considered a commonplace child development stage an adolescent experiences. Thus, examining and exploring a potentially significant correlation between PCC (collective parental attitudes/reactions) and youth behavior that culminates in suicidology is meaningful. In this research study, reliability was substantiated through dependable usage of Cronbach's α (a coefficient alpha). Internal consistency occurred through usage of PAQ, in conjunction with the question germane to adolescent suicidal ideation.

Construct validity was expected to be found through inferences made between parenting style and adolescent suicidality. Questions contained within PAQ (Buri, 1991) were hypothesized to help either provide a correlation between the independent variable/construct and dependent variable, or refute any significant relationship. While analysis from the parenting style authoritative implied a more positive result, nevertheless, no statistically significant relationship was found between the variable parenting style(s) and adolescent suicidal ideation.

PAQ (Buri, 1991) has been used in both mentioned studies, and numerous other research efforts. Predominantly, PAQ was either implemented alone, or in tandem with comparable measurement tools in connection with a specific adolescent behavior, with youth participants, rather than parent partakers. The used data in Williams et al. (2012) yielded coefficient alphas of .74, .84, and .80 for the permissive, authoritarian, and

authoritative subscales, respectively. However, in my study, the results were permissive (25.4), authoritarian (27.3) and authoritative (33.7), with the average range of 18-90.

Parental denial. Parental denial (independent variable) is defined as dysfunctional communication that hinders positive parental-child relationships (Capuzzi & Golden, 2013). The independent variable of parental denial was measured on a continuous/interval level and use the Parental Acceptance Questionnaire [6-PAQ]; (Greene, Field, Fargo, & Twohog, 2015). The 6-PAQ contains 18 questions with reference to parental behaviors, including potential denial of possible questionable reactions to certain parent-child interactions. This questionnaire was measured on a 4 point Likert scale that encompassed options 1 (strongly disagree/never) to 4 (strongly agree/almost always). The reverse process was also used in 6-PAQ in relation to questions 1, 2, 5, 7, 10, 15, and 18. Scores were summed for the final score, with lower scores implying greater parental psychological flexibility, and higher scores insinuating increased parental psychological inflexibility.

Adolescent suicidal ideation. Adolescent suicidal ideation is the continuous dependent variable that is described as ideation pertaining to termination of an adolescent's life (Curran, 2014; Nunes & Mota, 2017). A separate question related to PCC and adolescent suicidal ideation will be included in the survey. The dependent variable will be measured and reported as an actual number relevant to the question of how many times an adolescent has undergone either suicidal ideation and/or attempts from the parent's (or guardian's) knowledge, and thus, makes it a continuous variable.

Data was coded using SPSS, evaluated with regard to the research question/hypotheses, and offered novel information that ostensibly could be replicated in the foreseeable future. Data cleaning was accomplished by maintaining precise information about participation input through a system of giving each participant a unique number to enter prior to initiation of the questionnaire. Furthermore, consistent checking of online submissions to ensure completion and/or paper submittals was done to eliminate the problem.

Data Analysis Plan

A multiple linear regression is the statistical test that was used to evaluate the independent continuous variables of parental perception, parental style, and parental denial, in tandem with the dependent continuous variable of adolescent suicidal ideation, in this research study. The analysis type appeared most appropriate, considering it helps determine the strength and predictability between a continuous dependent variable and multiple independent variables measured as continuous (Nimon & Oswald, 2013). Data cleaning and screening procedures implemented included usage of SPSS to eliminate incomplete surveys, as those would likely skew results and negatively impact subsequent analyses. After determining survey submissions were appropriately completed, an appropriate dataset was formulated to perform applicable testing procedures.

Research Question and Hypotheses

The following research question directed this study: Is there a statistically significant relationship between PCC (parental perception, parenting style, and parental denial) on adolescent suicidal ideation?

H_0 : There is no statistically significant relationship between PCC (parental perception, parenting style, and parental denial) on adolescent suicidal ideation.

H_A : There is a statistically significant relationship between PCC (parental perception, parenting style, and parental denial) on adolescent suicidal ideation.

Multiple linear regression implements the F test predictability between independent values and the independent value, in order to ascertain any significance. Notable is that the greater an R^2 , the more significant a relationship between the independent variables and the dependent variable, thus increasing the measurement of the F test (Williams, 2015). A multiple linear regression is the statistical test that was used to evaluate the independent continuous variables of parental perception, parental style, and parental denial, in tandem with the dependent continuous variable of adolescent suicidal ideation, in this research study. The analysis type appeared most appropriate, considering it helps determine the strength and predictability between a continuous dependent variable and multiple independent variables measured as continuous (Nimon & Oswald, 2013). As previously stated, the effect size is 0.35 (large effect), the alpha is 0.05, the power is 0.95, with the tested predicts as three, with a total of four (counting the dependent variable of adolescent suicidal ideation).

Prior to running a multiple linear regression statistical test, certain assumptions must be made in relation to the testing. For instance, Durbin-Watson (independence of error), a test used for autocorrelation (occurrence of correlation between the values of variables to the related characteristics), generates a value between zero and 4 (Kenton, 2019). According to the Durbin-Watson scale, a value of two indicates no

autocorrelation, while values ranging from zero to two suggest positive correlation and values spanning two to four propose negative correlation. The assumption was that the Durbin-Watson would range from zero to two, implying positive correlation.

Furthermore, the assumption of variance inflation factor will imply the degree to which variances in the regression approximations are elevated and attributable to multicollinearity. A value greater than 10 is indicative of multicollinearity. At the outset, there was no presumption that multicollinearity would be an issue. The assumption of Cook's distance values is that said scores will be less than one, insinuating that individual cases did not impact the model. Values exceeding one are plausibly significant outliers, and could negatively influence the model.

The assumption of normal distribution as portrayed by the histogram (or P- P probability plot) is that this would be found during analyses of the data. Normal distribution involves the dots on the histogram being closer to the diagonal line. When dots are further from the line, there is a greater possibility that deviations from normal distribution exist. Nevertheless, minor deviations generally do not influence findings, with validity still likely.

Lastly, the assumptions of homoscedasticity and linearity were ascertained through the usage of a scatterplot. Heteroscedasticity essentially means the occurrence of an outlier concerning the data that could be found in the scatterplot. Linearity involves the perceived correlation between the independent variable(s) and the dependent variable by means of implementation of a straight/linear line (scatterplot). To ensure linearity, each independent variable and dependent variable should be measured. The assumption

was that linearity would occur in this research study, with the possibility of homoscedasticity.

Threats to Validity

External threats to validity include selection bias and confusing constructs/variables and/or methodology. For example, the participation sample only encompassed parental figures whose children had either experienced suicidal thoughts and/or attempts, and not those who completed their purported objective (i.e., suicide). Excluding this group might have shed additional insight into the potential correlation between PCC and adolescent suicidal ideation. Nonetheless, reliving the trauma through a questionnaire perhaps could have resulted in bias when responding to questions. Furthermore, concluding a correlation due to participants misunderstanding queries or the used variables could have negatively impact external validity and skewed results.

Internal validity threats included using inappropriate testing (multiple regression), where inapplicable analysis could jeopardize validity of the data. Implementation of the PAQ could have distorted results, especially if participants were perplexed when choosing their response options. While multiple linear regression appeared the most pertinent analysis choice for a correlational study, the possibility exists that the selection generated spurious or erroneous findings. Furthermore, considering a portion of participants might have envisioned or amalgamated the three independent variables in their mindset, construct validity could have been impacted, and again, provided inaccurate results.

Ethical Procedures

The research study's purpose was thoroughly explained to eligible and amenable participants, whether participation occurred online or in person. Informed consent documents were provided and either signed or consented to by a check mark, if completion happened through a confidentially created website specifically for this purpose (i.e., Survey Planet). For individuals unfamiliar about taking online surveys, it was stressed through appropriate language that the results would be anonymous. A copy of the proposed informed consent document was included in the Institutional Review Board (IRB) application, with approval (IRB # 02-06-20-0518742) to conduct the study from the entity essential prior to any data collection. Confidentiality was stressed and that unique numbers, instead of actual names, was be used in the process. Taking into account potential participants are parents (or other) of adolescents, age constraints were not an issue; nevertheless, it was expected that the code provided to eligible individuals was used by them, and not an unauthorized person.

Additional confidentiality safeguards included preserving information in both a safe that is electronically password protected, as well as in a password protected computer in connection with the online questionnaire entries. Furthermore, all participants were informed that while their participation is appreciated, they could stop the process at any time without any repercussions. Moreover, if the questions produced anxiety or other negative feelings, information was offered to help counsel those individuals in a timely manner. Lastly, only pertinent parties (e.g., dissertation chair and committee members) were privy to information and debriefed accordingly after

conclusion of the study. Gathered data will be retained for at least five years, and potentially longer, if reanalyzed in another study.

Summary

This chapter addressed the research design and structural framework related to the research study, and included; the population; sampling strategies; recruitment and data collection processes; instrumentation and operationalization of constructs; manipulation of variables; research questions; threats to validity; and ethical concerns. All sections were thoroughly discussed, provided a detailed overview of the collective research design protocol, and an effectual introduction into the next chapter. Chapter 4 is comprised of data collection results that contain descriptive statistics and assumptions connected with research studies. These assumptions include; Durbin-Watson statistical test; VIF (multicollinearity); Cook's distance values; normality; homoscedasticity; and linearity. Chapter 4 also involves data coding and statistical analysis through multiple linear regression. Tables and figures that demonstrate the various assumptions and analyses offer information to help the reader more thoroughly understand the presented data and conclusions.

Chapter 4: Data Collection and Analyses

The purpose of this cross-sectional, quantitative research study was to correlate a statistically significant relationship between PCC and adolescent suicidal ideation.

Taking into account the steadily rising incidents of adolescent suicides that occur in the United States (CDC, 2014; Curtin et al., 2016; Oppenheimer et al., 2018), examining PCC and adolescent suicidal ideation could provide valuable information as a means of effectively tackling the problem. The objective toward addressing this gap entailed seeking conclusions as to whether the stated variables correlated with adolescent suicidal ideation, particularly from a social cognitive perspective (Bandura, 1977; Miller et al., 2015). Considering the current pandemic that has impacted every socioeconomic facet of the United States, ascertaining a linkage between PCC and adolescent suicide could provide awareness of strategies to effectively tackle the problem.

The following research question guided this study: Is there a statistically significant relationship between PCC (parental perception, parenting style, and parental denial) on adolescent suicidal ideation?

H₀: There is no statistically significant relationship between PCC (parental perception, parenting style, and parental denial) on adolescent suicidal ideation.

H_A: There is a statistically significant relationship between PCC (parental perception, parenting style, and parental denial) on adolescent suicidal ideation.

Chapter 4 covers the following topics; data collection (including recruitment and timeframes); any changes to the data collection plan proposed in Chapter 3, demographic traits of the sample, any issues of external validity, the assumptions, results, and analyses.

This chapter also addresses tables, figures, and analyses associated with the data. Chapter 4 likewise encompasses multiple linear regression analyses linked with the numerical information and presented graphs, in tandem with conclusions based on this statical information.

Data Collection

Data collection was set for 4 weeks, but due to various circumstances, a total of 6 weeks was required. The initial paper distribution of the questionnaire garnered only 10 responses; most participants responded online (through Survey Planet). A subsequent attempt to collect more paper questionnaires failed because the host agency closed. To get more online responses, frequent pleas via social media outlets were used, along with networked collaborators.

Consequently, the extension generated a total of 80 completed questionnaires (70 online and 10 paper). The original sample size was 63; nevertheless, the extension likely contributed to the slight increase in respondents. If unforeseen adverse conditions had not occurred during data collection, the supposition is that additional participants would have engaged in the study, therefore perhaps producing more meaningful results. This particular occurrence will be discussed further in Chapter 5 with regard to the limitations of the study.

Major inconsistencies related to actual data collection and the proposed plan mentioned in Chapter 3 encompass the time frame set aside for data gathering, assistance from agencies to post and/or promote flyers about the research study, in conjunction with

the envisioned population sample. Although one agency (besides the host entity) permitted display of the flyer, after public health concerns understandably took precedence over the research study, interest presumably diminished. Hence, online methodologies to amass responses from the designated population were essential. Considering negligible control is possible when conducting online questionnaires, with researchers dependent upon the appropriate individuals completing the task, there is concern surrounding the final results. Nevertheless, one must proceed with the supposition that only applicable participants responded to the questionnaire, and answered the queries accordingly.

The sample for the study entailed parents and/or legal guardians whose adolescent children had either engaged in suicidal ideation or suicidal attempts and reside in the Midwest. Neither age nor gender was a factor in connection with this research study. As of 2019 (United States Census Bureau, 2019), the population of the Midwest county was estimated at 75,758. While considered a diverse municipality, the majority of the locality is deemed White (over 80%), with Black (14%) and the Hispanic population (over 5%), a very distant second and third. Although other ethnicities are encompassed within the collective community, those numbers are miniscule.

PCC is not merely comprised of one component, but rather an amalgamation of several elements (Bandura, 1977; Miller et al., 2015). Therefore, it was imperative to include additional variables to discover whether a statistically significant relationship existed between PCC (parental perception, parenting style, and parental denial) on adolescent suicidal ideation. While one variable, such as parenting style, might provide

insight into the possible statistically significant relationship between said variable and adolescent suicidal ideation, the measurement would conceivably not generate results that provide authentic representation of the situation. Each variable offers a different perspective and overall rating in reference to measurement and subsequent analysis. Minus a variable, the findings could be deficient, and ultimately, become a moot point.

Results

Descriptive Statistics

The descriptive statistics that characterize the sample are parental perception, parenting style (encompasses the subscales of authoritarian, authoritative, and permissive), parental denial, and adolescent suicidal ideation. Parental perception emphasizes how a parent perceives his/her relationship parent–child connection. Parenting style focuses on parenting style (in this analysis authoritarian, authoritative, and permissive), and how this approach influences adolescent behavior. Lastly, concentration of the variable parental denial centers on both parent–child interactions, and the parent’s perceptions toward certain circumstances.

The population for this research study are parents (mothers, fathers, and/or guardians) who reside in the Midwest, and whose children have either experienced suicidal ideation or actually engaged in suicide attempts. As previously stated, the original sample size for the study was 63, but due to unforeseen circumstances, concluded with 80 participants. The central tendency and information connected to the variables are described in the analysis below.

The descriptive statistics section contains the studied continuous independent and dependent variables. Within the table can be found the specific variables, mean (or the average), standard deviation, and number of participants in the study ($N = 80$). This information provides a brief overall of the variables analyzed in this research study. Regarding standard deviation, a low number signifies that gleaned data bolsters the mean, while a higher number implies the gathered data are more widespread, and further from the mean. For instance, out of 80 participants (the same population, $N = 80$), responses from slightly more than 40 individuals were favorable toward the independent continuous variable parental perception, thus, reinforcing the mean. In contrast, the mean for the independent continuous variable parental denial (almost 14 out of 80 respondents) is much further from the mean, and therefore, less meaningful than the former variable (see Table 1).

Table 1

Descriptive Statistics

	Mean	Std. Deviation	N
Adolescent Suicidal Ideation	1.4375	.61302	80
Parental Perception	40.4000	9.73003	80
Parenting Style-Permissive	25.1500	6.99385	80
Parenting Style-Authoritative	33.7750	6.00417	80
Parenting Style-Authoritarian	27.1625	8.73295	80
Parental Denial	13.8625	3.18916	80

Assumptions

Prior to delving into the analysis of the data, various assumptions must be checked to ensure the chosen mode of said analysis (in this case multiple linear

regression) is appropriate. Regarding this study, specific assumptions are required beforehand and include: a Durbin-Watson (independence of error) scale test; assumption of variance inflation factor (VIF) testing to determine possible multicollinearity; Cook's distance values scoring for undue influence; normality as per a histogram; and a scatterplot to establish assumptions of homoscedasticity and linearity. If assumptions are appropriately met, additional testing through SPSS shall ostensibly provide statistically significant data for further analyses.

Durbin-Watson (independence of error). This statistic offers information about the assumption of the independence of errors. This particular statistic is valued between 0.0 and 4.0, with a value of 2.0 designating no correlation to the residuals. Values lower than 1.0 and exceeding 3.0 are deemed problematic, and demonstrate that the model has considerable correlation (Kenton, 2019). This model included has a Durbin-Watson statistic of 2.143, which suggest a slight negative correlation, as values between two to four imply a negative statistical relationship, but that the assumption has been met (see Table 2).

Table 2

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.261 ^a	.068	.005	.61151	2.143

a. Predictors: (Constant), Parental Denial, Parenting Style-Authoritarian, Parental Perception, Parenting Style-Authoritative, Parenting Style-Permissive

b. Dependent Variable: Adolescent Suicidal Ideation

Variance inflation factor (VIF) (multicollinearity). The VIF assumption

indicates the level to which variances in the regression estimates are elevated and are ascribed to multicollinearity. A value surpassing 10 is indicative of multicollinearity. The VIF for the dependent variables are 1.230 (parental perception), 1.373 (parenting style-permissive) 1.357 (parenting style-authoritative), 1.728 (parenting style-authoritative) and 1.204 (parental denial) (see Table 3). Each are substantially below 10 indicating that multicollinearity is not an issue.

Table 3

Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.	Collinearity Statistics	
	B	Std. Error				Tolerance	VIF
1 (Constant)	1.147	.889		1.289	.201		
Parental Perception	.017	.008	.265	2.130	.036	.813	1.230
Parenting Style-Permissive	-.002	.012	-.026	-.198	.844	.729	1.373
Parenting Style-Authoritative	-.004	.013	-.037	-.286	.776	.737	1.357
Parenting Style-Authoritarian	.006	.010	.085	.574	.568	.579	1.728
Parental Denial	-.026	.024	-.135	-1.095	.277	.831	1.204

a. Dependent variable: adolescent suicidal ideation

Cook's distance (under influence). Cook's distance assumes that scores

must be below 1, in order that individual cases fail to influence the studied model, and/or produce notable outliers. Referencing this particular model, the assumption of Cook's distance values are .000 (minimum), .118 (maximum), and .012 (mean), with a standard

deviation of .046 (see Table 4). Since the values failed to surpass 1.0, the presumption is that individual cases did not influence the model, or suggest significant outliers.

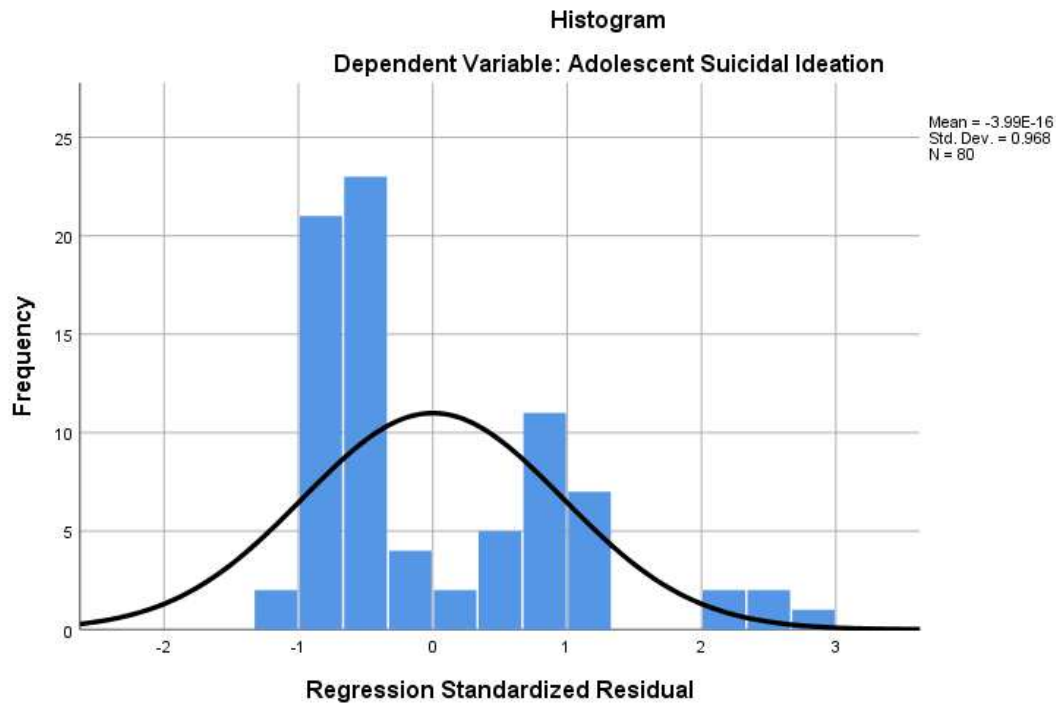
Table 4

Residuals Statistics^a

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	1.0784	1.8818	1.4375	.15972	80
Std. Predicted Value	-2.249	2.782	.000	1.000	80
Standard Error of Predicted Value	.090	.298	.161	.048	80
Adjusted Predicted Value	1.0852	1.8702	1.4400	.16360	80
Residual	-.74310	1.76890	.00000	.59184	80
Std. Residual	-1.215	2.893	.000	.968	80
Stud. Residual	-1.305	2.956	-.002	1.001	80
Deleted Residual	-.87021	1.84673	-.00248	.63424	80
Stud. Deleted Residual	-1.312	3.126	.006	1.019	80
Mahal. Distance	.738	17.786	4.938	3.664	80
Cook's Distance	.000	.118	.012	.018	80
Centered Leverage Value	.009	.225	.063	.046	80

a. Dependent Variable: Adolescent Suicidal Ideation

Normality (histogram). The assumption of normal distribution as portrayed by the histogram (or P-P probability plot). Normal distribution involves the dots on the histogram being closer to the diagonal line. When dots are further from the line, there is a greater possibility that deviations from normal distribution exist. Nevertheless, minor deviations generally do not influence findings, with validity still likely. For this model, the assumption of normal distribution through usage of a histogram was demonstrated through a normal curve that does not indicate any unusual deviations (see Figure 1).

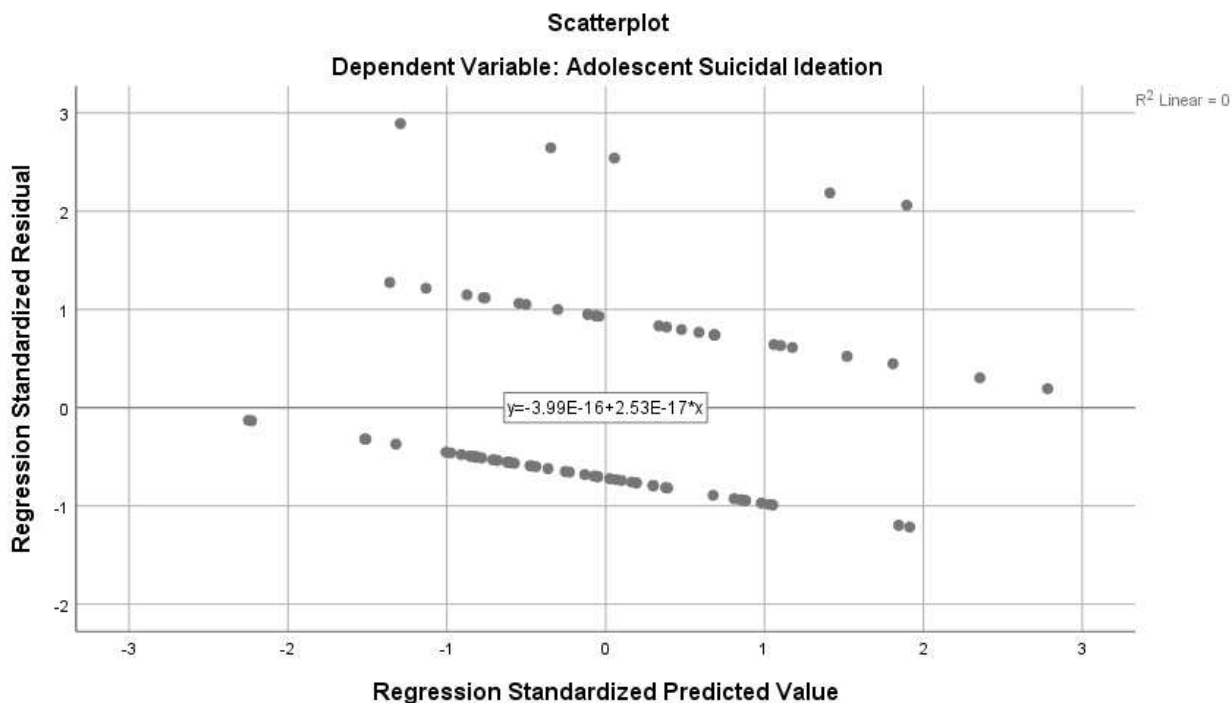
Figure 1*Histogram*

Homoscedasticity and Linearity. Lastly, the assumptions of homoscedasticity and linearity were ascertained through the usage of a scatterplot. Homoscedasticity essentially means the occurrence of an outlier concerning the data that could be found in the scatterplot. Linearity involves the perceived correlation between the independent variable(s) and the dependent variable by means of implementation of a straight/linear line (scatterplot). To ensure linearity, each independent variable and dependent variable should be measured. The assumption is that linearity will occur in this research study, with the possibility of homoscedasticity. According to the scatterplot, linearity was

achieved via essentially straight lines, and homoscedasticity did not occur, as an no apparent u shaped pattern was found (see Figure 2).

Figure 2

Scatterplot



Data Coding

The surveys that were used in this research study include: the Parental Stress Scale (Berry & Jones, 1995) that focused on the independent continuous variables of parental perception; the Parental Authority Questionnaire (Buri, 1991) that emphasized three subscales of parenting styles (permissive, authoritative, and authoritarian); and the Parental Acceptance Questionnaire [6-PAC] (Greene et al., 2015), a survey that measured parental denial. All three surveys implemented an either 4 or 5 point Likert scale. The

variables were measured via a scale protocol. The dependent variable of adolescent suicidal ideation was measured using the same scale procedure, albeit with an actual number to measure thoughts and/or attempts with regard to adolescent suicide.

Furthermore, the names used to reference the specific variables encompassed: PARPERC (parental perception); PARSTYPER (parenting style-permissive); PARSTYTIVE (parenting style-authoritative), PARSTYRIAN (parenting style-authoritarian); PARDEN (parental denial); and ADSUICIDE (adolescent suicidal ideation).

Statistical Analysis

A multiple linear regression analysis was used to ascertain whether a statistically significant relationship existed between the stated continuous independent variables and the continuous dependent variable of adolescent suicidal ideation. The alpha level for this model is 0.05, which is considered the conventional threshold (Taber, 2017). Succinctly customary statistical significance (0.05) denotes probability chances. For instance, the probability that hypothetical data will ultimately result in no effect, correlation, or difference between measured variables is believed to be true at the outset (i.e., the null hypothesis). The theoretical protocol essentially guides the study until eventually proven, or refuted, in which case, the null hypothesis is rejected, and the alternative hypothesis is accepted (Spence & Stanley, 2018). According to the ANOVA, $F(5, 74) = 1.078, p > 0.05$, stating that the overall test is not statistically significant (see Table 5).

Table 5

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.015	5	.403	1.078	.380 ^b
	Residual	27.672	74	.374		
	Total	29.688	79			

a. Dependent Variable: Adolescent Suicidal Ideation

b. Predictors: (Constant), Parental Denial, Parenting Style-Authoritarian, Parental Perception, Parenting Style-Authoritative, Parenting Style-Permissive

Within the model summary includes the *R* (.261), *R square* (.068), and *Adjusted R Square* (.005), which is recommended when using multiple independent variables, as it generally decreases when a variable would adversely impact the model's less than probability. The *R* value at .261 signifies the basic correlation that implies a weak correlation (Laerd Statistics (2018)). *R* values provide an overall average degree of error pertaining to the analysis.

The *R Square* column signifies the R^2 value (also called the coefficient of determination), which is the proportion of variance in the dependent variable that can be explained by the independent variables (technically, it is the proportion of variation accounted for by the regression model above and beyond the mean model). According to the model summary, the value of .068 means that the independent variables clarify 6.8% of the variability of the dependent variable. The *R Square* measures the extent to which the model corroborates the gathered data. For instance, an elevated value indicates increased correlation.

Furthermore, the *Adjusted R Square* column (.005) suggests that the model failed to clarify a significant portion of variability with regard to the findings (see Table 2). Generally, an *Adjusted R Square* number that is nearer to 1 denotes a greater proportion of variability, thus bolstering the validity of the results. Taking into account the rather low *Adjusted R Square* value, it can be concluded that variability for the model is minimal.

Referencing the ANOVA (see Table 5), $F(5, 74) = 1.078, p > 0.05$ suggests an overall lack of statistical significance, as the p-value for most of the variables exceeded the customary acceptable alpha. For example, parental perception ($B = .036 < p 0.05$), was statistically significant. Nevertheless, parenting style-permissive ($B = .844 > p 0.05$) is not statistically significant. Parenting style-authoritative ($B = .776 > p 0.05$), parenting style-authoritarian ($B = .568 > p 0.05$), and parental denial ($B = .277 > p 0.05$) are also not statistically significant. Therefore, the null hypothesis would fail to be rejected. There was no statistically significant relationship between the independent variables (besides parental perception) and the dependent variable of adolescent suicidal ideation.

Generally, the test was not significant as a whole OR for each of the measured variables, except for parental perception. Consistent with findings from the Parental Stress Scale (Berry & Jones, 1995) that encompass the first 18 questions of the research questionnaire, and focuses on the independent variable of parental perception, participants scored slightly higher than average in association with parental stress (57.3, with a range of 18-90). Lower scores indicate overall less stress, while higher scores suggest an elevated stress level. Generally, responses slanted toward favorable parental

perceptions of their children; nevertheless, a portion reported adverse assessments, thus, boosting the overall score.

Mainly, this test was minimally significant with regard to parenting styles, but not significant for the other measured variables. The Parental Authority Questionnaire (Buri, 1991), which contained the subsequent 30 questions, and emphasized the variable parenting style, generated three separate scores specific to each parenting style. For instance, authoritarian parenting style (strict and customarily unfeeling) scored at 27.3, authoritative parenting style (tough, but supportive) scored at 33.7, and permissive (minimal demands and negligible guidance) scored at 25.4. The range of scoring is between 18-90. According to these results, an authoritative parenting style would be more apt to bolster PCC, and conceivably, hinder adolescent suicidal ideation.

Overall, the last test was negligibly significant in reference to parental denial, and not significant to the remaining variables. The Parental Acceptance Questionnaire [6-PAC], (Greene et al., 2015) was comprised of the final 18 questions, and focused on the variable parental denial. A reverse process is used in 6-PAQ regarding questions 1, 2, 5, 7, 10, 15, and 18. Scores are summed for the final score, with lower scores inferring greater parental psychological flexibility, and higher scores insinuating increased parental psychological inflexibility. After completing the process, a score of 15 was tabulated that proposes elevated parental psychological inflexibility. Overall, the general conclusion is that while parents expect their children to conduct themselves in a certain manner, they are nonetheless actively involved and supportive toward their children.

Summary

The findings from this research study indicate there is no statistically significant relationship between PCC and adolescent suicidal ideation. Therefore, I failed to reject the null hypothesis. Taking into account the notable adverse circumstances surrounding this study, in tandem with a relatively small sample population, there is some concern with internal and external validity. The possibility that if this research endeavor were undertaken during different conditions, the results might reject the null hypothesis and could have accepted the alternative hypothesis is noteworthy. Generalizability could have been possible, if a larger sample population had been attained, considering the population size of the studied populace.

Chapter 5 covers the following topics: a detailed interpretation of the findings, limitations (generalizability, validity, and reliability), recommendations for further research, implications for social change, and a conclusion. This chapter offers a comprehensive perspective of the study, and provides the reader useful information pertinent to adolescent suicidal ideation. The researcher's objective is to deliver a takeaway to the reader that this knowledge will improve mindfulness of the problem.

Chapter 5: Discussion and Recommendations

The topic of adolescent suicidal ideation can be an uncomfortable subject for a portion of individuals, especially those intimately impacted by the phenomenon. Nevertheless, avoidance of the issue does not help resolve the problem, but rather, furthers the matter by prolonging the suicidal thoughts. As previously stated, the purpose of this cross-sectional quantitative research study was to correlate a statistically significant relationship between PCC and adolescent suicidal ideation. As unforeseen challenges emerge as a result of present adverse conditions attributable to the global pandemic, addressing youth suicide is crucial, especially since suicide is the second leading cause of death for adolescents in the United States (CDC, 2014; Curtin et al., 2016; Oppenheimer et al., 2018). From a social change aspect, it is imperative to understand adolescent suicidal ideation, particularly from the outlook of PCC.

Chapter 5 will encompass findings garnered through data collection and analyses discussed in Chapter 4. Based on multiple linear analyses, the findings did not reveal a statistically significant relationship between the continuous independent variables and the continuous dependent variable, and therefore, the null hypothesis was not rejected. Nevertheless, it is noteworthy to highlight that although parental stress was elevated according to the results of the Parental Stress Scale (Berry & Jones, 1995), respondents reported positive parental perceptions about interactions with their children. While parenting style overall was deemed not statistically significant based on the PAQ, measurements from the authoritative parenting style indicated a potential positive dynamic between parent(s) and adolescent. Furthermore, findings founded via the 6-

PAC, which measured the variable parental denial, revealed an increased parental psychological inflexibility.

Interpretation of the Findings

At the outset of this study, the theory was that parental-child connectedness (PCC)—with an emphasis on constructive parental perception and an encouraging parenting style—would deter or forestall youth suicide (Boeninger et al., 2013; Borowsky et al., 2013; De Luca et al., 2012; Kuramoto-Crawford et al., 2017; Miller et al., 2015; Nkansah-Amankra et al., 2012; Whitlock et al., 2014). It was also hypothesized by this researcher that parental denial could boost adolescent suicide attempts, particularly if parents rejected any consideration of the problem (Greene-Palmer et al., 2015).

Adolescent Suicidal Ideation

Adolescent suicidal ideation is deemed an acute health issue in the United States, particularly considering the volatility of puberty, and uncertainty of their ultimate role in society (Valois et al., 2015). Given that at least 17% of adolescents (age 10-24) die as a result of suicide, discovering effective strategies to lessen the problem are vital (Kann et al., 2016; Valois et al., 2015). Although findings from this research study did not demonstrate a significant issue about youth suicidality through implementation of my continuous dependent variable, adolescent suicidal ideation, nevertheless, suicidal ideation and suicide attempts have happened, albeit on a smaller scale.

The majority of literature on adolescent suicidal ideation (Halvorsen et al., 2012; Liu & Miller, 2014; Valois et al., 2015) included the usage of adolescents as sample participants, unlike my research study that only included parents of adolescents who

experienced youth suicidality. Nonetheless, one research study performed by An et al. (2010) contained both adolescent participants and their parents, albeit different variables, with the exception of one common variable. Besides the implementation of both youth and parents undergoing the research endeavor, gender distinction with regard to parent participation was additionally administered, unlike my research study. Essentially, the researchers determined that positive PCRs dissuaded suicidal thoughts. Plausibly, participants in my study who reported fewer instances of suicidal ideation experienced more positive PCC than those who acknowledged further incidents of youth suicidality.

Parental Perception and Adolescent Suicidal Ideation

Previous cross-sectional research studies conducted by researchers substantiated a statistically significant relationship between the variable positive parental perception (relationship quality, or RQ) and prevention of adolescent youth ideation (McKinnon et al., 2016; Oppenheimer et al., 2018). Nevertheless, a negative relationship quality could plausibly increase the probability of youth suicidal thoughts, particularly when general parental perception is primarily pessimistic (Oppenheimer et al., 2018). “Expressed emotion” in tandem with adverse parental perception (or RQ) can elicit depressive indicators, and increase the likelihood of suicidal ideation (Hagan & Joiner, 2017).

A prior research study involving the independent continuous variable parental perception (parental validation and invalidation) and adolescent suicidal ideation entailed using three distinct assessments during a six month time period that implemented the biosocial theory (Adrian et al., 2018). Participants of the study included adolescents and their parents. According to the researchers’ findings, although parental validation

substantially influenced self-harm propensities, youth suicidality was not statistically significant. Comparison of Adrian et al. and my research study confirm statistical significance concerning favorable PCRs that foster a positive environment toward achieving PCC. While ostensibly deterring self-harm tendencies, overall findings suggest a portion of participants experienced unfavorable interactions with their children. Adrian et al. implemented the biosocial theoretical framework, whereas mine used a combination of Bandura's (1977), Baumrind's (1966), and Mowder's (2005) theories, perhaps skewing comparisons of the studies.

James et al. (2017) also researched parental perceptions and possible youth suicidality from the perspective of physiological reactivity. The researchers theorized that adverse parental perception could perhaps increase adolescent suicidal ideation with youth more prone to biological dysregulation. Their findings implied no statistically significant relationship between youth suicidality and adverse parental perception via a biological assessment. Considering my research study did not employ physiological components, evaluation between the two studies is not germane. Nevertheless, the continuous independent variable parental perception was deemed statistically significant in my study.

Furthermore, Miller et al. (2015) researched parental perception (parental social support is referenced here) in connection with suicidal ideation (SI) and suicide attempt (SA). The research study encompassed not only parents pertaining to its sample population, but also peers and school administration participants. Succinctly, the researchers concluded that positive parental perception, in tandem with school support,

are more imperative in regard to youth suicidality and deterrence of future occurrences. While this particular study emphasized adolescent sample participants who were undergoing clinical interventions, and my research endeavor contained no youth respondents, the findings are comparable. The general consensus is that positive parental perception and/or support bolsters a feeling of self-worth, in contrast to negative or lack thereof with reference to parental encouragement/involvement.

Parenting Style and Adolescent Suicidal Ideation

Concisely, the independent continuous variable parenting style (with the three subscales of authoritarian, authoritative, and permissive) references Baumrind's (1966) PST. Authoritarian parenting (randomly altering parental rules in a punitive manner) and authoritative parenting (constant execution of unambiguous parental rules within the dynamic of a warm parent/child relationship) are somewhat similar, albeit flexibility concerns. Nevertheless, permissive (minimal parental rules); and rejecting-neglecting (essentially ignoring) while outwardly dissimilar, essentially generate parallel results (i.e., lack of parental interaction). For my research study, I only focused on the first three parenting styles, and omitted the last one (rejecting-neglecting), as my measurement tool, the Parental Authority Questionnaire (Buri, 1991), skipped that particular style. Thus, findings could vary, as a result this factor.

A research study performed by Donath et al. (2014) incorporated parenting behavior and parenting style and youth suicide attempts, concurrently with other elements associated with preventive approaches. Besides using the four parenting styles (one of which I did not employ), the researchers moreover implemented supplemental parental

variables that included a distinction between mother and father reactions (e.g., warmth and control), and integrated seven variables not included in my study. Although various differences were apparent in each study, the findings for both were similar, as authoritative parenting style ostensibly averts suicidal attempts. Presumably, a combination of expected adolescent behavior, in conjunction with parental supportive actions and flexibility, create a conducive environment to achieve self-worth.

Another research study about parenting style and PCC in relation to adolescent suicidal ideation was conducted by Nunes and Mota (2017). The researchers used three different questionnaires from my research endeavor, thus, possibly skewing results. It is noteworthy to mention that these researchers separated mother and father responses, while mine did not highlight gender. Therefore, overall results could be misrepresented by this factor. Nevertheless, findings from both studies bolster the dynamic between authoritative parenting style and diminishment of adolescent suicidal thoughts.

Lastly, Abdul Gafoor and Kurukkan (2014) addressed parenting styles and adolescent welfare from the viewpoint of socialization. The researcher's findings were similar to my conclusions with respect to effective parenting style. According to their results, authoritative parenting style fosters a more positive PCR, with less probability of youth suicidality. Authoritarian parenting style generates more adverse conflict, perhaps boosting the possibility of adolescent suicidal thoughts. Both studies correspond with Baumrind's (1966) PST and parenting style, with likely consequences.

Parental Denial and Adolescent Suicidal Ideation

Concisely, the independent continuous variable parental denial is described as both a deterioration of the parent–child dynamic, in conjunction with parental dismissal of youth suicidality (Capuzzi & Golden, 2013). One study researched by Greene-Palmer et al. (2015) encompassed parental reaction and adolescent suicidal attempts, in tandem with further elements that included overall sadness to general denial of youth suicidal thoughts. The researchers' findings mostly confirmed my conclusions that supportive/encouraging parental actions reduce the probability of suicidal ideation, while parents whose behavior is less understanding/compassionate bolster the possibility of suicidal ideation. Inflexibility to alter parental conduct or mindset substantially boosts lack of self-worth, conceivably resulting in devastating consequences. The researchers in this study focused on both mother and father responses, a factor that could generate a different outcome, if used in my study.

Hagan and Joiner (2017) analyzed implied parental criticism and youth suicidality/attempts, together with belongingness and burdensomeness, components contained within the *Interpersonal Theory of Suicide* (Durkheim, 1951). The researchers' results that parental denial decreases self-esteem, a circumstance that can strengthen a propensity toward adolescent suicidality, ostensibly confirm my findings that parental psychological inflexibility negatively impacts PCC, an essential element to avert suicidal thoughts. Conversely, I implemented different theoretical frameworks for my study and did not encompass variables belongingness and burdensomeness in my endeavor. Therefore, linkage between the studies is likely minimal.

Lastly, Pace and Zappulla (2010) researched a possible correlation between parental control and adolescent suicidal ideation, while highlighting depression and parental detachment in relation to the problem. Dissimilar to my study, the researchers' participants were male and female adolescents who experienced depression and suicidal ideation, instead of my study that was comprised of parents of adolescents that endured suicidal thoughts. The researchers' conclusions included a statistically significant relationship between genders and the elements of depression and suicidal ideation; detachment issues and suicidal ideation were only statistically significant with respect to male participants. Thus, results between the studies are seemingly inconsequential, especially considering the sample population disparity and overall findings. Nevertheless, the takeaway from both studies is that adverse parental denial and the PCR can provoke circumstances that initiate suicidal thoughts.

Theoretical Applications of the Findings

Fundamentally, Baumrind (1966) and Mowder (2005) emphasize child-parent dynamics, while Bandura's SCT links PCRs from a social aspect that initiates within the family environment. As stated by Bandura (2003), social cognition/modeling includes attaining skills such as symbolization, abstract vicarious learning, forethought, self-regulation, and self-reflection. Each component, from symbolization to eventually, self-reflection, can be linked to observational social learning through the parent-child relationship; essentially children have a propensity to replicate what they experience, unless circumstances dictate otherwise. Baumrind's theory (1966) accentuates the influence of parenting style in connection with child development and possible future

behavior, while Mowder's PDT (Mowder, 1991; 1993; 1997; 2005) focuses specifically on parental development, and plausible outcomes, contingent on a parent's perspective on the parental role. All three theories can have a substantial impact on adolescents, particularly those experiencing suicidal ideation and conceivable suicide attempts.

Bandura's SCT

While Bandura's (1977) core components encompassing social modeling are vital, self-reflection/self-efficacy appears most important, particularly in regard to youth learning capabilities. Adolescents who believe they can effectively tackle problems are less likely to succumb to negative thinking that can sometimes result in undue stress and depression that can result in devastating circumstances (Phan & Ngu, 2014). In their longitudinal study using SCT and educational learning, researchers Phan and Ngu determined that positive reinforcement (both verbal and written) boosted self-efficacy amongst adolescent students. Principally, supportive endeavors bolstered students' confidence, and thus, generated a feeling of positivity and success, rather than overall discouragement pertaining to self-efficacy. For youth undergoing suicidal thoughts, this mindset could negatively exacerbate the problem and produce substantially more adverse ideation.

Wu and Yaacob (2017) performed a research study that examined self-efficacy, parent-child relationships, and suicidal ideation. The researchers in this case concluded that positive parent-child relationships (both mother and father) and self-efficacy demonstrated a negative correlation with respect to suicidal ideation, especially the variables mother closeness, self-efficacy, and suicidal thoughts. A negative correlation

was discovered between father closeness, self-efficacy, and suicidal thoughts, although not as significant as mother closeness, suggesting that mother-child relationships should be encouraged in regard to self-efficacy. From this study, it could be construed that while father closeness is favorable, mother closeness is more vital toward increasing self-efficacy and deterring suicidal thoughts.

The findings of this study correlate to Bandura's (1977) theory, particularly in connection with the independent continuous variables parental perception and parental denial. Concisely, if parents possess a positive and encouraging attitude toward their adolescents, in tandem with acknowledging/confronting youth suicidality at the outset, PCC should be possible. Conversely, negative viewpoints will imaginably decrease self-worth, and thus, foster an environment for youth suicidal ideation to flourish and produce distressing results.

Baumrind's PST

According to Abdul Gafoor and Kurukkan (2014), parental influence on their children is monumental, with various researchers studying the topic, and using Baumrind's theory (1966) as a basis in understanding this perspective. Baumrind's theory was implemented to measure parental warmth and coercive tactics (Abdul Gafoor & Kurukkan, 2014). As asserted by the researchers, parenting behavior and cultural beliefs are intertwined, and thus, impact both positive and negative responses to youth actions. According to the researchers conclusions, their findings were comparable to Baumrind's: authoritarian parenting style generates more performance orientation; authoritative parenting style creates more approach orientations; and negligent/permissive parenting

style promotes vagueness involving performance and goals (Abdul Gafoor & Kurukkan, 2014; Baumrind, 1966). The findings further bolster the efficacy of Baumrind's theory (1966), and offer more insight into the influence of effective parenting style and adolescent suicidal ideation.

Baumrind's theory (1966) was used in a research study performed by Donath et al. (2014) where researchers investigated parenting style and adolescent suicidal ideation. As stated by the results, parenting style does impact suicidal ideation, with authoritative parenting style generally deterring the problem (and additional risky behavior), and permissive or rejecting/neglecting parenting style increasing the probability of adolescent suicidal thoughts. Furthermore, Nunes and Mota (2017) mentioned the impact of Baumrind's theory (1966), especially in association with benefits linked to authoritative parenting style, and detrimental behavior connected to authoritarian and permissive parenting style (Nunes & Mota, 2017).

Findings from my study fundamentally parallel Baumrind's theory (1966) in connection with authoritative parenting style being the most effective strategy toward improving PCC and preventing adolescent suicidality. While minimally statistically significant, the results proposed a correlation between parenting style (particularly the authoritative parenting style) and adolescent suicidal ideation. Nevertheless, further studies would be required to additionally substantiate the findings.

Mowder's PDT

Yu and Ho (2018) performed a research study in order to investigate gender and self-efficacy in the scope of parental involvement in correlation to education and

adolescent mental health. Their research endeavor combined Mowder's PDT (2005) and another similar theory as theoretical foundations to scrutinize the problem. The rationale for implementation of Mowder's theory involved examining the theorist's concept that parental roles are fluid, and change according to their particular experiences, along with specific situations unique to their child. Conclusions of the study established a correlation between perceived self-efficacy, parental involvement in a child's educational pursuits, and positive adolescent mental health (Yu & Ho, 2018). Seemingly, parental development is advantageous to both parent and child, considering each reaps the benefits of enhanced parental involvement.

Another study conducted by researchers Ruholt et al. (2015) used Mowder's PDT (2005) as a focus of their research endeavor regarding the parental role and adolescent educational well-being, particular in regard to self-esteem and academic self-efficacy. Ruholt et al. (2015) discussed the impact of parent-child interaction during childhood development, and how this can influence a child's self-esteem and self-efficacy. Conclusion of a regression analysis supported the authors' hypothesis, in conjunction with bolstering Mowder's PDT (Mowder, 2005; Ruholt et al., 2015). Furthermore, the findings imply parental support and involvement are similarly significant with respect to the proposed topic.

Mowder's PDT (2005) was predominantly useful in connection with analysis of the variable parental denial. While negligibly statistically significant, measurement and subsequent analysis determined that parental inflexibility can be changeable or fluid, dependent on the current situation. Although most participants were generally supportive

of their children, and would refrain from rejecting the possibility of youth suicidality, a portion responded from a negative perspective, thus perhaps skewing the results.

Limitations of the Study

Campbell and Stanley (1963) concluded that internal validity threats linked with quantitative research encompass; “history, maturation, testing, instrumentation, statistical regression, selection, experimental mortality, and diffusion of treatments” (p.5). False correlations and confusing results can threaten validity of the findings, due to multiple variables mistakenly deemed causally correlated (Campbell & Stanley, 1963). At the outset of my study, I surmised that the conjectured limitations most likely to become issues were history (supplemental occurrences influencing findings), instrumentation (unreliable testing instruments), and statistical regression (either scores too high or low, ultimately impacting the mean). Furthermore, I was concerned that only including sample parent participants, in tandem with the general rural locality, would perhaps generate distorted results, and thus, impact validity.

The question involving the dependent continuous variable adolescent suicidal ideation included the number of times a parent’s adolescent experienced either suicidal ideation and/or attempts, and produced overall low numbers (the highest number was three). Considering these results, ascertaining a reliable statistically significant relationship between the independent and dependent variable seems problematic, at best. Further research with a larger population sample would conceivably either confirm or refute current findings. My testing instruments ostensibly were dependable. Nevertheless, replication of the study could bolster this perspective. Lastly, statistical regression was an

issue, as generally, the scores were neither positive or unfavorable, and deemed minimally statistically significant.

Generalizability was a considerable limitation, taking into account sample size, population locality, and the extremely unanticipated circumstance of a global pandemic. Initially, data collection for this study was allotted 4 weeks, but the onset of COVID-19 necessitated considerably more time to gather essential data. If the research endeavor were undertaken prior to the worldwide epidemic, or perhaps, after conditions improve, the results might be different. Furthermore, any concern of bias was unfounded, as the majority of questionnaires were completed online, and participants who finished in-person did not present any prejudice.

Ostensibly, parents in other environments enduring comparable situations would respond to the provided survey in a similar manner, thus increasing applicability.

While not a definitive limitation, considering the propensity toward the population being comprised of mostly White residents, there is concern that Black residents, individuals of Hispanic descent, and additional cultures are not fully represented in this study. This circumstance could perhaps influence the findings, especially since the bulk of responses were attained online, and not through in-person paper questionnaires. Thus, external validity could be impacted, as generalizability might not apply under these conditions. Taking into account no personal information was gathered, particularly ethnicity, there is no methodology to ascertain cultural background related to the responses. Nonetheless, one could surmise that the preponderance of participants were Caucasian, a factor that could possibly skew results.

Recommendations

As previously mentioned, a research study that examined a potential statistically significant relationship between PCC (independent continuous variables parental perception, parenting style, and parental denial) and adolescent suicidal ideation (continuous dependent variable) had not been undertaken prior to this endeavor by another researcher. Various researchers conducted studies that contained 1 or more comparable independent variables, but none integrated all three of my researched independent variables. Recommendations for further studies include expansion of the population size, inclusion of more in-person questionnaire opportunities, and amalgamation of adolescent and parent participants. Although not permitted for this study, garnering an adolescent viewpoint could offer unique results, and perhaps, bolster overall generalizability.

Expansion of Population Size

The relatively small population size (80 participants) feasibly influenced results. Although mitigating factors (predominantly, the global pandemic) during data collection necessitated ending the research effort at this point, due to potential participants' more immediate concerns, the fact remains that additional respondents might have boosted statistical significance. The majority of literature resources contained within Chapter 2 encompassed research studies where sample populations were much larger. An exception was Hagan and Joiner's (2017) research study that was also relatively small.

While not specifically a population size element, incorporating the variable gender into further studies could offer a diverse perspective. For instance, Donath et al.

(2014) included mother's warmth, father's warmth in childhood, and mother's control in adolescence, subscales within their parental variables concerning parenting style and parental behavior. Nunes and Mota (2017) used the Father/Mother Attachment Questionnaire where gender played a substantial role in the mother and/or father responses. Furthermore, in Greene-Palmer et al. (2015), gender was crucial, as the researchers studied both maternal hostility and paternal anger, in tandem with parental fighting, on the topic of youth suicide.

Inclusion of More In-Person Questionnaire Opportunities

Because the majority of questionnaires were completed online (70, to be exact), there is no definitive methodology to ascertain if the sample population was diverse. The presumption is that there was a preponderance of White respondents, primarily due to the area, in conjunction with the observance of in-person questionnaire completions. If circumstances would have permitted more in-person distribution of questionnaires, perhaps data collection in more diverse locations could have resulted in different results and analyses.

Greening et al. (2010) studied parenting style from the perspective of pre-adolescent children (age 6-12) to discover if the style of parenting implemented during early childhood development could influence youth suicidality. The sample population was not comprised of parents, but was diverse, and encompassed 118 Black and 54 White children (primarily male), who were undergoing child psychiatric inpatient treatment. According to the researchers' conclusions, the propensity toward suicidal thoughts was diminished for depressed Black children through authoritarian parenting style.

Ostensibly, cultural differences clarify the results; nevertheless, parenting style was not statistically significant in regard to White children. Thus, if diversity is credibly lacking in connection with the research endeavor, generalizability and reliability are seemingly less valid.

Amalgamation of Adolescent and Parent Participants

Though not possible for this research study, combining future studies that include both adolescents and their parents with the PCC variables and adolescent suicidal ideation could further expound upon perspectives germane to the problem. For instance, while a portion of parent participants might be predisposed toward thinking parenting style is more impactful than parental perception, adolescent respondents could feel differently. Minus inclusion of both groups, conclusively ascertaining any correlation is likely ambiguous.

An et al. (2010) performed a research study with both groups and found that satisfaction with family was more important for adolescents experiencing suicidal thoughts than youth who did not undergo those feelings. While each group was measured with different variables (except one common variable), parents also felt that positive family relationships outweigh other factors. Nevertheless, the researchers indicated that further research would be essential to corroborate their findings and bolster generalizability and validity.

Implications

The implications connected with this research study are perhaps vital, particularly considering the present unsettling environment confronting adolescents. Besides enduring

commonplace angst linked with the adolescent child development stage, currently, youth are caught in an impossible predicament created by the global pandemic. During their most socially active teenage years, they are being instructed to practice ‘social distancing’ with friends and peers, in order to avoid becoming ill, a circumstance generally unfamiliar to the majority of this population. At this juncture, the ‘new normal’ ostensibly will alter future interactions with both friends/family and strangers alike. Therefore, the likelihood of a portion of youth withdrawing from society, and plausibly contemplating suicidal ideation is considerable.

Positive Social Change

Taking into account the general uneasiness and ambiguity surrounding the global health occurrence, it is imperative that more emphasis is placed on adolescent mental health well-being. Considering the myriad viewpoints from infectious disease health experts, primary care providers, along with government officials, the majority of citizenry are mystified, and frankly, anxious with regard to future consequences. Conditions in the United States and around the world are fluid, with mandates to comply with governmental regulations frequently changing. This type of scenario can foster a mindset where living is seemingly too challenging, and death a blissful release.

Thus, ensuring parents keep a watchful stance on their adolescents (individual level) is crucial. If suicidal ideation is implied and/or expressed, intervention is critical, lest devastating outcomes occur. Family members (family level) should be mindful of unusual behavior or discussion of suicide, especially if the adolescent is not interacting with other individuals. From a societal/policy standpoint, considering our nation is in

flux, actual change might not happen until the pandemic is contained. Nonetheless, there is concern that physically reaching out to another person in need could be impacted, specifically if humankind becomes essentially fearful of a stranger's touch.

Methodological Implications

Methodological implications about this study involve the usage of the three questionnaires: the Parental Stress Scale (Berry & Jones, 1995) in association with the variable parental perception; the Parental Authority Questionnaire (Buri, 1991) and parenting style, and the Parental Acceptance Questionnaire [6-PAC] (Greene et al., 2015) in connection with the variable parental denial. While data gleaned from these questionnaires provided significant information, there is a possibility that implementation of Durkheim's (1951) *Interpersonal Theory of Suicide* might have offered more relevant data germane to adolescent suicidal ideation. The used questionnaires proffered numerous queries pertinent to collective parental actions, but did not specifically address suicide. This required the insertion of my question that addressed the number of times a parent observed his/her child undergoing suicide ideation and/or attempts.

Theoretical Implications

Seemingly, the theoretical implications were applicable to the study and its findings, as Bandura's SCT (1977), Baumrind's PST (1966), and Mowder's PDT (2005). The problem of adolescent suicidal ideation contains a considerable social aspect to it, and thus, Bandura's (1977) theory is applicable to both parental perception and parental denial independent variables. Baumrind's (1966) theory in relation to parenting style directly relates to the independent variable parenting style. Furthermore, Mowder's

(2005) theory focuses on parent development, a crucial element during the adolescent phase of childhood growth. All of these theories are ostensibly necessary as a strategy toward attaining positive social change.

Recommendations for Practice

Maintaining open and compassionate communication with adolescents is primarily the optimal strategy toward deterrence of suicidal attempts. Youth experience numerous emotions during this child development stage, and merely want someone to listen and put effort into understanding their feelings. Thus, being mindful of changes in customary adolescent behavior is essential. A portion will not vocalize their emotions without some encouragement from supportive parents or other empathetic adults.

Ultimately, a societal campaign to pay closer attention to adolescents behooves everyone.

Conclusion

As stated at the outset of this endeavor, adolescent suicidal ideation is a problem that transcends socioeconomic environments and diverse cultures, with no indication of stopping in the foreseeable future (CDC, 2014; Curtin et al., 2016; Oppenheimer et al., 2018). In the United States, suicide ranks second as the cause of death for adolescents (CDC, 2014; Curtin et al., 2016; Oppenheimer et al., 2018). These facts alone should give pause and compel parents, family members, school administrations, health care providers, in conjunction with collective society, to become involved in eradicating the problem. Youth suicide is a major health hazard that will continue to fester and flourish if applicable approaches are not applied posthaste.

Currently, the debate as to whether children should be taught through completely in-person school environments, a hybrid of in-person and remote learning, or entirely remote methodology. According to infectious disease experts, everyone is at risk for contracting the sometimes deadly disease. Nevertheless, a portion believe youth are less susceptible to devastating consequences, while others feel the odds are simply not worth the plausible peril, with students stuck somewhere in the middle. In the process, interaction with peers is minimal, and the likelihood of experiencing depression or comparable mental health issues is considerable. Human beings are social creatures and thus, need each other's company to thrive; minus that comfort, the propensity toward hopelessness is exacerbated, with suicidal ideation an unfortunate consequence.

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Appendix A: Questionnaire for Eligible Participants

IRB #-02-06-20-0518742

Adolescent Suicidal Ideation Survey

Note: The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by choosing from the following: Strongly disagree (1); Disagree (2); Undecided (3); Agree (4); Strongly agree (5).

1	I am happy in my role as a parent	
2	There is little or nothing I wouldn't do for my child(ren) if it was necessary.	
3	Caring for my child(ren) sometimes takes more time and energy than I have to give.	
4	I sometimes worry whether I am doing enough for my child(ren).	
5	I feel close to my child(ren).	
6	I enjoy spending time with my child(ren).	
7	My child(ren) is an important source of affection for me.	
8	Having child(ren) gives me a more certain and optimistic view for the future.	

9	The major source of stress in my life is my child(ren).	
10	Having child(ren) leaves little time and flexibility in my life.	
11	Having child(ren) has been a financial burden.	
12	It is difficult to balance different responsibilities because of my child(ren).	
13	The behaviour of my child(ren) is often embarrassing or stressful to me.	
14	If I had it to do over again, I might decide not to have child(ren).	
15	I feel overwhelmed by the responsibility of being a parent.	
16	Having child(ren) has meant having too few choices and too little control over my life.	
17	I am satisfied as a parent	
18	I find my child(ren) enjoyable	

Instructions: For each of the following statements, circle the number of the 5-point scale (1 = strongly disagree, 5 = strongly agree) that best describes how that statement applies to you and your mother. Try to read and think about each statement as it applies to you and your mother during your years of growing up at home. There are no right or wrong answers, so don't spend a lot of time on any one item. We are looking for your overall impression regarding each statement. Be sure not to omit any items.

1. While I was growing up my mother felt that in a well-run home the children should have their way in the family as often as the parents do.	12345
2. Even if her children didn't agree with her, my mother felt that it was for our own good if we were forced to conform to what she thought was right.	12345
3. Whenever my mother told me to do something as I was growing up, she expected me to do it immediately without asking any questions.	12345
4. As I was growing up, once family policy had been established, my mother discussed the reasoning behind the policy with the children in the family.	12345
5. My mother has always encouraged verbal give-and-take whenever I have felt that family rules and restrictions were unreasonable.	12345
6. My mother has always felt that what her children need is to be free to make up their own minds and to do what they want to do, even if this does not agree with what their parents might want.	12345
7. As I was growing up my mother did not allow me to question any decision she had made.	12345
8. As I was growing up my mother directed the activities and decisions of the children in the family through reasoning and discipline.	12345
9. My mother has always felt that more force should be used by parents in order to get their children to behave the way they are supposed to.	12345
10. As I was growing up my mother did not feel that I needed to obey rules and regulations of behavior simply because someone in authority had established them.	12345
11. As I was growing up I knew what my mother expected of me in my family, but I also felt free to discuss those expectations with my mother when I felt that they were unreasonable.	12345
12. My mother felt that wise parents should teach their children early just who is boss in the family.	12345
13. As I was growing up, my mother seldom gave me expectations and guidelines for my behavior.	12345

14. Most of the time as I was growing up my mother did what the children in the family wanted when making family decisions.	12345
15. As the children in my family were growing up, my mother consistently gave us direction and guidance in rational and objective ways.	12345
16. As I was growing up my mother would get very upset if I tried to disagree with her.	12345
17. My mother feels that most problems in society would be solved if parents would not restrict their children's activities, decisions, and desires as they are growing up.	12345
18. As I was growing up my mother let me know what behavior she expected of me, and if I didn't meet those expectations, she punished me.	12345
19. As I was growing up my mother allowed me to decide most things for myself without a lot of direction from her.	12345
20. As I was growing up my mother took the children's opinions into consideration when making family decisions, but she would not decide for something simply because the children wanted it.	12345
21. My mother did not view herself as responsible for directing and guiding my behavior as I was growing up.	12345
22. My mother had clear standards of behavior for the children in our home as I was growing up, but she was willing to adjust those standards to the needs of each of the individual children in the family.	12345
23. My mother gave me direction for my behavior and activities as I was growing up and she expected me to follow her direction, but she was always willing to listen to my concerns and to discuss that direction with me.	12345
24. As I was growing up my mother allowed me to form my own point of view on family matters and she generally allowed me to decide for myself what I was going to do.	12345
25. My mother has always felt that most problems in society would be solved if we could get parents to strictly and forcibly deal with their children when they don't do what they are supposed to as they are growing up.	12345

26. As I was growing up my mother often told me exactly what she wanted me to do and how she expected me to do it.	12345
27. As I was growing up my mother gave me clear direction for my behaviors and activities, but she was also understanding when I disagreed with her.	12345
28. As I was growing up my mother did not direct the behaviors, activities, and desires of the children in the family.	12345
29. As I was growing up I knew what my mother expected of me in the family and she insisted that I conform to those expectations simply out of respect for her authority.	12345
30. As I was growing up, if my mother made a decision in the family that hurt me, she was willing to discuss that decision with me and to admit it if she had made a mistake.	12345

1=Strongly disagree/never 2=disagree/infrequently 3=agree/often 4=strongly agree/almost always

EXAMPLE: It would be horrible if my child had a tantrum in a public place. 1 2 3 4
To complete this item, you would consider your attitudes and perspectives over the past few months and then indicate your most stable reaction. Please proceed to answer the following questions:

- | | |
|---|---------|
| 1. When interacting with my child, I focus on our time together. | 1 2 3 4 |
| 2. I am consistent in my parenting practices. | 1 2 3 4 |
| 3. I would rather give in to my child than have him/her make a scene in public. | 1 2 3 4 |
| 4. I get upset if things don't go my way when I interact with my child. | 1 2 3 4 |
| 5. I can clearly state my values related to parenting. | 1 2 3 4 |
| 6. If someone criticizes my parenting, I must be a bad parent. | 1 2 3 4 |
| 7. My parenting behaviors are based on what matters to me as a parent rather than how I feel in the moment. | 1 2 3 4 |
| 8. I feel like my mind is somewhere else when I play with my child. | 1 2 3 4 |
| 9. When my child misbehaves I find myself wrapped in my emotions rather than dealing with the behavior. | 1 2 3 4 |
| 10. My actions as a parent are consistent with my values. | 1 2 3 4 |

- | | |
|--|---------|
| 11. I have negative thoughts about myself when my child behaves in a negative way. | 1 2 3 4 |
| 12. It is difficult to initiate/maintain routines because I don't want to deal with my child's reactions. | 1 2 3 4 |
| 13. When parenting doesn't go as I had planned, I feel like a failure. | 1 2 3 4 |
| 14. I avoid taking my child to the store for fear of how they will behave. | 1 2 3 4 |
| 15. I am able to sacrifice convenience for effective discipline. | 1 2 3 4 |
| 16. I'm a bad parent when my child misbehaves. | 1 2 3 4 |
| 17. When spending time with my child, I find myself planning my day and thinking of the things I need to get done. | 1 2 3 4 |
| 18. I have clear parenting values that guide my interactions with my child. | 1 2 3 4 |

To your knowledge, how many times has your child experienced either suicidal ideation and/or attempted suicide? Please respond with a number.

Submit

At the end of the survey

If you experience any adverse mental health reactions after taking this survey, please consult one of the mental health assistance resources listed below: Crosspoint Human Services Crisis Hotline-217.442.3200 National Alliance on Mental Health HelpLine-1-800-950-NAMI (6264)

Appendix B: Informed Consent

IRB #- 02-06-20-0518742

CONSENT FORM

You are invited to take part in a research study concerning parental attitudes/reactions and adolescent suicidal ideation. The researcher (Julie Mann) is seeking participants for the study whose adolescent children have either experienced suicidal ideation and/or suicide attempts. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to participate.

This study is being conducted by a researcher named Julie Mann, who is a doctoral student at Walden University.

The purpose of this study is to find a possible link between parenting styles/parental reactions and adolescent suicidal ideation in Vermilion County.

Procedures:

If you consent to be a part of this study, you will be asked to:

- Complete a questionnaire that contains 66 multiple choice questions
- Should take no longer than 15-20 minutes to complete

Here are some sample questions:

- I sometimes worry whether I am doing enough for my child(ren).
- As I was growing up my mother would get very upset if I tried to disagree with her.
- When my child misbehaves I find myself wrapped in my emotions rather than dealing with the behavior.

Voluntary Nature of the Study:

This study is completely voluntary. You are free to accept or turn down the invitation. No one will treat you any differently should you decide to not participate in the study. You have the option to change your mind at any time and stop participating without any repercussions.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of minor discomforts that can be encountered in daily life, such as stress, or becoming upset. This particular research study entails sensitive topics (e.g., the parent-child relationship, and adolescent suicidal ideation), and could produce psychological struggles. As much effort as possible has been used to diminish this possibility. Nevertheless, if someone experiences undue psychological stress by taking this survey, these particular resources can help alleviate any anxiety (Crosspoint Human Services Crisis Hotline-217.442.3200 and National Alliance on Mental Health Helpline-1.800.950.NAMI (6264). The potential benefits from this study include improved understanding of adolescent suicidality and potential reduction of the problem on a communal level.

Payment:

Although no compensation will be provided for taking this survey, your participation could considerably help the community at large successfully tackle a problem that has impacted families located in the Vermilion County area. Additionally, you would have my personal gratitude for participating in an endeavor that is dear to my heart.

Privacy:

Findings from this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, will also not be shared. The researcher will not gather any personal information for this study. Data will be kept secure by storing data in a password-protected encrypted computer. Additionally, data will be kept for a period of at least five years, as required by the university.

Contacts and Questions:

You may ask any questions at this time. If you have questions later, you may contact the researcher via julie.mann@waldenu.edu. If you want to talk privately concerning your rights as a participant, you can contact the Research Participant Advocate at irb@mail.waldenu.edu. Additionally, please print or save this consent form for your records.

The approval number for this study is 02-06-20-0518742 and it expires on February 5th, 2021.

Obtaining Your Consent:

If you feel that you understand the study well enough to make a decision regarding it, please indicate your consent by clicking “Yes” below:

- Yes
- No

This has been approved by the
Institutional Review Board of
WALDEN UNIVERSITY
as acceptable documentation of the
informed consent process and is valid
for one year after the stamped date.

Date:
2020.02.06
14:59:12
-06'00'

Appendix C: Permission by Author (Buri) to Use Questionnaire

IRB# 02-06-20-0518742

From: Julie Mann <julie.mann@waldenu.edu>
Sent: Tuesday, July 23, 2019 2:46 PM
To: Buri, John R. <JRBURI@stthomas.edu>
Cc: Julie Mann <julie.mann@waldenu.edu>
Subject: [External] Requesting Permission to Use Information Contained Within an Article Composed by Dr. Buri

Hello Dr. Buri,

My name is Julie Mann, and I am currently enrolled at Walden University, in my quest to attain my Ph.D. in Human and Social Services (concentration in Family Studies and Interventions). My dissertation topic is adolescent suicidal ideation, with my hypotheses concerning the correlation between parental perceptions, parenting style, and parental denial regarding the subject matter. Presently, my methodology involves implementing the Parental Authority Questionnaire (PAQ). Considering I found the complete questionnaire in your article, Parental Authority Questionnaire (Buri, 1991), my chair stated that I either needed to obtain your permission to use the questionnaire 'as is,' or used an abbreviated version provided by another source. Please advise as to whether you will grant permission.

Thank you very much for your time and patience. I greatly appreciate it!

Respectfully,
Julie Mann
julie.mann@waldenu.edu

From: Buri, John R. <JRBURI@stthomas.edu>
Sent: Tuesday, July 23, 2019 3:54:48 PM
To: Julie Mann <julie.mann@waldenu.edu>
Subject: Re: [External] Requesting Permission to Use Information Contained Within an Article Composed by Dr. Buri

Julie:

Thank you for your interest in the Parental Authority Questionnaire (PAQ). Please feel free to use the PAQ for any not-for-profit purposes.

Good luck with your dissertation (and the end of that long grind toward your Doctorate).

John R. Buri, Ph.D.
Professor Department of Psychology
University of St. Thomas

Appendix D: Permission by Author (Berry) to Use Questionnaire

IRB# -02-06-20-0518742

On Oct 6, 2019, at 2:59 PM, julie mann <moonfire10@hotmail.com> wrote:

Hello Dr. Berry,

My name is Julie Mann, and I am currently attending Walden University in the pursuit of attaining my Ph.D. in Human & Social Services, with an interest in Family Studies & Interventions. I am respectfully seeking your permission to use The Parental Stress Scale as a measurement tool in my research study pertaining to adolescent suicidal ideation. I would be truly grateful to receive your permission.

Thank you very much for your time and consideration.

Respectfully,

Julie Mann

Julie.mann@waldenu.edu

Berry, Judy judy-berry@utulsa.edu

You have my permission to use the Parental Stress Scale for your research.
Judy Berry

Sent from my iPhone