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Focus on methodology

The role of family functioning in parenting practices of court-involved youth



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ABSTRACT

Court-involved youth engage in risky sex behaviors at higher rates than non-offending peers and are at particular risk for adverse sexual health outcomes. Parenting practices, such as parent-child sexual communication and parental monitoring, may protect court-involved youth from engaging in risky sexual behavior. Parent psychological distress and family dysfunction may, however, compromise parenting practices for court-involved youth. This study examined associations among parent mental health symptoms, family functioning, and parenting practices within 157 parent-youth dyads who were court-referred for mental health treatment. Results revealed that greater parent mental health symptoms were directly related to greater family dysfunction and indirectly associated with poorer parental monitoring through worse family functioning. Findings suggest that directly addressing parent mental health needs in family-based adolescent sexual health programming for court-involved youth may be effective in improving parent-child relationships and family processes that support long term sexual health outcomes for adolescents.

Court-involved youth are at particular risk for Human Immunodeficiency Virus (HIV) and other sexually transmitted infections (STIs) due to high rates of engagement in risky sexual behaviors (Teplin, Mericle, McClelland, & Abram, 2003). Compared to the general adolescent population, court-involved youth engage in significantly more risky sex behaviors (Elkington, Belmonte, Latack, Mellins, & Wasserman, 2015), including earlier onset of sexual activity (Moser, 2011), infrequent condom use, and sex with multiple partners (Teplin et al., 2005). Parenting practices during adolescence can significantly buffer against youth engagement in sexual risk behaviors (Teitelman, Ratcliffe, & Cederbaum, 2008). For court-involved youth, however, parenting practices may be compromised due to factors such as the youth's delinquency (Gault-Sherman, 2012), parent substance use and mental health problems (Brown et al., under review), and poorer family functioning (Elkington et al., 2015). However, the pathways through which such factors diminish parenting practices for court-involved youth are not clearly defined. Studying these pathways is vital to strengthening

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parenting practices that can protect against adolescent sexual risk behavior and HIV/STI risk, particularly within families of court-involved youth (Elkington et al., 2015).

Parenting practices have been shown to significantly impact adolescent sexual attitudes and behaviors. For example, parent-adolescent communication, especially about using condoms, has been linked to increased condom use among sexually active adolescents as well as adolescents feeling more open to discussing sex with their parents (Hadley, Brown, Lescano, Harrison, & Spalding, 2009). Additionally, close parental monitoring of general adolescent activities and peer associations has been associated with delayed onset of sexual activity, safer sex practices, and improved adolescent-intimate partner communication (for a review, see Perrino, Gonzalez-Soldevilla, Pantin, & Szapocznik, 2000). Conversely, inadequate parental support is a documented risk factor for youth engagement in risky sexual behaviors, including early onset of sexual activity (Conduct Problems Prevention Research Group, 2014; Price & Shibley Hyde, 2009) and multiple sexual partners (Gordon Simons, Sutton, Simons, Gibbons, & McBride Murry, 2016).

There exist many barriers to engaging in effective parental monitoring and communication about sex, especially for parents with court-involved youth. Parent mental health consistently emerges as a family-based factor that impairs these parenting practices. Compared to parents without mental health problems, those with mental health issues have been shown to demonstrate poorer parental monitoring, less positive parent-child interactions, and more negative behaviors towards their children (Van Loon, Van de Ven, Van Doesum, Witteman, & Hosman, 2014). Mental illness may diminish available faculties a parent needs to monitor their child or be emotionally available and nurturing (Goodyear et al., 2015; Van Loon et al., 2014). Few studies have examined parent mental health among parents of court-involved youth; however, existing literature indicates heightened rates of parent alcohol abuse (Barylnik, 2003; Dembo et al., 2000; Lederman, Dakof, Larrea, & Li, 2004), other problematic substance use (Dembo et al., 2000; Lederman et al., 2004), and mental health symptoms (Brown et al., under review). One recent report found that nearly one-third of parents of court-involved youth met criteria for clinically significant mental health problems and that these parents, compared to parents without clinically significant mental health symptoms, also reported higher levels of parenting stress (Brown et al., under review). Adolescent legal involvement may significantly burden parents who are not adequately prepared to manage the additional strain of complying with court orders to reduce their youth's likelihood of recidivating (Brown et al., under review)—potentially placing strain on parents' psychological well-being, parent-child relationships, and the family.

Family functioning may help to explain the effect of parent mental health on specific parenting practices that are instrumental in reducing adolescent risky sex behaviors. Parenting practices, specifically communication and monitoring, are components of family functioning (Sheidow, Henry, Tolan, & Strachan, 2014). However, family functioning is a multifaceted construct, beyond just parenting practices, and concerns the overall health and pathology of the family environment. Specifically, family functioning refers to the structural and organizational properties of the family environment, such as fulfilment and management of roles and daily responsibilities, as well as interactions between family members, including how members communicate and emotionally connect (Epstein, Baldwin, & Bishop, 1983; Rhee, 2008). Recent research calls for a broader examination of family functioning that not only studies parenting practices, but includes additional factors comprising the construct, such as cohesiveness, beliefs, and structure (Sheidow et al., 2014). A parent's mental illness not only impacts parent-child interactions and relationships, but also influences other family members' interactions and relationships. Parent psychopathology and distress can have different effects on several family factors (Van Loon et al., 2014). Adolescents are more likely to experience externalizing and internalizing behaviors, demonstrate deviant behavior, and be at higher risk for developing a substance use disorder if they have a parent with a mental illness or substance use disorder (Finan, Schulz, Gordon, & McCauley Ohannessian, 2015; Nijjar, Ellenbogen, & Hodgins, 2016; Tandon, Tillman, Spitznagel, & Luby, 2014; Van Loon et al., 2014). Families with a mentally ill parent also show lower levels of family expressiveness and report greater family conflict compared to those without a mentally ill parent (Horwitz, Briggs-Gowan, Storfer-Isser, & Carter, 2007; Van Loon et al., 2014). Taken together, studies suggest that parent mental illness weakens certain facets of family functioning (Van Loon et al., 2014) that have been shown to be effective in reducing risky sex behaviors among high-risk adolescent populations (Diiorio et al., 2006; Elkington et al., 2015; Prado et al., 2007; Stanton et al., 2004).

Studies have not clearly identified pathways through which parent mental illness and family functioning impair parenting practices, specifically parent-child communication and parental monitoring, known to be protective against adolescent sexual risk behaviors. Thus, the primary aim of this study was to investigate whether associations exist among parent mental health symptoms, family functioning, and parenting practices, specifically parent-child sex communication and parental monitoring, within families of court-involved youth. We hypothesized that parents of court-involved youth who reported heightened mental health symptoms and poorer family functioning would report poorer parenting practices, including less parent-child sex communication and less parental monitoring. We also explored whether there exists an indirect effect of family functioning on the hypothesized association between parental mental health and parenting practices. See Fig. 1 for a visual depiction of the primary models analyzed in this study.

1. Methods

1.1. Procedures

All study protocols were approved by the Institutional Review Boards (IRBs) of the two sites conducting research for this study. Participants were recruited to participate in a longitudinal randomized controlled trial comparing a new integrated mental health treatment and HIV prevention program to standard mental health counseling received in the community. Research participation was completely separate and voluntary from a youth's court involvement. Prior to and throughout study enrollment, research staff assured that the court understood it could not mandate youth and families into the experimental intervention and prevention program. If the court ordered the youth to participate in therapy, families were allowed to choose between participation in the integrated mental

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