PROFILES OF SOCIAL NORMS ACROSS CONTEXTS AND ADOLESCENT RISKY BEHAVIORS
Yijie Wang, Ph.D.\(^1\), Ji Hyun Lee, M.A.\(^1\), Aprile D. Benner, Ph.D.\(^2\)
\(^1\)Michigan State University; \(^2\)University of Texas at Austin

**Purpose:** Research on adolescent risky behaviors has highlighted the importance of social norms (disapproval and prevalence of risky behaviors) in developmental settings (e.g., family, peer; Nash et al., 2005; Coley et al., 2013), but this research often fails to examine various developmental settings simultaneously. Using a holistic approach to investigate social norms across contexts is important, because it more accurately captures adolescents’ real-life experiences, and such information could be used to better identify adolescents with unique challenges in particular social settings, allowing for more tailored intervention efforts (Lanza & Rhoades, 2013). Using data from the National Longitudinal Study of Adolescent to Adult Health (Add Health), the proposed project employs a person-centered approach to 1) explore patterns of social norms around alcohol use and risky sexual behaviors across family and peer settings and 2) link these profiles to youth risky outcomes.

**Methods:** Sample includes 2,969 adolescents who had valid data in Waves 1 and 2 of the public Add Health data. The sample includes 52% females and is racially/ethnically diverse (56% Whites, 25% African Americans, 12% Latinx, 4% Asian Americans, 3% other race/ethnicities). The average grade level of the sample at Wave 1 was 10.41 (SD = 1.19). Social norms at Wave 1 included four indicators: parental report of their own alcohol use, parental report of their warning about consequences of sexual behaviors, youth report of peer alcohol use, and youth report of peer approval of sexual behaviors. Youth risky behaviors included alcohol use and sexual behaviors at Wave 2, as well as initiation into alcohol use and sexual behaviors from Waves 1 to 2. Covariates included youths’ gender, grade level, family SES, race/ethnicity, generational status, religiosity, vocabulary test scores, and depression.

**Results:** All analyses were conducted in Mplus 7.4. Latent profile analyses identified four profiles of social norms at Wave 1: a congruent-prosocial profile where parents and peers had high disapproval and low prevalence of risky behaviors (52% of the sample), a congruent-permissive profile where parents and peers were congruently permissive of risky behaviors (6%), an incongruent-developmentally common profile where parents were prosocial but peers were permissive (35%), and an incongruent-resilient profile where parents were permissive but peers were prosocial (7%). Path analyses showed differing relations between social norm profiles and youth risky behaviors. Specifically, adolescents with a congruent-prosocial social norm profile or an incongruent-resilient profile were the least likely to engage in or initiate risky behaviors at Wave 2, followed by adolescents with an incongruent-developmentally common profile of social norms, and adolescents with a congruent-permissive social norm profile were the most likely to engage in and initiate risky behaviors (see supplementary materials).

**Conclusions:** The varying developmental implications of social norm profiles highlighted the importance of investigating multiple social settings in a holistic approach. Our next steps involve replicating the profiles and their linkages to youth risky behaviors using a larger sample from the restricted Add Health data.
DISPARITIES IN PARENTAL SUPPORT AND PARENTAL ATTACHMENT BETWEEN HETEROSEXUAL AND SEXUAL MINORITY YOUTH: A META-ANALYSIS

Gerald T. Montano, D.O., M.S.¹, Brian C. Thoma, Ph.D.¹, Taylor Paglisotti, B.A.¹, Patricia M. Weiss, MLIS²
Michelle K. Shultz, M.S.³, Heather L. McCauley, Sc.D., M.S.⁴, Elizabeth Miller, M.D., Ph.D.¹, Michael P. Marshal, Ph.D.²
¹University of Pittsburgh School of Medicine; ²University of Pittsburgh; ³Colorado Department of Public Health & Environment; ⁴Michigan State University

Purpose: High levels of parental support (being emotionally present and consistently dependable for the child during times of need) and attachment (responding sensitively and appropriately to a child’s needs) are associated with lower rates of adolescent mental health problems and substance use—health outcomes that disproportionately affect sexual minority youth (SMY) due, in part, to anti-gay stigma and discrimination. Limited evidence indicates that SMY perceive lower support and attachment from their parents than do heterosexual youth, but the size of the disparity varies across studies. The purpose of this study is to identify a more precise estimate of the disparities in parental support and attachment between SMY and heterosexual youth to inform potential interventions focused on reducing poor mental health among SMY.

Methods: This study is a meta-analysis of medical and social sciences peer-reviewed articles from 1989 to 2014 from three electronic data bases: PubMed, PsycINFO, and Scopus. We retained an article for analysis if it: (a) made a comparison between SMY and heterosexual youth; (b) had participants between 13 – 26 years old; (c) examined perceived parental support and attachment; and (d) used quantitative methods for analysis. Multiple studies used the same data set (e.g., Add Health) and were pooled in the analysis by data set. Additionally, we conducted moderation analysis by bisexuality status (100% lesbian/gay versus bisexual) and by gender.

Results: Nine published studies and one unpublished data set met inclusion criteria with an estimated total of 40,095 adolescent and young adult participants. Sixteen percent of the sample (n=6,569) identified as gay, lesbian, or bisexual, endorsed same-sex attraction, or had same-sex romantic or sexual partners. Random effects analysis of six studies showed that SMY perceived lower levels of parental support than did heterosexual youth (Cohen’s d= -0.38, SE=0.11, p<.001). Random effects moderation analysis showed that lesbian/gay and bisexual youth experienced similar disparities in parental support when compared to heterosexual youth (Q=0.23, df=1, p=0.64), whereas the disparities in perceived parental support is larger between sexual minority and heterosexual girls compared to the disparity between sexual minority and heterosexual boys (Q=10.51, df=1, p=0.001). Random effects analysis of four studies showed that SMY perceived lower levels of parental attachment than did heterosexual youth (Cohen’s d= -0.31, SE=0.07, p<0.001). Random effects moderation analysis showed that the disparities in perceived parental attachment is larger between bisexual and heterosexual youth compared to the disparity between lesbian/gay and heterosexual youth (Q=4.28, df=1, p=0.04), whereas
sexual minority girls and boys experienced similar disparities in parental attachment when compared to heterosexual youth (Q=0.49, df=1, p=0.48).

Conclusions: On average, SMY report lower levels of parental support and attachment than do heterosexual youth. These disparities are even larger in subpopulations of SMY, with sexual minority girls reporting lower parental support than do sexual minority boys, and bisexual youth reporting lower parental attachment than do lesbian/gay youth. Causal mechanisms for these differences within SMY subpopulations remain largely unknown. SMY and their parents may benefit from interventions to strengthen support and attachment, especially parents of sexual minority girls and bisexual youth, respectively.

Sources of Support: None

61.

THE PROTECTIVE ROLE OF PARENTAL MONITORING AND FAMILY RULES IN SEXUAL MINORITY YOUTH RISK BEHAVIOR
Patricia J. Dittus, PhD, Christopher R. Harper, PhD, Riley J. Steiner, MPH, Michelle M. Johns, MPH, PhD, Kathleen A. Ethier, PhD
Centers for Disease Control and Prevention

Purpose: Recent national data have shown that sexual minority youth report engaging in a number of risk behaviors at levels well above those of their heterosexual counterparts. It is therefore important to identify protective factors that can help reduce risk and promote healthy outcomes for sexual minority youth. Parental monitoring and enforcement of family rules have known protective effects among heterosexual youth, yet less is known about the protective role parents may play for sexual minority youth.

Methods: A sample of middle school and high school students who participated in a study conducted in a large urban school district were selected based on their reported experience of having engaged in sexual activity with same sex partners (N=497). Parental monitoring was assessed using five (0=never to 4=always) items capturing parental knowledge (e.g., “When I go out at night, my parents know where I am”), adolescent disclosure (e.g., “I tell my parents who I am going to be with before I go out”), and parental solicitation (“When I go out, my parents ask me where I am going). Family rules were assessed using seven (0=never to 4=always) items capturing parental limitations on child behavior (e.g., “My parents let me go out with friends on school nights”). Seven dichotomous outcomes were examined: lifetime alcohol use, lifetime marijuana use, lifetime other drug use, four or more lifetime sex partners, having been in a physical fight in the past year, current peer victimization, and currently feeling unsafe at school. Four waves of data were combined into a single, cross-sectional analytic sample. Adjusted odds ratios were estimated with generalized estimating equations to account for the repeated observations of some students (n=63, 12.7%) and nesting of students within schools. The effects of parental monitoring and family rules were simultaneously estimated for each of the seven outcomes with all models controlling for race, gender, living in a two-parent household, age, having only same-sex sex partners, receipt of free/reduced lunch, and year of survey.
**Results:** Generally, across all of the outcomes, students who reported “no” to each of the risk behavior outcomes tended to report higher levels of parental monitoring and family rules. There was a statistically significant attenuating effect of parental monitoring for lifetime alcohol use (AOR=0.55, 95% CI=0.31-0.99), lifetime marijuana use (AOR=0.53, 95% CI=0.40-0.71), lifetime other drug use (AOR=0.57, 95% CI=0.45-0.72), four or more lifetime sex partners (AOR=0.71, 95% CI=0.53-0.94), currently feeling unsafe at school (AOR=0.71, 95% CI=0.53-0.95), and having been in a physical fight in the past year (AOR=0.57, 95% CI=0.44-0.73). There was a statistically significant attenuating effect of family rules for lifetime alcohol use (AOR=0.68, 95% CI=0.47-0.99), lifetime marijuana use (AOR=0.67, 95% CI=0.53-0.85), and lifetime other drug use (AOR=0.76, 95% CI=0.60-0.95).

**Conclusions:** Parents of sexual minority youth can take an active role in protecting their children from harm by appropriately monitoring their activities and friends and enforcing rules for safe behavior.

**Sources of Support:** Centers for Disease Control and Prevention (U30/CCU922283-01)

**62.**

**INFLUENCE OF PRIMARY CARE-BASED PARENT-TARGETED INTERVENTION ON PARENT-TEEN COMMUNICATION ABOUT SEXUAL AND ALCOHOL BEHAVIORS: A RANDOMIZED CONTROLLED TRIAL**

Carol A. Ford, MD¹, Jessica H. Mirman, PhD², J. Felipe García-España, PhD³, Elizabeth Friedrich, BS³, Megan C. Fisher Thiel, BS MPH³

¹Univ. of Pennsylvania, Childrens Hospital of Philadelphia; ²University of Alabama; ³Children’s Hospital of Philadelphia

**Purpose:** Routine annual well adolescent visits (WAV) provide recurring opportunities for healthcare professionals to facilitate parent-teen communication to improve adolescent health and health outcomes. Strategies to do this need to be time-efficient and effective.

**Methods:** We conducted a RCT in one community pediatric practice testing the influence of parent-targeted interventions on parent-teen communication about sexual and alcohol behaviors (clinicaltrials.gov NCT02554682). Adolescents 14-15 years of age scheduled for a WAV and their parent/primary caregiver who planned to attend the visit were recruited. In total, 118 parent-teen dyads were randomized to 1 of 3 groups [Sex Intervention (38), Alcohol Intervention (40), Control Group (40)]. During the clinic visit, parents in the Sex Group received on average 10 min. of instruction/health coaching, were asked to review and discuss written intervention materials with their adolescent within 2 weeks, and received a brief clinician endorsement. Parents in the Alcohol Group received an intervention similarly formatted, but focused on alcohol use. Intervention materials were adapted from existing theoretically-based parent-targeted communication interventions shown to effectively influence reported teen behaviors in other age groups and outside of busy primary care clinics. Control Group parents received care as usual. Intervention group parents received a phone call two weeks later assessing use of materials and communication and offering further guidance in use of materials. Four months after the WAV, parents and teens completed surveys containing the main outcome measures of reported: general communication; frequency of communication about sexual behaviors; and frequency of communication about alcohol. Main analyses test differences in outcome measures among Alcohol versus Control and Sex versus Control Groups, while controlling for teen sex, age, race, and baseline risk behaviors.
Results: Parent participants were primarily female (95%), on average 45.8 years (SD 6.9), married/living with partners (77%), and well-educated (31% associate/four-year degree; 52% graduate degree). Adolescent participants were 51% female, and almost evenly split based on age (57% age 14; 43% age 15). Adolescent and parent race/ethnicity reflected that of the pediatric practice (53% black; 39% white; 8% other; 5% Hispanic). At baseline, 13% of adolescent participants reported they had ever had sex, and 14% reported they had ever had a drink of alcohol (more than a sip). Four months post-intervention, parents and teens in the Alcohol Group reported more frequent communication about alcohol than those in the Control Group (p < .05); general communication and frequency of communication about sex did not vary. In the Sex Group, teens reported more frequent communication about sex than teens in the control group (p<.05); there were no differences in parental reports of frequency of communication about sex by group. Parents in the Sex Group reported more frequent communication about alcohol than parents in the control group (p<.05).

Conclusions: Brief parent-targeted interventions in primary care settings are feasible, and favorably influence parent-teen communication about sexual and alcohol behaviors. Future research is needed to test whether these interventions influence adolescent health behaviors and outcomes.

Sources of Support: Department of Pediatrics, Children’s Hospital of Philadelphia

THE ROLE OF NEGATIVE URGENCY AND PARENTAL AUTONOMY IN ADOLESCENT DELINQUENT BEHAVIOR
Allyson Lindsae Dir, Ph.D., Dillon J. Etter, MPH, Katherine Schwartz, JD, MPA, Matthew C. Aalsma, PhD
Indiana University School of Medicine

Purpose: Adolescent delinquency has been linked to poor health and social outcomes, and research has identified a number of individual and environmental risk factors related to delinquency. Two risk factors, negative urgency, defined as the tendency to engage in rash action in response to negative emotions, and parental autonomy, or the degree of autonomy/independence that parents give their children, have been linked to delinquency. However, research examining the interactive influences of adolescent impulsive tendencies and parental autonomy on delinquent behavior is lacking. The study sought to examine the influence of parental autonomy and negative urgency on delinquent behavior.

Methods: A sample of 83 adolescent-mother dyads (aged 12-19, M(SD)age = 14.28(1.68), 59.4% female, 70.3% black/African American) completed questionnaires assessing adolescent functioning and parent-child relationships. Mothers completed a questionnaire assessing parental autonomy. Youth completed questionnaires assessing (1) perceived parental autonomy, (2) negative urgency, and (3) delinquency. Two separate hierarchical regression analyses were performed to examine influences of (1) parent-reported and (2) youth-reported parental autonomy on delinquency, and the PROCESS macro (Hayes, 2013) was used to probe interactions. Variables were entered as follows: negative urgency (Step 1), parental autonomy (Step 2), and the interaction of negative urgency and parental autonomy (Step 3).

Results: In the model with parent-reported parental autonomy, both negative urgency (b = 2.45, p = .003) and autonomy (b = -2.29, p = .01) were related to delinquency, such that higher levels of negative
urgency and lower levels of parental autonomy were associated with delinquency. Further, there was an interaction (b = -5.17, p = .002), such that negative urgency was only associated with delinquency at lower levels of parental autonomy, while at higher levels of autonomy, negative urgency was not related to delinquency. In the model with youth-reported parental autonomy, neither negative urgency nor youth-reported parental autonomy were significantly related to delinquency; however, there was a significant interaction (b = -1.84, p = .05), such that negative urgency was related to delinquent behavior only at low levels of parental autonomy.

Conclusions: These results suggest that greater youth autonomy may be a protective factor for delinquency, especially among those who are more likely to engage in impulsive behavior in response to negative mood states. While existing intervention strategies in emotion regulation are effective in reducing maladaptive behavior among adolescents high in negative urgency, results suggest that additional parent interventions may also be beneficial to reduce youth delinquency. These findings are particularly important considering that delinquent youth are at risk of entering the juvenile justice system, which further increases risk for poor health outcomes.

Sources of Support: N/A

64.

TRANSGENDER YOUTH AND THEIR PARENTS’ PERCEPTIONS OF MENTAL HEALTH QUALITY AT BASELINE AND AT ONE-YEAR FOLLOW-UP
Stacy K. Mathews, Bachelor of Science in Psychology\textsuperscript{1}, Laura Kuper, PhD in Clinical Psychology\textsuperscript{2}, May Lau, Doctor of Medicine, Masters of Public Health\textsuperscript{3}
\textsuperscript{1}Texas Tech Health Science Center Paul Foster School of Medicine; \textsuperscript{2}Children’s Medical Center; \textsuperscript{3}Children’s Medical Center, University of Texas Southwestern Medical Center

Purpose: This study sought to examine self and parent perceptions of mental health quality in transgender youth before and one year following initiation of medical treatments for gender dysphoria (primarily cross-sex hormones). The aims were to: (1) identify the percentage of youth experiencing clinically elevated levels of psychosocial difficulties at baseline, as measured by total competence (e.g., social engagement, academic performance), total problems, internalizing problems, and externalizing problems subscales of the Child Behavior Checklist (CBCL) and the Youth Self Report (YSR), (2) explore how these percentages differ between baseline and a subset of participants at one year follow up who have received medical treatment; and (3) examine differences across affirmed gender and informant type (mother, father, or child) at baseline and follow-up.

Methods: Transgender adolescents and their parents completed the CBCL and YSR at a multidisciplinary transgender youth program in Dallas, Texas. Clinically elevated scores (t-scores below 37 for total competence subscale and t-scores above 70 for all other subscales) were recorded. Additionally, change-scores were calculated to reflect the difference between baseline and follow-up t-scores, with positive change-scores indicating improvements in behavioral or emotional states. Paired T-tests were used to look at informant differences across time and between each other. Independent Samples T-tests were used to examine differences by affirmed gender.
Results: Data was examined from 135 youths, 10-18 years old (mean age = 15). About 3/4 of participants were Caucasian and 13% were Latino-American, with an almost equal number of transmale and transfemale participants. At baseline, youths ranked themselves as clinically low in competence and high in internalizing, externalizing and total problems (59%, 31%, 8%, and 19% of youth respectively). Mothers (n = 126) and fathers (n = 100) reported the same results with similar frequency. Still, mothers reported significantly (p < .05) higher internalizing problems compared with both fathers and children; and significantly more total problems than fathers. Transgender females reported significantly (p < .05) lower average total and internalizing problems than transgender males at baseline (56.57 and 57.66 vs 63.78 and 67.06) and fewer mean externalizing problems at follow up (44.2 vs 53.7). At one-year follow-up (n=31), 28 adolescents were receiving cross-sex hormones, and three were on puberty blockers. Difficulties seemed to persist at follow-up, with about 63% of youths reporting clinically elevated competency issues, and 19% reporting internalizing problems. Mothers, at follow-up, reported fewer externalizing and total problems, with both t-scores significantly (p < .05) decreasing by an average of 5.8 and 4.2 points respectively for youth receiving medical treatment. Although change scores were generally positive, no statistically significant improvements were reported by youth receiving medical treatment or fathers at one year.

Conclusions: Internalizing and competency issues were commonly reported by youth and their parents, and these difficulties appear to largely persist at one-year follow-up. Transgender females appear to experience less distress than transgender males overall. In general, mothers of transgender youths reported more difficulties at baseline and more changes over time. Understanding the ongoing mental health needs of pediatric transgender patients is critical to providing holistic care.

Sources of Support: NA

65.

PARENTS’ ENGAGEMENT IN “FAT TALK” AND ASSOCIATIONS WITH OBESITY AND DISORDERED EATING IN THEIR CHILDREN
Kristen Riley, Student¹, Janet A. Lydecker, Ph.D.², Carlos M. Grilo, Ph.D.²
¹Amherst College; ²Yale School of Medicine

Purpose: “Fat talk” is defined as negative communication about weight. It is common in Western societies and occurs in the media, peer groups and even in families. Yet, little is known about the extent and associations of parents’ fat talk with their children’s eating behaviors and weight. Our study examined these associations as well as differences by child sex and age group. By better understanding the role of fat talk in families, parents can create healthier environments for their children, which may in turn help to improve youth disordered eating and overweight/obesity.

Methods: Participants were parents (N=581) of pre-adolescents (ages 9-11) and adolescents (12-15) who completed an online cross-sectional survey. Parents completed established measures of fat talk about themselves (self-fat talk), others (obesity-fat talk) and their child (child-fat talk), as well as child eating behaviors. Comparisons were made among pre-adolescent girls (n=141, 24.3%), pre-adolescent boys (n=137, 23.6%), adolescent girls (n=148, 25.5%) and adolescent boys (n=155, 26.7%).
Results: Seventy-six percent of parents reported at least one self-fat talk statement they regularly say in front of their children, 51.5% of parents reported some obesity-fat talk, and 43.6% of parents reported some child-fat talk. Fat talk frequencies did not differ significantly between pre-adolescents and adolescents (p>.05), but boys heard more child-fat talk than girls (p=.04). Multivariate logistic regressions revealed that child-fat talk was significantly associated with binge eating, overeating, secretive eating and overweight/obesity (p<.01). Child sex was significantly associated with secretive eating and overweight/obesity (p<.05). Child age group, parent self-fat talk and obesity-fat talk were not significantly associated with child eating behaviors or overweight/obesity.

Conclusions: Parent-reported engagement in fat talk in front of their children was common. Although parent self-fat talk and obesity-fat talk were reported more frequently by parents, child-fat talk was most closely associated with their pre-adolescent and adolescent children’s eating behaviors and weight. Child-fat talk was the only variable associated with all four child outcomes (binge eating, overeating, secretive eating, and overweight/obesity). Because of associations with child disordered eating, assessing and intervening to reduce fat talk could improve the health of pre-adolescents and adolescents, but this requires further study.

Sources of Support: This research was supported, in part, by National Institutes of Health grant K24 DK070052.

HEART TO HEART – PILOT TESTING A SEXUAL HEALTH TRAINING FOR FOSTER AND KINSHIP CAREGIVERS.
Kym Renee Ahrens, MD, MPH1, Wadiya Udell, PhD2, Katie Albertson, MPH3, Alexis Coatney, BA3
1Seattle Children’s Hospital and Research Institute/University of Washington; 2University of Washington – Bothell; 3Seattle Children’s Research Institute

Purpose: Youth in foster care have high rates of early, unintended pregnancies and sexually transmitted infections (STIs). Most interventions have been directed towards the youth themselves and have shown limited success at reducing risks of these impactful outcomes. Using results from prior mixed method studies involving foster and kinship caregivers, foster youth, and other stakeholders from the child welfare system, we developed a day-long training that combined a) low literacy educational information on contraception, condoms, STIs, and normal development with b) skills-based information caregivers felt were critical to improving their ability to parent youth regarding sexual health issues. Specific skills taught included: 1) basic behaviorism with an emphasis on positive reinforcement, 2) tailoring communication and monitoring strategies to the cognitive and social-emotional development of the child, 3) validation, 4) mindfulness-based emotion regulation and communication strategies, 5) increasing caregiver social support and self-care. Participants were given low literacy handouts to share with youth. The purpose of this pilot study was to assess pre-posttest changes in knowledge, attitudes and expectations around health communication, communication and monitoring behaviors, and caregiver-child conflict.

Methods: A total of 47 foster and kinship caregivers participated in a pilot-test of the training conducted in three urban centers: Seattle, Los Angeles County, and New York City. Inclusion criteria included: 1)
SAHM 2018 Annual Meeting
Poster Symposia IV: Supporting Parents - Parent-child interaction and adolescent behavior

caregiver had at least one youth aged 11-18 in the home at the time of recruitment for whom they had cared for at least 3 months in the past year, and 2) caregiver was able to participate meaningfully in the training and pre/posttest surveys. We conducted surveys at two time points – immediately prior to and 1 month after completion of the training. Trainings and surveys were conducted in English in person or by phone. Caregivers received $60 for training day, $40 for the follow-up survey, and reimbursement for childcare and transportation costs as needed. Relevant institutional review boards for each jurisdiction approved all procedures.

Results: Participants were majority (88%) female and were racially/ethnically diverse. The majority identified as African American, white, and/or Hispanic/Latinx (79%, 13%, and 13%, respectively). The average age of caregivers was 59.7 years (range 21-84). Changes in all variables from pretest to posttest were in the direction of improvement. We found significant improvements in knowledge (p<0.001), expectations around communicating about sex (p=0.004), number of sexual health topics ever discussed (p=0.03), and perceived helpfulness of sexual health conversations (p=0.02). Caregivers also reported decreased conflict with the foster youth in their home (p=0.001).

Conclusions: Based on our pilot findings, a day-long sexual health and parenting skills training has the potential to improve sexual health outcomes for foster youth and decrease caregiver-child conflict in the home. The latter has implications that reach far beyond the domain of sexual health. Our next step will be to conduct a randomized, controlled trial with longer-term follow up to confirm pilot results and refine intervention delivery.

Sources of Support: A grant from the Conrad N. Hilton Foundation.