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Engaging Families to Prevent Substance Use Among Latino Youth

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Abstract

Family-Centered Care provides a forum for sharing information about basic components of caring for children and families, including respect, information sharing, collaboration, family-to-family support, and confidence building.

Latinos are the largest and fastest-growing racial/ethnic minority group in the United States. They account for about 15% of the total population and 47.5% of the foreign-born population (U.S. Census Bureau, 2010). Whereas scholars have used the terms Latino and Hispanic interchangeably, in this paper we use the term Latino to refer to individuals who identify themselves as Latino or Hispanic.

Substantial evidence suggests racial/ethnic differences in substance use and abuse, including the use of tobacco, alcohol, and illicit drugs among youth. Although the National Survey on Drug Use and Health reports higher rates of alcohol, tobacco, and drug use in Whites than any other racial/ethnic groups (Substance Abuse and Mental Health Services Administration, 2009), recent national data from the Monitoring the Future project (<http://www.monitoringthefuture.org/>) indicate that Latino youth in the eighth grade have higher use of many drugs, such as marijuana use (13%), and binge drinking (12%) compared with Whites (10% and 8%, respectively) and Blacks (11% and 6%, respectively; Johnston, O'Malley, Bachman, & Schulenberg, 2009).

Compared with White and Black high school students, Latino youth also have reported higher lifetime prevalence of alcohol use and current alcohol use (alcohol use in the past 30 days; Centers for Disease Control and Prevention, 2008). As seniors in high school, Latino youth have the highest lifetime, annual, and 30-day prevalence for several dangerous drugs such as crack, heroin, ice, inhalant, and methamphetamine (Johnston et al., 2009). Because the researchers in the Monitoring the Future project sample youth in schools, these rates likely *underestimate* substance use among Latinos because of their relatively high school-dropout rate (21% vs. national average at 10%; U.S. Census Bureau, 2003).

Substance use has significant impact on the morbidity and mortality of youth, including a higher incidence of motor vehicle accidents (U.S. Department of Transportation, National Highway Traffic Safety Administration, 2009), suicide, and homicide (Kaye, 2004). Substance use can also compromise adolescents' judgment and personal control (Santelli, Robin, Brener, & Lowry, 2001) and consequently put them at high risk for involvement in unprotected sexual practices. Because of the (a) significant increase in the number of Latino youth in our country, (b) the consequences of substance use, and (c) the changing trends in their use of substances, it is imperative that we address the problem of substance use among Latino youth. This column synthesizes the literature examining the associations between family and parenting factors, and substance use, and identifies successful strategies used in five family-centered interventions tailored for Latino family and youth. We also discuss how nurses can use a family-centered approach to work with Latino families to prevent or reduce adolescent substance use.

Cultural Influences

The family is the primary and fundamental social system for nurturing children's development and socializing them to become healthy adults. This is a particularly important factor influencing substance abuse prevention in Latino youth because of the concept of *familism*. *Familism*, an important aspect in Latino culture, places a high value on familial ties and a high regard for family members as a central source of social, economic, and emotional support (e.g., Alvarez, 2007; Castro et al., 2007). Because of the strong *familism* prevalent in Latino culture, researchers have examined the relationship between family and parenting factors and Latino youth's substance use. Family and parenting factors, including acculturation discrepancy, family traditionalism, family bonding/connectedness, parental disapproval of substance use, parental warmth and acceptance, parent-child communication, and parental monitoring, have been found to play an important role in influencing Latino youths' substance use.

Acculturation, a process through which individuals from one culture modify their attitudes or behaviors as a result of contacting the new culture (Berry, 2003), represents an important first step toward adaptation to the new country/culture. In immigrant Latino families, parents and their adolescent children may experience differential modes and rates of acculturation and thus have different role expectations. These differential expectations play critical roles in parenting behaviors and, in turn, may contribute to Latino youths' substance use. For instance, Unger, Ritt-Olson, Soto, and Baezconde-Garbanati (2009) conducted a study examining parent-child acculturation discrepancies and substance use among 1,772 Latino

ninth-grade students. The parent–child discrepancy in the U.S. orientation, defined as the difference between the youth’s U.S. orientation and the youth’s perception of the parents’ U.S. orientation, was found to be associated with past-month smoking and lifetime and past-month alcohol and marijuana use. The parent–child discrepancy in the Latino orientation (difference between the youth’s and his or her perception of the parents’ Latino orientation) was associated with lifetime and past-month alcohol and marijuana use, but not smoking. Furthermore, U.S. orientation discrepancy was related to lower levels of family cohesion and, in turn, was associated with higher levels of substance use among youth. As Latino adolescents became more acculturated, they reported weaker *familism* (Alvarez, 2007). Research findings showed that *familism* has protected Mexican adolescents from using substances (Holleran & Waller, 2003; Marsiglia, Miles, Dustman, & Sills, 2002).

There is less substance use among adolescents who report strong family connectedness and parental disapproval of substance use. Sale and colleagues (2005) used data from the National Cross-Site Evaluation of High Risk Youth Program to examine the relationships between family characteristics and alcohol use among 2,742 Latino youth. In their study, *family connectedness*, measured as the degree to which youth felt attached to their family and how frequently the youth talked to their parents about future plans and issues with friends and teachers, was associated with Latino girls’ lower alcohol use. For males, *perceived parental disapproval* of substance use had a greater effect on alcohol use. Latino youth were also less likely to use alcohol if they believed their parents would be angry about their alcohol use (Parsai, Marsiglia, & Kulis, 2010).

Parental warmth and acceptance are generally related to overall competence, fewer problem behaviors, and lower psychological distress among adolescents (Broman, Reckase, & Freedman-Doan, 2006). Using data from a nationally representative sample of adolescents in the United States, Broman and colleagues found that parental warmth and acceptance had a greater protective effect on Latino youths’ substance use than it had for Black and White youth. Ellickson and Morton (1999) examined early risk factors for initiation of hard drug use among 4,347 adolescents (8% Latino) drawn from diverse high schools and communities. Their findings revealed that Latino youth who sought parental help with personal problems were less likely to use hard drugs compared with those who did not engage in such communication. Furthermore, as adolescents may receive conflicting messages about substance use from other sources (e.g., peers, media, community), effective *communication* about parents’ disapproval attitudes toward substance use will help Latino youth clarify and understand family norms.

Parental monitoring of adolescents’ activities was also found to be associated with reduced likelihood of marijuana use (e.g., Ramirez et al., 2004). Fifth graders of Mexican origin who were from two-parent families, for example, reported lower lifetime marijuana use if they perceived that their parents were aware of what they did with their time (Warren, Wagstaff, Hecht, & Elek, 2008). Furthermore, Latino youth from families with low supervision were three times more likely to use alcohol compared with youth from families with higher supervision (Sale et al., 2005). Parsai and colleagues (2010), however, argued that passive parental monitoring, defined as parents relying on their adolescent children to tell them where they are and what they are doing, may not have sufficient influence to protect Latino

youth against substance use. Active parental monitoring, which refers to the parents' efforts to be involved in their children's activities and to be aware of their children's lives through direct observation or other adult informants (Parsai, Voisine, Marsiglia, Kulis, & Nieri, 2009), may be more effective than passive parental monitoring to prevent adolescent substance use (Stattin & Kerr, 2000). In sum, empirical evidence has clearly pointed to the strong association between family and parenting factors and Latino youths' substance use behavior.

Based upon these family and parenting factors, family-centered interventions such as the Brief Strategic Family Therapy (BSFT) program (Santisteban et al., 2003), *Familias Unidas* (Pantin et al., 2003), *Familias unidas + PATH* (Prado et al., 2007), SAFEChildren (Tolan, Gorman-Smith, & Henry, 2004), and *Nuestras Familias* (Martinez & Eddy, 2005) have been developed and have shown effects on preventing or reducing substance use among Latino youth. The BSFT program includes 4–20 1-hr weekly therapy sessions at a clinic, depending on the severity of the problems. The program focuses on supporting the family structure; tracking its interaction patterns; reflecting on the style, affect, mood, and activity of the family; and encouraging the family to interact in its characteristic fashion. Therapists diagnose family problems regarding boundaries, power distribution, developmental appropriateness, conflict resolution, and identified patienthood. Therapists also restructure the family by redirecting its maladaptive interactions, fostering open and effective communications, and changing the family's configuration. Significant improvement of adolescent-reported marijuana use, parent-reported adolescent conduct problems and delinquency, and family functioning have been found (Santisteban et al., 2003).

Familias unidas (United Families) involves a 24-session intervention designed to increase parental involvement and reduce youth problem behaviors including substance use and abuse among Latino families. By enhancing *familism*, positive parenting, parental investment, family cohesion, parental monitoring, and parent–child communication and by reducing risk factors (e.g., family conflict because of differential acculturation levels between parents and the adolescent child), the intervention increased parental investment and decreased adolescent behavioral problems (Pantin et al., 2003). *Familias unidas* has also been tested in combination with the Parent–Preadolescent Training for HIV (*PATH*) program (15 group sessions, 8 family visits, and 2 parent–child circles). Through improvement in family functioning, the *Familias unidas + PATH* intervention significantly reduced adolescent use of cigarettes and illicit drugs, and their unsafe sexual behaviors in one study (Prado et al., 2007).

Tolan and colleagues (2004) have developed a “SAFEChildren” program, a 20-session family-focused prevention intervention that consists of (a) a multiple-family group approach focusing on parenting skills, family relationships, understanding and managing expected developmental and situational challenges, increasing supports among parents, skills and issues required for parents to engage with school, and managing neighborhood problems; and (b) a phonic-based reading tutoring program developed as part of the Fast Track intervention to improve at-risk children's academic performance during first grade. The findings suggested that the participants benefited from the intervention in academic skills

and parental involvement with school. Problem behaviors such as drug abuse, school dropout, or delinquency will be assessed when these children reach mid- to late adolescence.

Martinez and Eddy's (2005) culturally adapted Parent Management Training intervention *Nuestras Familias* is a 12-week group intervention focusing on parent management training among Latino families. The study results revealed improved general parenting, skill encouragement, and overall effective parenting among parents. Latino youth also reported less use of tobacco, alcohol, marijuana, and other drugs and fewer behavior problems (aggression and externalizing).

These promising interventions share similar characteristics, including incorporating cultural factors and relevant theories into research design and intervention content relevant to Latino youth and families. These interventions showed that enhancing parental involvement in youths' lives and effective parenting skills have protected Latino youth from engaging in substance use.

Implications for Practice

Family-centered care may be an effective approach to address health disparities because it involves a partnership among healthcare providers, the child, and the family; respects the diversity of the family; values the family's strength; and plans the care in the cultural context (Gance-Cleveland, 2006). Thus, using the family-centered care approach is particularly suitable to addressing Latino youths' substance use. It is important for nurses working with Latino youth to be aware of the high prevalence of substance use in these children and the effectiveness of these culturally specific interventions that are based upon strengthening the family influence. Several governmental agencies provide updated, population-based information regarding youth substance use and recommendations for prevention, including the CDC (<http://www.cdc.gov/HealthyYouth/alcoholdrug/index.htm>, <http://www.cdc.gov/HealthyYouth/tobacco/index.htm>, http://www.cdc.gov/parents/teens/risk_behaviors.html [for parents]) and the NIH (<http://teens.drugabuse.gov/>; <http://www.nlm.nih.gov/medlineplus/smokingandyouth.html#cat64>). Nurses can use reliable information obtained from these sources to initiate discussions about substance use with Latino parents and their adolescent children and inform them about the risk factors associated with youth substance use. Nurses can also help Latino parents strengthen the known protective factors such as parental warmth and acceptance, and positive parental monitoring. Latino youth benefit from having supportive parents/caregivers who are involved in their children's daily life activities and monitor or supervise them on a regular basis.

Findings from a recent qualitative study (Peterson, 2010) suggested that the majority of the youth in the study would like their parents "to be parents," that is, to help them develop responsible attitudes and behaviors regarding substance use through clear and consistent expectations and guidelines and positive role modeling. Parents' disapproving attitudes also have a significant impact on their adolescent children's substance use behaviors. Nurses can help parents clarify their roles, establish consistent family rules, and communicate more effectively with their adolescent children regarding antisubstance rules and the negative consequences related to substance use.

Latino parents who are recent immigrants may find it very challenging to discipline their adolescent children in a different culture while trying to deal with the day-to-day pressures of survival. To help alleviate this challenge, nurses can partner with and support parents by providing linguistically and culturally tailored resources, such as having Spanish and English information about parent support groups and parenting skills training programs aimed at improving family functioning (e.g., effective parent–child communication, increased parent involvement in children’s school activities) in the waiting room. Nurses should also establish a referral network with other healthcare and social services professionals who provide linguistically and culturally appropriate services related to parenting skills training, counseling, youth substance use prevention, and treatment, which will help the families connect to needed services in a timely manner. Using the family-centered care approach, nurses who work with the vulnerable Latino population can empower the family and parents with the skills and resources to prevent substance use among Latino youth.

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