



Article

Parenting Practices and Adjustment Profiles among Latino Youth in Rural Areas of the United States

Melinda Gonzales-Backen

Department of Family and Child Sciences, Florida State University, Tallahassee, FL 32306, USA;
mgonzalesbacken@fsu.edu

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Abstract: On average, Latino adolescents in the United States (U.S.) are at an elevated risk for developing internalizing symptoms, externalizing behaviors, and engaging in binge drinking. Latino youth in rural U.S. contexts may be particularly at risk. Parent–adolescent relationships may be associated with each of these indicators of maladjustment, as well as the co-occurrence of these issues. In the current study, adjustment profiles based on internalizing symptoms, externalizing behaviors, and binge drinking among 198 Latino adolescents ($M_{\text{age}} = 15.90$, $SD = 1.47$) living in rural areas of the United States were examined. Further, the association of adjustment profiles with parental behavioral involvement, parental monitoring, and familial ethnic socialization was tested. Four adjustment profiles emerged from a cluster analysis (i.e., low risk, internalizing risk, externalizing risk, co-occurring risk). Results indicated that adolescents in the co-occurring risk profile reported the lowest levels of parental monitoring compared to the other three profiles, lower familial ethnic socialization compared to the low risk and internalizing risk profiles, and lower parental behavioral involvement compared to the internalizing risk profile. The findings have implications for family-based, culturally informed interventions to encourage positive adjustment among Latino adolescents in rural areas of the United States.

Keywords: adolescence; internalizing symptoms; externalizing behaviors; binge drinking; parental behavioral involvement; parental monitoring; familial ethnic socialization; Latino youth

1. Introduction

Compared to other ethnic–racial groups in the United States (U.S.), Latino adolescents are at an elevated risk for mood disorders and internalizing symptoms (Centers for Disease Control and Prevention 2012). Further, Latino adolescents report disproportionately high levels of problem behaviors (Forster et al. 2014) and the highest prevalence of binge drinking compared to adolescents of other ethnicities in the U.S. (Miech et al. 2019). Co-occurrence of internalizing symptoms, externalizing behaviors, and substance use is well documented in research with adolescents and may point to underlying vulnerabilities and points of intervention (Chan et al. 2008). As such, in order to develop more holistic and effective intervention strategies, research is needed to identify (1) how internalizing symptoms, externalizing behaviors, and substance use co-occur and (2) predictors of patterns of adjustment profiles among U.S. Latino adolescents.

Latino families are increasingly migrating to rural areas in the United States due to employment in agriculture. Cultural stressors such as acculturative stress and ethnic–racial discrimination can be exasperated in rural contexts (Raffaelli and Wiley 2012). Cultural stressors are linked to internalizing symptoms, externalizing behaviors, and substance use among Latino adolescents (Cano et al. 2015). Further, such cultural stressors are often experienced simultaneously with stressors associated with poverty (e.g., neighborhood crime and lack of access to resources), compounding risk for negative adjustment (Evans et al. 2016). Although the number of Latino adolescents living in rural areas of the

U.S. is increasing and these adolescents may be at elevated risk for negative outcomes, little research exists on adolescent adjustment and predictors of that adjustment among this group.

According to the family stress model, stressors experienced by parents or other members of the family can erode familial processes and relationships, thereby increasing the risk of maladaptive adjustment among children and adolescents (Masarik and Conger 2017). Thus, parenting practices may be impacted by cultural and socioeconomic stressors experienced by many families in rural areas, thereby impacting adolescent outcomes on multiple dimensions. Further, cultural aspects of parenting, such as familial ethnic socialization, may be particularly influential in encouraging resilience among Latino youth in the face of cultural stressors. Indeed, parent–adolescent relationships have been shown to promote adolescent adjustment as defined in multiple domains (Loukas and Prelow 2004) and familial cultural practices have been linked to positive adolescent adjustment (Huynh and Fuligni 2008).

1.1. Adolescent Adjustment

Adolescents who experience maladjustment in one domain often experience negative outcomes in other domains (Chan et al. 2008). For example, adolescents who engage in more externalizing behaviors may also use drugs and alcohol. Efforts to effectively intervene when adolescents present with multiple adjustment issues have primarily resulted in improvements in externalizing behaviors while internalizing symptoms and substance use persisted, even when multiple adjustment domains were targeted (Milette-Winfrey and Mueller 2018; Zhang and Slesnick 2018). Additionally, evidence suggests common predictors for maladjustment across domains (van Wijk-Herbrink et al. 2018). As such, research is needed to increase understanding of how maladjustment co-occurs across multiple domains and to identify common predictors of adjustment profiles.

Some research suggests predictive associations between adjustment indices. For instance, in a longitudinal study among predominately white adolescents, Colder and colleagues found that externalizing behaviors moderated the association between internalizing symptoms and substance use trajectories during adolescence (Colder et al. 2018). The highest alcohol use was reported among adolescents who reported high externalizing behaviors and low internalizing symptoms. Similarly, a meta-analysis found that while internalizing symptoms and externalizing behaviors during childhood and adolescence were significant predictors of alcohol disorders during young adulthood, externalizing behaviors were more closely associated with future alcohol disorders (Meque et al. 2019). These studies indicate that internalizing symptoms, externalizing behaviors, and substance use are likely to co-occur, with some profiles (e.g., high externalizing and low internalizing) predisposing individuals to future risk for maladjustment.

Although this work assumes that internalizing symptoms and externalizing behaviors are antecedents of substance use, other studies demonstrate that the causal direction between such associations is bidirectional, such that internalizing symptoms and alcohol use were predictive of one another over time in a sample of Mexican-origin youth (Parrish et al. 2016). Given the intricate associations between these three domains of adjustment, it may be the case that they represent manifestations of underlying shared vulnerabilities (Behrendt et al. 2017). Indeed, previous work has demonstrated a latent factor of co-morbid internalizing and externalizing disorders among African American youth (Liu et al. 2017). Further, five adjustment profiles were identified in a racially diverse sample of adolescent bullying victims (Eastman et al. 2018). The profiles varied in levels of depression, anxiety, and externalizing behaviors, suggesting that while these areas of maladjustment co-occur, there is variability in adjustment profiles across adolescents.

Given the co-occurrence of internalizing symptoms, externalizing behaviors, and substance use and the variability in these adjustment profiles, research is needed to identify adjustment patterns and their predictors among adolescents. This is of particular importance among Latino adolescents living in rural areas, given the elevated sources of stress in this context and the lack of research among this growing group of youth. Identification of predictors of adjustment profiles will encourage the development of efficient interventions that effectively target multiple domains of adjustment.

1.2. Parenting and Adolescent Adjustment

Latino adolescents living in rural areas of the U.S. may be at higher risk of negative adjustment outcomes due to cultural and socioeconomic stressors (Evans et al. 2016; Raffaelli and Wiley 2012). Because the entire family system is impacted by such stressors (Masarik and Conger 2017), examining the association of parenting practices with adolescent adjustment profiles may be a promising avenue for intervention. Parental monitoring refers to parents' knowledge about their adolescent children's whereabouts, activities, friends, etc. Parental monitoring may be beneficial for adolescent adjustment by limiting adolescents' engagement in risky situations and behaviors and discouraging their affiliation with peers who engage in risky behaviors. Parental behavioral involvement may also be beneficial for adolescent adjustment by encouraging positive parent-adolescent relationships and reflecting time spent together between parents and adolescents. Parental behavioral involvement refers to the level of engagement in activities parents and adolescents participate in together. Parental monitoring and behavioral engagement may deter the development of maladaptive internalizing and externalizing symptoms, as well as limit the amount of unsupervised time wherein adolescents may engage in substance use.

Research indicates that parenting practices are associated with individual domains of adolescent adjustment. For example, parental monitoring was linked to externalizing behaviors among African American adolescents (Lopez-Tamayo et al. 2016). Further, meta-analyses have shown parenting styles to be associated with internalizing symptoms (Pinquart 2017a) and externalizing behaviors (Pinquart 2017b), such that authoritative parenting styles are associated with more positive adolescent adjustment. Additionally, the influence of parenting practices can encourage adolescent adjustment by shaping other social contexts. For instance, parental monitoring was associated with less affiliation with delinquent peers (a risk factor for substance use and risky behaviors) among Mexican-origin 5th graders (Schofield et al. 2015).

The influence of parenting practices on adolescent outcomes varies by adolescent characteristics, including temperament and the co-occurrence of other adjustment problems. In a longitudinal study among Mexican-origin youth, parental monitoring was associated with substance use, especially among youth with a temperament that put them at risk for behavioral problems (Clark et al. 2015). Further, some work indicates that positive parenting practices are more closely associated with some adjustment domains more than others. Specifically, parenting expressivity during childhood was more strongly associated with lower externalizing behaviors during adolescence than internalizing symptoms or the co-occurrence of externalizing and internalizing problems (Wang et al. 2016). Similarly, parental monitoring was found to be associated with substance use in a sample of predominantly white adolescents only when internalizing symptoms were low (Villarreal and Nelson 2018). As such, parenting practices may be important for the conjoint development of multiple dimensions of maladjustment. To date, little research has focused on parenting practices in Latino families, particularly those in rural contexts, and no studies have examined how parenting practices are linked to adolescent adjustment profiles. Further, research indicates that interventions are primarily effective in decreasing externalizing behaviors, compared to internalizing symptoms (Milette-Winfrey and Mueller 2018; Zhang and Slesnick 2018). However, some evidence suggests that parenting interventions can be effective in impacting multiple domains of adjustment. Specifically, in one intervention, increased parental behavioral involvement was related to decreased substance use during young adulthood via decreased adolescent problem behaviors (Hayakawa et al. 2016).

Familial processes are culturally imbedded and familial ethnic socialization is an important dimension of parenting for many Latino families. Familial ethnic socialization is a process in which children and adolescents learn about their ethnic and cultural background from family members through overt and covert methods of socialization (Umaña-Taylor and Fine 2004) and is identified as a factor in predicting developmental competencies in Garcia Coll and colleagues' integrative model of development among ethnic minority children (García Coll et al. 1996). Garcia Coll et al. note that cultural and minority factors are integrally related to the development of Latino youth

and other youth of color. As such, in order to fully understand the adolescent adjustment and the predictors of that adjustment among Latino adolescents, we must consider the cultural context of the developing adolescent. Familial ethnic socialization has been demonstrated to mediate the association between parent–child relationships and youth outcomes (Reynolds et al. 2017). Further, familial ethnic socialization has been linked to lower levels of internalizing symptoms and fewer externalizing behaviors (Caughy et al. 2011). As such, familial ethnic socialization may serve as a positive familial process that may contribute to positive youth adjustment, particularly for those experiencing high levels of cultural stress, such as Latino youth in rural areas of the U.S.

1.3. Current Study

The current study examines adjustment profiles among Latino adolescents in rural areas of the U.S. informed by the domains of internalizing symptoms (depressive symptoms), externalizing behaviors (rule breaking behaviors), and alcohol use (binge drinking). It was expected that profiles differentiated by level and domain of adjustment would emerge. In other words, it was predicted that high risk groups would either report internalizing symptoms or externalizing behaviors and that substance use may coincide with either adjustment profile.

A second goal of the study was to examine the association between parenting practices and youth adjustment profiles. Specifically, differences in parental behavioral involvement, parental monitoring, and familial ethnic socialization between youth adjustment profiles were examined. Youth reporting higher levels of parental monitoring, parental behavioral involvement, and familial ethnic socialization were expected to have the most positive adjustment.

2. Methods

2.1. Participants

The sample for the current study included 198 Latino adolescents from two rural farmworker communities in the Southeastern United States. On average participants were 15.90 years old ($SD = 1.47$) and 54.4% were female. Most participants were born in the United States (75.6%). Participants were primarily of Mexican (60.6%), Guatemalan (14.5%), and Salvadoran (9.3%) origin, with the remaining participants reporting Honduran, Dominican, Puerto Rican, or mixed Latin American heritage. Most participants lived with at least one of their biological parents (85.9%) and 14.1% of participants reported living with another family member or adoptive parents.

2.2. Procedures

Data were collected using a community-based design in which individuals who were part of the target communities recruited Latino adolescents (15–18 years old) from their own social networks. Written parental consent and youth assent were obtained for all participants after interviewers read the consent and assent forms aloud to participants and their guardians. Bilingual research staff interviewed participants in their homes or another private location using computer-assisted and paper surveys. Interviewers used paper surveys in some instances, due to lack of access to internet or power in some locations. Participants had the option to complete the survey in English or Spanish. A research staff member who is a native Spanish speaker performed fluency checks with all research staff who interviewed in Spanish. Most adolescents completed the survey in English (91.7%). Trained interviewers read survey questions to the participants and the participants responded using responses printed on cards. Participants received \$20 cash for participating in the study. All study procedures were approved by the Florida State University Institutional Review Board.

2.3. Measures

Indicators of adjustment profiles. Adjustment profiles included internalizing symptoms, externalizing behaviors, and binge drinking.

Internalizing Symptoms. Internalizing symptoms were conceptualized as depressive symptoms and measured using the Children's Depression Inventory (CDI; Kovacs 1992). Participants responded to 30 questions about how true various statements were for them in the past two weeks (e.g., "I felt miserable or unhappy.") on a 3-point Likert scale with end points of 1 (not true) and 3 (true). Reliability of the CDI and its use as a unidimensional measure has been supported in previous research with Latino adolescents (Gonzales-Backen et al. 2019). The measure achieved good internal consistency in the current sample ($\alpha = 0.96$).

Externalizing behaviors. Externalizing behaviors were measured using 35-items assessing rule breaking behaviors (Bosworth and Espelage 1995). Participants responded to questions about how many times in the past year they engaged in risk behaviors at home, school, and other places (e.g., "Get in a fight in which someone was hit?"). Response choices were on a 5-point Likert scale with end points of 0 (never) and 4 (7+ times). The alpha coefficient in the current study was 0.88.

Binge drinking. Binge drinking was defined as four or more beers, wine coolers or glasses of wine, or shots of liquor in a row. Participants were asked how often in the past year they drank four or more of each type of drink in a row in separate questions and responded on a 5-point Likert scale with end points of 0 (Never) and 4 (7+ times). Binge drinking rates were similar to national prevalence among youth ages 12–20 (Center for Behavioral Health Statistics and Quality 2016), with 12.5% of adolescents reporting binge drinking at least once in the past year.

Parenting practices. Parental behavioral involvement, parental monitoring, and familial ethnic socialization were examined as predictors of adolescent adjustment profiles.

Parental behavioral involvement. Adolescents reported how involved their parents were in their lives using 10 items focused on the frequency adolescents and parents did activities together such as eating a meal or watching a movie in the past year (e.g., "How often in the past year did you and your parent/primary caregiver eat a meal together?" (Criss et al. 2015)). Participants responded using a 5-point Likert scale with end points of 1 (never) and 5 (very often). Cronbach's alpha in the current sample was 0.93.

Parental Monitoring. Adolescents reported how closely their parents monitored them using 6-items focused on parents' knowledge about the adolescents' activities (e.g., "How often did your parent/primary caregiver really know what you did with friends?", adapted from Steinberg et al. (1994)). Participants responded using a 5-point Likert scale with end points of 1 (never) and 5 (very often). Previous research has supported the reliability and factor structure of this measure among Latino adolescents (Pereyra and Bean 2017). The measure achieved good reliability in the current sample ($\alpha = 0.94$).

Familial ethnic socialization. The Familial Ethnic Socialization Measure (FESM; Umaña-Taylor and Fine 2004) to assess the extent to which adolescents reported their family teaching them about their culture and ethnicity. Participants responded to 12-items (e.g., "My family teaches me about my ethnic/cultural background.") on a 5-point Likert scale with end points of 1 (not at all) and 5 (very much). The FESM has achieved good reliability in other Latino adolescent samples (Bámaca-Colbert et al. 2018; Umaña-Taylor and Fine 2004). Cronbach's alpha in the current sample was 0.98.

3. Results

3.1. Data Analysis

Cluster analysis in SPSS 21 was used to identify the adolescent adjustment profiles. Depressive symptoms, externalizing behaviors, and binge drinking were entered into the model. A categorical indicator was assigned to each case to identify the cluster to which each participant belonged.

Adjustment profile differences in reported parenting practices were tested using one-way analysis of variance (ANOVA). Post-hoc comparisons tested pairwise differences between profiles. Due to the number of comparisons, a Bonferroni correction was applied to adjust for Type I error inflation.

3.2. Preliminary Analysis

Descriptive statistics of and bivariate correlations between study variables were examined (see Table 1). Parental behavioral involvement and monitoring were significantly and positively correlated. Adolescents who reported higher levels of depressive symptoms also reported more parental monitoring and more binge drinking. Adolescents who reported more externalizing behaviors reported more familial ethnic socialization and more binge drinking.

Table 1. Bivariate correlations and descriptive statistics for study variables.

	1	2	3	4	5	<i>M</i>	<i>SD</i>
1. Parental behavioral involvement	–					2.99	0.90
2. Parental Monitoring	0.60 **	–				2.06	0.98
3. FES ^a	0.07	–0.02	–			3.23	1.13
4. Depressive Symptoms	0.03	0.25 *	0.06	–		1.26	0.33
5. Externalizing Behaviors	–0.10	–0.06	–0.29 **	0.05	–	1.45	1.04
6. Binge Drinking	–0.09	–0.08	–0.12	0.28 **	0.21 *	0.11	0.41

Note: ^a familial ethnic socialization; * $p < 0.01$, ** $p < 0.001$.

3.3. Adjustment Profiles

A four-profile solution emerged as the best fit for the data (Average Silhouette = 0.6). The most common profile (54.7%; $n = 108$) to emerge included participants who reported low levels of internalizing symptoms, externalizing behaviors, and alcohol use, therefore, we called this profile low risk. The second most common profile (27.7%; $n = 55$) was characterized by higher than average externalizing behaviors, moderate levels of internalizing symptoms, and low alcohol use. This profile was named externalizing risk. The third profile, internalizing risk, included 10.1% ($n = 20$) of the sample and was characterized by higher than average levels of internalizing symptoms, moderate levels of externalizing behaviors, and low alcohol use. The last profile included 7.3% ($n = 15$) of the sample. Adolescents in this profile, named co-occurring risk, reported higher than average levels of externalizing behaviors and alcohol use and moderate levels of internalizing symptoms. Figure 1 depicts the group means of profile indicators.

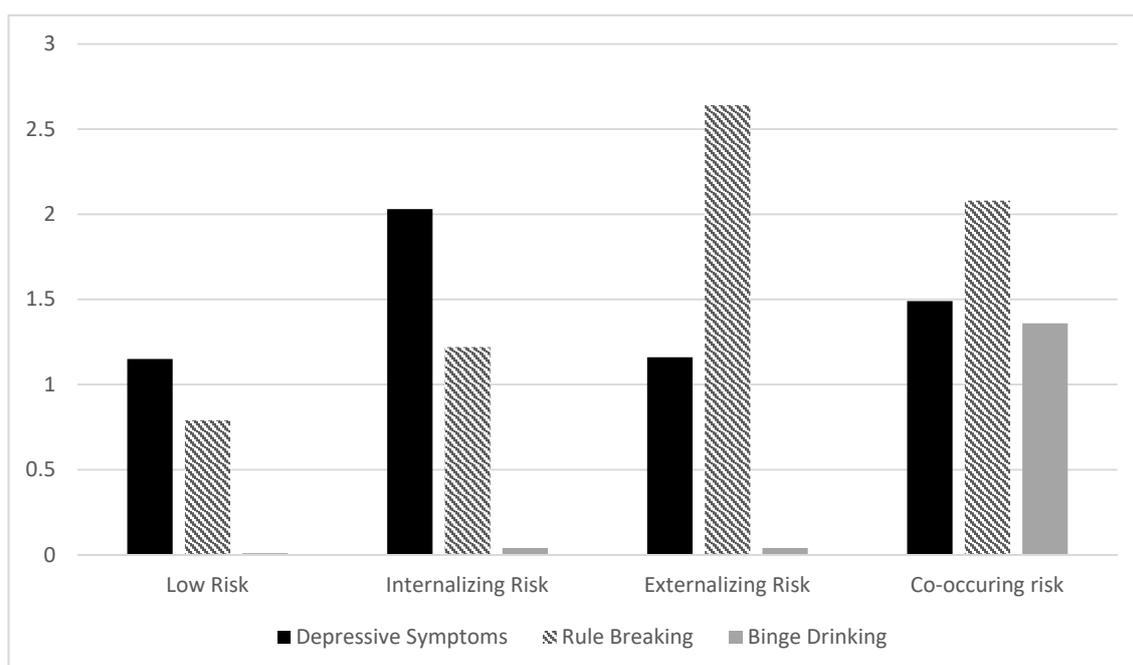


Figure 1. Unstandardized means of adjustment profile indicators.

3.4. Parenting Practices and Adjustment Profiles

Because the cluster analysis was a good fit to the data, we proceeded with a class analysis strategy in which each case was assigned a categorical number associated with their cluster. ANOVA results indicated that youth adjustment profiles significantly differed in adolescent-reported parental behavioral involvement [$F(3, 174) = 4.24, p < 0.01$], parental monitoring [$F(3, 174) = 6.89, p < 0.001$], and familial ethnic socialization [$F(3, 174) = 6.20, p < 0.01$]. Post hoc comparisons, using Bonferroni correction, indicated that adolescents in the internalizing adjustment profile reported significantly more parental behavioral involvement compared to the co-occurring adjustment profile. Adolescents in the co-occurring risk profile reported the lowest parental monitoring compared to the three other adjustment profiles, and lower familial ethnic socialization relative to the low risk and internalizing risk adjustment profiles. Means of parenting practices by adjustment profile are reported in Table 2.

Table 2. Mean differences of parenting practices by youth adjustment profile.

Parenting Practice	Adjustment Profile			
	Low Risk	Internalizing Risk	Externalizing Risk	Co-Occurring Risk
Parental behavioral involvement	3.11	3.47 ^a	2.89	2.43 ^a
Parental Monitoring	2.15 ^b	2.96 ^c	1.88 ^d	1.74 ^{bcd}
Familial Ethnic Socialization	3.29 ^f	3.98 ^e	2.80	2.74 ^{ef}

Note: Profiles with the same superscripts have means that significantly differ at the $p < 0.05$ level.

4. Discussion

Previous research has demonstrated the co-occurrence of internalizing symptoms, externalizing behaviors, and substance use (Chan et al. 2008). Parenting practices, including culturally embedded parenting practices, have been linked to adolescent adjustment (Caughy et al. 2011; Wang et al. 2016). Further, parenting styles have been linked to positive youth adjustment and lower levels of maladjustment among adolescents (Bámaca-Colbert et al. 2018; Carlo et al. 2018; Pinquart 2017a, 2017b). To date, however, no study has examined how parenting practices are associated with adolescent adjustment profiles. The current study identified adolescent adjustment profiles that varied in level and co-occurrence of internalizing symptoms, externalizing behaviors, and binge drinking. Importantly, the majority of the sample was well-adjusted, showing low levels of internalizing symptoms, externalizing behaviors, and binge drinking. In addition, profiles differed in adolescent reports of parental behavioral involvement, monitoring, and familial ethnic socialization. Specifically, adolescents in the co-occurring risk profile reported lower levels of parental behavioral involvement (relative to the internalizing risk profile), monitoring (relative to all other adjustment profiles), and familial ethnic socialization (relative to low and internalizing risk profiles).

The adolescent adjustment profiles that emerged in the current study demonstrate resilience among Latino adolescents living in rural areas, despite the possible presence of cultural and socioeconomic stressors. Over half of participants were in the low risk profile. Two other profiles were identified in which adolescents reported primarily elevated levels of internalizing symptoms or externalizing behaviors. It is of note that domains of maladjustment tended to co-occur in general within these profiles (i.e., moderate internalizing symptoms in the externalizing risk profile and moderate externalizing behaviors in the internalizing risk profile). Finally, a co-occurring risk profile also emerged in which adolescents reported elevated levels of internalizing symptoms and externalizing behaviors and the highest levels of binge drinking. Examining profiles of co-occurring adjustment patterns contributes to the literature, because youth in the co-occurring risk profile may be at the highest risk for long-term adjustment issues due to the overlap between domains of adjustment. However, they did not report the highest levels of internalizing symptoms or externalizing behaviors. As such, if these indicators of adjustment were examined individually, they may not have been identified as being at elevated risk.

The adjustment profiles identified in the current study support previous findings regarding the co-occurrence of multiple adjustment issues. In line with existing work that demonstrates a link

between externalizing behaviors and substance use (Trucco et al. 2016), externalizing behaviors tended to co-occur with binge drinking. Further, although our findings indicate that two of the adjustment profiles demonstrated primarily elevated levels of internalizing or externalizing problems, there was moderate co-occurrence of symptoms overall in these profiles. This is consistent with previous work showing that internalizing and externalizing problems frequently co-occur in children and adolescents (Chan et al. 2008; Fanti and Henrich 2010), and the current study is the first to demonstrate this co-occurrence among Latino adolescents living in rural areas of the U.S. The adjustment profiles also revealed the co-occurrence of externalizing behaviors and binge drinking. This finding supports previous studies finding an association between externalizing behaviors and substance use (Colder et al. 2018).

In partial support of the hypothesis, the co-occurring risk profile reported the lower parental behavioral involvement (relative to the internalizing risk profile), parental monitoring (relative to all other profiles), and familial ethnic socialization (relative to the low risk and internalizing risk profiles). Thus, parental monitoring in particular may serve as a protective factor for each of these dimensions of adolescent adjustment and for their co-occurrence. Specifically, adolescents whose parents exhibit higher levels of monitoring may have fewer opportunities to engage in maladaptive behaviors such as rule breaking and alcohol use. This finding supports previous research that has shown parenting practices to be associated with substance use, especially when internalizing symptoms are low (Clark et al. 2015; Villarreal and Nelson 2018).

Low levels of familial ethnic socialization also predicted co-occurrence of maladjustment domains (relative to the low risk and internalizing risk profiles). Families who practice more familial ethnic socialization may hold more conservative expectations for behavior and those expectations may be emphasized within the cultural context. Indeed, previous work has linked familial ethnic socialization to parents' cultural orientation (Knight et al. 1993). In addition, familial ethnic socialization may serve as a protective factor against cultural stressors that Latino families in rural areas of the U.S. may face. Research has identified familial ethnic socialization as a protective factor against cultural stressors such as discrimination (Umaña-Taylor et al. 2015). Thus, when familial ethnic socialization is absent or less frequent, youth may struggle to cope with stressors such as ethnic discrimination and acculturative stress. Thus, familial ethnic socialization may serve as a critical component of adaptive culture for encouraging positive adjustment in Latino youth.

Importantly, youth in the internalizing risk profile reported the higher levels of parental behavioral involvement, relative to the co-occurring risk profile. Adolescents experiencing internalizing symptoms may spend more time at home, explaining the greater involvement in activities with parents. This finding is counter to previous work examining parenting and internalizing symptoms and disorders (e.g., Manczak et al. 2019; Zeiders et al. 2016). It is possible that it is more important to capture affective aspects of the parent-adolescent relationship, rather than only engagement in activities, in predicting depressive symptoms.

The findings from this study highlight the importance of examining multiple domains of maladjustment concurrently. Based on these findings, adolescents may experience multiple adjustment problems conjointly and these problems may stem from underlying vulnerabilities. Thus, culturally-informed family interventions may prove particularly beneficial for promoting positive youth adjustment, but may be most effective for youth with externalizing and substance use problems. Research should continue to focus on positive and normative adjustment trajectories among Latino youth in an effort to promote positive adjustment.

Limitations and Future Directions

The results of this study have important implications for addressing multiple adjustment issues in context of one another. However, these findings should be interpreted in light of the following limitations. First, the study was cross-sectional. Additional work is needed to discern the directionality of associations and to examine trajectories of adolescent adjustment profiles. Second, this study only

included adolescent reports. In order to examine familial processes, multiple reporters are necessary. Third, the number of participants who were classified in some profiles were small. Although the proportion is in line with statistical recommendations (Lubke and Neale 2006), additional research is needed using larger samples to replicate these profiles. In order to more fully capture potential internalizing symptoms, replication of these profiles should include additional measures, such as anxiety symptoms. Finally, data from parents would allow for inclusion of stressors experienced by the parents. This would enable better testing of the family stress model.

The findings of the current study indicate that the majority of Latino adolescents in rural contexts of the U.S. demonstrate low levels of adjustment problems. However, those who do report adjustment problems may experience a co-occurrence of multiple domains of maladjustment. Further, low levels of positive parenting practices may be linked to the externalizing behaviors and binge drinking, whereas youth struggling with internalizing symptoms report higher levels of these positive parenting practices. Thus, these findings provide a starting point for future research to identify sources of risk and resilience for Latino youth in rural areas and highlight the need for examining multiple sources of maladjustment conjointly.

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