Prevention in Counseling Psychology: Theory, Research, Practice and Training is a publication of the Prevention Section of the Society for Counseling Psychology. The publication is dedicated to the dissemination of information on prevention theory, research, practice and training in counseling psychology, stimulating prevention scholarship, promoting collaboration between counseling psychologists engaged in prevention, and encourages student scholars. The publication focuses on prevention in specific domains (e.g., college campuses) employing specific modalities (e.g., group work), and reports summaries of epidemiological and preventive intervention research. All submissions to the publication undergo blind review by an editorial board jury, and those selected for publication are distributed nationally through electronic and hard copies.

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Submission Guidelines
The Prevention Section of the Society of Counseling Psychology publishes Prevention in Counseling Psychology: Theory, Research, Practice and Training. This is a blind peer-reviewed publication presenting scholarly work in the field of prevention that is distributed nationally. Contributions can focus on prevention theory, research, practice or training, or a combination of these topics. We welcome student submissions. As a publication of the Prevention Section of Division 17, presentations and awards sponsored by the section will be highlighted in these issues. We will also publish condensed reviews of research or theoretical work pertaining to the field of prevention. All submissions need to clearly articulate the prevention nature of the work. Submissions to this publication need to conform to APA style. All submissions must be electronically submitted. Please send your documents prepared for blind review with a cover letter including all identifying information for our records. Submissions should be emailed to Julie Koch, Managing Editor, at julie.koch@okstate.edu.
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Message from the Chair

Le’Roy Reese

Morehouse School of Medicine

Dear Colleagues,

Thank you for taking time to read the important contributions offered in this issue of *Prevention in Counseling Psychology: Theory, Research, Practice and Training*. As you read these contributions, we ask that you consider submitting your work to the publication.

In the last issue, I encouraged each of you to review the current federal legislative language regarding the prevention priorities established by the Department of Health and Human Services as it provided instructive guidance about the government’s direction regarding prevention and health promotion. Since that time, the Affordable Care Act signed into law by the President has successfully withstood a challenge through the United State Supreme Court establishing its constitutionality albeit with some important caveats. This action by the Court presents a number of important opportunities for those of us interested and committed to prevention, health equity and a healthy citizenry.

I have come to understand and believe that change often happens first at the local level and there are hundreds of important examples that support this observation. At the same time, I have seen both the positive and negative impact of politics on local efforts to change, improve and help. With this in mind, I hope to use opportunities such as the Message from the Chair to identify opportunities for us to advance our efforts as change agents. As an example, at my institution, the passing of the Affordable Care Act initiated a series of educational seminars for our faculty, both teaching and those engaged in clinical practice for the purpose of understanding what the Act might mean for the communities we serve and the patients under our care. Consistent with our mission there was significant attention given to our work in primary care settings specifically related to preventive screenings and behavioral health. At the seminar I attended, a colleague asked whether there was any effort locally or otherwise to educate community members about the provisions of the new law. No one in the room could answer this question, yet my colleagues resolved to address this by organizing community forums for Question and Answer sessions, creating one-pager handouts for distribution at our clinics and through the health department. The Act provides for fairly robust mental health and preventive services, thus this is also an opportunity for us to be resources and advocates for our constituents. To that end, I encourage you to ask what it is “we” can do to educate ourselves and our communities about the provisions of this Act. In 1899, W.E.B. DuBois offered this challenge, “We must endeavor to eliminate, so far as possible, the problem elements which make a difference in health among people.” Here is another opportunity to move in that direction.

Peace and progress!
Greetings from the Editorial Board

Welcome to Volume 6 of Prevention in Counseling Psychology: Theory, Research, Practice, and Training, the publication of the Prevention Section of the Society of Counseling Psychology. The goal of this publication is to promote prevention theory and research. There are compelling reasons that should lead prevention to the forefront of our profession. The supply and demand imbalance related to mental health services is prominent. We believe it is important to think about how to utilize prevention to both prevent unnecessary suffering as well as to meet ever growing mental health needs.

In this issue Tichy, Copeland and Tsan explore the important issue of gender differences among veterans in PTSD, depression and substance use disorders. We are also pleased to showcase the work of Davis, Williams, & Pitre, who reviewed the literature on preventing attrition of minority graduate students through advising, using a feminist and relational cultural approach.

Next, we feature empirical research by Parcover & Semiatin, who studied the accuracy of parental perception of college-bound students’ substance use behaviors during the year before entering college. Their work revealed important discrepancies between parents and students regarding communication about and consequences of substance use in this population.

Finally, Glass, Hastings, Cohn, & Pierce provide a review of sexual minority youths’ family influences on the coming out process.

We continue to accept manuscripts addressing prevention theory, research, practice and training. We encourage you to submit your own work for our next issue to Julie Koch, Managing Editor, at Julie.koch@okstate.edu. The deadline for our Summer 2013 issue is May 15th, 2013.
Message from Your Graduate Student Representative

Erin Ring  
*University at Albany*

I would like to extend a warm welcome to the students reading this issue of *Prevention in Counseling Psychology: Theory, Research, Practice, and Training*. We appreciate your enthusiasm for the field of prevention, and hope the articles in this issue speak to your interests as students, researchers, and professionals!

The past several years have been very exciting for professionals in the field of prevention, and we anticipate more excitement to come. Scholars in the health sciences and social sciences continue to draw attention to issues that are relevant to prevention, as evidenced by initiatives promoting violence prevention, bullying prevention, and obesity prevention in today’s youth. As the field continues to grow, it will become increasingly important to hear from students and new professionals in the field who can contribute their knowledge to prevention in counseling psychology.

If you are currently working on, or have recently finished, prevention research in psychology, we encourage you to submit an abstract or manuscript to our journal. Prevention is a large and interdisciplinary field, so we value research on a variety of issues and encourage collaboration with professionals in other fields. Should you have any questions about potential contributions, please contact the Managing Editor, Julie Koch, who can provide you with more information (Julie.koch@okstate.edu).

Finally, if you have not yet joined Division 17’s Prevention Section and/or are interested in learning some more about the field, please do not hesitate to contact me (ering@albany.edu), or any of the other officers in the section. We also encourage you to join the listserv, share resources and information, and participate in some of the discussions. Our section members and officers have a strong commitment to student involvement, and we always welcome new perspectives and feedback from students and new members.
Investigating Gender Differences in PTSD, Depression, and Substance Use Disorders Among OEF/OIF Veterans

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Women comprise 14% of the active-duty military force and an increasing proportion of new users in the Veterans Health Administration (VA) (Yano et al., 2010). Women’s experiences of trauma and stress correlate with negative mental health outcomes, most notably PTSD, depression, and substance abuse. There is some evidence that women are more likely to have comorbid PTSD and depression (Maguen et al., 2012), while men have a higher prevalence of comorbid PTSD and substance use disorders (Maguen, Ren, Bosch, Marmar, & Seal, 2010). Several factors have been identified that play an important role in risk for post-deployment mental health problems. One recent study found that among Veterans with psychiatric conditions, women are at greater risk for depression after experiencing combat exposure when compared to male counterparts (Luxtont, Skopp, & Maguen, 2010). Lower levels of relational support (i.e. unmarried) are associated with heightened symptoms of PTSD and depression (Lapierre, Schwegler, & Labauve, 2007). Although no gender differences were examined, a similar effect may be found among women.

Women’s health care is a priority area for VA. Investigating potential gender differences, as well as associated demographic characteristics, for common conditions seen in primary care may assist with planning of appropriate mental health treatment programs (Schnurr et al., 2007). The purpose of this secondary data analysis, as part of an ongoing study, was to examine gender differences in post-deployment rates of individual and co-occurring PTSD, substance use, and depression in a cohort of OEF/OIF Veterans in the Central Texas Health Care System (CTVHCS).

The study identified 513 OEF/OIF Veterans who received health services between August 1st, 2006 and September 2nd, 2009. All patients were referred to mental health treatment from either a primary or specialty care visit within the study period. OEF/OIF Veterans enrolled in the project, Specialty Mental Health Follow Through after Primary Care, were studied via database abstraction and chart review. Clinical mental health diagnoses were assessed using ICD-9-CM diagnostic codes. Demographic variables included age, sex, marital status, and combat exposure. Separate multivariable logistic regression models examined associations between gender and each of the three diagnoses, Post-traumatic stress disorder (PTSD, ICD 309.81), major depressive disorder (MDD, ICD 296.2, 296.3, & 311), and substance use disorder (SUD, ICD 303.0-305.8, excluding 305.1), adjusting for covariates. Bivariate chi-square analyses explored PTSD+SUD, PTSD+MDD, and MDD+SUD co-occurring combinations by gender.

Of the 513 participants, 19% (n = 97) were women. Women averaged 36.9 years (SD = 8.6) and men, 35.8 years (SD = 8.2; t = -1.22; p = 0.23). Significantly fewer women were diagnosed with PTSD ($X^2=7.2$ df=1, $p < 0.01$). Men were more likely to be diagnosed with SUD ($X^2=5.2$ df=1, $p < 0.05$). As anticipated, co-occurring PTSD+SUD was more prevalent among men ($X^2=5.4$ df=1, $p = 0.02$). Other bivariate associations were not significant. Relative odds of being diagnosed with SUD decreased with increasing age, by about 3% per year cumulatively (OR=0.97; 95% CI 0.94-<1.0). After adjusting for combat exposure and demographics, gender was no longer associated with SUD. The variables in the multivariable model were not significantly associated with MDD. Relative odds of PTSD diagnosis were lower for women by a factor of about 2 (OR=0.50, 95% CI 0.31-<0.80). Relative odds of diagnosis with PTSD also decreased by about 3% cumulatively per year older (OR=0.97; 95% CI 0.95-<1.0).

Consistent with existing literature (Maguen, Ren, Bosch, Marmar, & Seal, 2010), male Veterans were more likely to have co-occurring PTSD+SUD than women. Given that male Veterans exhibit a high rate of comorbidity, development of early interventions may be useful. Significantly fewer women were diagnosed with PTSD or SUD. Although no significant gender differences were found between PTSD+MDD, or MDD+SUD, the co-occurrence of PTSD+MDD is similar between men (26%) and women (25%). Future research should identify risk factors that mediate the relationship between gender and comorbidity. Generalizability is limited since this sample includes those receiving services in primary care or specialty mental health clinics, and does not include Veterans who never received VA services.

Overall, understanding gender and comorbidities among returning Veterans receiving VA care can inform policy and treat-
Investigating Gender Differences

The need for this information is critical to incorporate a gender sensitive approach to treatment.

References


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Preventing Attrition of Minority Counseling Psychology Graduate Students: The Value of Feminist and Relational Cultural Advising

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Preventing Graduate Student Attrition

The most common concerns that contribute to early departure from doctoral programs include, but are not limited to, time management, various dimensions of graduate work (e.g. coursework), dissertation research, financial commitments, management of work-family-school balance, and difficulty establishing relationships with faculty (Schlemper, 2011). The Council of Graduate Schools (CGS) has received a grant from the National Science Foundation (NSF grant #1138814) to fund the Doctoral Initiative on Minority Attrition and Completion in order to assess and assist minority students in completing doctoral education, which is intended to reduce attrition within the STEM (Science, Technology, Engineering, and Mathematics) fields (Council of Graduate Schools, 2012). Although counseling psychology programs can be housed in either colleges of education or colleges of science (psychology departments), data pertaining to attrition within counseling psychology programs is lacking within the literature.

Despite this dearth of literature on attrition rates within counseling psychology programs, the whole graduate student attrition is a significant problem, as it has been reported to be as high as 40-50%, which far exceeds that of undergraduate programs at10-20% (Bowen & Rudenstine, 1992; Golde, 2005). As such, minority students face additional stressors related to discrimination, stereotypes, microaggressions, and feelings of isolation, which contribute to high rates of attrition (Baumgartner & Johnson-Bailey, 2010; Torres, Driscoll, & Burrow, 2010). However, family support, a positive school environment (e.g., positive relationships with advisors, mentors, and peers), and community (e.g., religious groups, peers from country of origin, LGBTQ community, etc.) can foster resiliency in minority graduate students. Zalaquett (2006) found that having supportive families that value education could promote academic resilience in Latino/a college students. Furthermore, positive relationships with mentors has been shown to increase retention rates for minority graduate students (Hoskins & Goldberg, 2005; Patton & Harper, 2003). Although there are many groups of minority students that are confronted with these additional stressors, due to brevity of this abstract, we will only briefly discuss three minority student groups: (a) lesbian, gay, bisexual, transgender, and queer (LGBTQ), (b) African American women, and (c) international students. Also, we acknowledge that two or all three of these identities may intersect, but due to the terse nature of this submission, the unique stressors inherent within each of the aforementioned minority groups will be discussed without addressing the added complexity and stress associated with the embodiment of more than one of the discussed minority identities.

Lesbian, Gay, Bisexual, Transgender, and Queer Students

LGBTQ students and faculty continue to be an underrepresented group in academia, which remains rather negative and sometimes hostile in regards to LGBTQ issues (Bidell, Turner, & Casas, 2002). For instance, Pilkington and Cantor (1996) found that the majority (97%) of LGB identified psychology trainees experienced heterosexual bias and discrimination within their professional psychology programs and during their supervised practica. Such negative experiences are often exacerbated as LGBTQ students remain the only group of students that are confronted with blatant and legal discrimination (Schlosser, Talleyrand, Lyons, Kim, & Johnson, 2011). Furthermore, given the invisibility of their LGBTQ identity, such students are in the constant state of disclosing or concealing their identity, sometimes leading to emotional turmoil and isolation. Such torment and isolation is only made worse in that LGBTQ students often have to work hard to find open LGBTQ faculty member or LGBTQ-affirmative faculty that are willing to serve as advisors and mentors (Schlosser et al., 2011). LGBTQ-affirmative mentoring and advising is an essential component in promoting retention of LGBTQ students, since they are exposed to a great deal of heterosexist and stereotypical remarks made by texts, instructors, supervisors, and peers (Pilkington & Cantor, 1996). Additionally, LGBTQ students often experience lack of support within academia and are often discouraged from pursuing LGBTQ research interests (Pilkington & Cantor, 1996). Therefore, an LGBTQ-affirmative counseling psychology training program that includes the presence of faculty conducting research on LGBTQ issues, an integration of LGBTQ issues into courses, and LGBTQ-affirmative advising and mentoring can better support LGBTQ-identified students, minimize attrition, and further promote the multiculturalism that is central to counseling psychology (Phillips, 2000).

African American Female Students

Many minorities report their doctoral education experience...
as oppressive and dehumanizing as they learn to navigate and negotiate the social world of their graduate program (Gildersleeve, Croom, & Vasquez, 2011). Such minority students, specifically African Americans, must learn to manage the many cultural and structural forces, in addition to the racism and discrimination, which are deeply embedded within the institution of the academy (Wilson, 2009). Moreover, African American women face additional challenges in higher education, given the necessity to learn ways of navigating the privileged world of doctoral education while learning to negotiate their intersecting identity of gender, race, and being a doctoral student (Collins, 1998). As such, African American women are more likely to experience discrimination as a result of the multiple oppressed identities they possess and they often struggle finding companionship due to the small number of African American females pursuing doctoral education (Blake, 1999). Therefore, African American women in counseling psychology doctoral programs would benefit greatly from relational-cultural (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991) and feminist multicultural models of mentoring and advising. Such models of advising put a mutually empowering and compassionate relationship at the fore, providing a safe space to support African American women doctoral students in their ascent up the rungs of academia. Through the relational quality of feminist multicultural and relational-cultural models of mentoring and advising, the open, authentic, and mutually supportive mentoring relationships could help African American women cope with their experiences of discrimination, empower them to persevere throughout their graduate education, and encourage them to become successful professionals and leaders post-graduation (Blake, 1999).

International Students

With growing attention to the internationalization of counseling psychology in the past decade, discussion on effective training of international students is much needed (Park-Saltzman, Wada, & Mogami, 2012). International students experience a variety of challenges including culture shock, isolation and homesickness, language related difficulties, acculturative stress, and discrimination. Stress resulting from these challenges puts international students at greater risk for academic difficulties as well as psychological problems than their U.S. born counterparts (Mori, 2000). Thus, mentors and advisors of international students need to be aware of these specific challenges faced by such students and the cultural differences that may affect their mentorship relationship (Park-Saltzman et al., 2012). As such, traditional Western mentoring models typically emphasize personal achievement and competition. Such mentoring models, emphasizing individualistic standards, often conflict with the values of many ethnic groups’ collectivistic cultures, which stress cooperation and group cohesion. Keeping these differences in mind, it is essential for mentoring models to recognize and incorporate diverse racial, ethnic, and cultural identities and worldviews into the mentorship relationship (Chung, Bernak, & Talleyrand, 2007).

Feminist and Relational Mentoring and Advising

In order to better support minority counseling psychology students, the importance of affirmative and relational advising and mentorship is evident. Advising is a very personal relationship due to the emphasis on personal and clinical development of the advisee (Nelson, Gizara, Hope, Phelps, Steward, & Weitzman, 2006). When racial, gender, and cultural differences exist in the advisory relationship, it can create a power imbalance, which can lead to further oppression and marginalization. This influence of power in any social context is central to feminist scholarship on relationships (Porter & Vazquez, 1997). Traditional models of advising, which are directive and hierarchical in nature, minimize the unique needs that women, people of color, and LGBTQ students may have in comparison to their White male counterparts (Colley, 2002). However, within feminist multicultural mentoring, evaluative components of the relationship are discussed, mutual empathy and empowerment is encouraged, shared caretaking with a healthy degree of reciprocity is supported, and authenticity is promoted (Benishek, Bieschke, Park, & Slattery, 2004). Additionally, feminist mentoring models emphasize the importance of relationship for the mentor and mentee, while focusing on issues of power and mutual empowerment through a nonhierarchical relationship (Fassinger, 1997).

Furthermore, Relational Cultural Theory (RCT; Miller, 1976), as it would apply to advising or mentoring relationships, stresses the importance of understanding and valuing the contextual and relational experiences of marginalized individuals. Core RCT tenets to incorporate into their relationships with advisees and mentees include: (1) growing toward and through relationships, (2) mature functioning through mutuality, (3) psychological growth through engaging in complex relationships, (4) emphasizing mutual empowerment and empathy, (5) authenticity within such relationships, (6) growth happens by participating in such growth-fostering relationships, and (7) the goal is to increase relational competence throughout life (Comstock, Hammer, Strentzsch, Cannon, Parsons, & Salazar, 2008). Such feminist and relational models of advising and mentoring can provide the needed support for minority counseling psychology students to buffer the effects of discrimination, isolation, and grappling with institutional, structural, and cultural boundaries and barriers.

While all graduate students endure many challenges when pursuing higher education, LGBTQ, African American females, and international students must endure additional challenges that can hinder their success in their counseling psychology graduate programs. Subsequently, feminist and relational cultural advising and mentorship can potentially provide these minority students with the support and empowerment needed to successfully complete their programs. In essence, feminist and relational cultural advising has the potential to encourage and promote the achievement of minority counseling psychology students not only within their programs, but also within their profession, which in turn may shape the ways in which these future leaders advise, supervise, and mentor new minority students.

References

Preventing Attrition of Minority Graduate Students


Park-Saltzman, J., Wada, K., & Mogami, T. (2012). Culturally Sensitive Mentoring for Asian International Students in
Accuracy of Parents’ Beliefs about Their College Student Children’s Pre-Existing Substance Use Behaviors and Expectations at the Start of College

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Colleges are increasingly recognizing that the transition between high school and college provides an important context for substance use intervention; however, efforts that focus only on students may be inadequate. For multi-domain prevention efforts that involve the individual, family, and school to be effective, parents/guardians must realistically understand their children’s pre-collegiate drinking behavior. The current study examined the accuracy of parental perception of their college-bound children’s substance use behaviors in the year prior to entering college. These data also revealed important parent-student discrepancies regarding consequences of and conversations regarding alcohol use. Implications for data-informed intervention with parents/guardians and students are discussed.

Introduction

It is widely recognized that the social, health, and economic consequences of underage drinking pose a problem of great magnitude on college campuses (Spoth, Greenberg, & Turrisi, 2008). Research has consistently found that high levels of alcohol misuse tend to occur between the ages of 17 and 25 (O’Malley and Johnston, 2002). Four out of five college students drink (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2002) and it has been estimated that 44% of college students are classified as binge drinkers (Wechsler & Nelson, 2008). The negative repercussions of student drinking include increased rates of depression and suicide (Windle, Miller-Tutzauer, & Domenico, 1992), poorer academic performance and higher rates of dropout (Spoth, Shin, Guyll, Redmond, & Azvedo, 2006), increased vandalism, sexual assaults, and other acts of violence (NIAAA, 2002; Hingson, Heeren, Zakocs, Kopstein, & Wechsler, 2002), the development of physical health problems (NIAAA, 2003), and increased likelihood of unprotected sexual activity (Hingson, Heeren, Winter & Wechsler, 2005). Tapert and Schweinsburg (2006) provided evidence that heavy drinking may have significant and lasting effects on brain structure and functioning and that, as a result, early use of alcohol is associated with problematic substance use later in adulthood. It has been established that there is potential for harm among more moderate drinkers as well (Weitzman & Nelson, 2004).

Perkins (2002) noted the wide array of consequences that college drinking has on the college institution itself. These consequences relate to student safety, student attrition, legal costs, poor college-community relations, and risky driving behaviors, including those that result in traffic crashes, the greatest mortality risk of underage drinking (Hingson & Kenkel, 2004). Perkins also reported that there is only modest correlation between a student’s perception of having a drinking problem and the multitude of negative consequences reported.

The Impact of the Transition to College on Drinking Behaviors

While preventative science that addresses underage drinking behaviors has shown significant progress in recent years (Spoth et al., 2006), research on the impact of the transition to college on drinking behaviors is minimal (Sher & Rutledge, 2007). According to Sher and Rutledge, intervention typically occurs after students arrive on campus; however, such an approach may be inadequate if delivered only upon college entry. In addressing the efficacy of institutional intervention, it is critical to understand the nature of pre-college drinking behaviors and the impact that the transition to college has on these behaviors.

LaBrie et al. (2007) reported that high school drinking significantly predicted drinking in college. O’Malley and Johnston (2002) found that dramatic increases in drinking behaviors begin after high school graduation, before students move away to college. Heavy drinking in the first semester of college, although higher than at the end of high school, is strongly predicted by pre-college heavy drinking, with pre-college heavy drinking accounting for 46% of the variance in first semester heavy drinking (Sher & Rutledge, 2007). Hence, drinking during the first semester “represents a systematic escalation of an ongoing behavior established prior to college as opposed to chaotic, unpredictable change precipitated by the transition to college.” Sher and Rutledge recommended viewing college drinking as occurring in the context of adolescent development. As such, prevention programs may require a new range of interventions that focus on de-
developmental and social factors that are relevant to the transition period.

Important variables in predicting heavy drinking at the start of college include continuity from pre-college heavy drinking, pre-college peer drinking norms, pre-college other substance use, and pre-college party motivation for attending college (Sher & Rutledge, 2007). Many students have already begun engaging in drinking behaviors before making the college transition and may make college selections, in part, based on perceptions of the party atmosphere a prospective school will provide. Such findings confirm that understanding pre-collegiate drinking behaviors, perceptions, and attitudes can inform institutional efforts designed to address college drinking behaviors.

**Multi-Domain Intervention**

Intervening with students prior to college may disrupt the momentum of previously established drinking behavior (Sher & Rutledge, 2007). Theories of preventative science have consistently emphasized multi-systemic, multi-domain perspectives for understanding and altering health behaviors. Bronfenbrenner’s (1977) widely-utilized Ecological Systems Theory, for example, identifies multiple systems that impinge on an individual’s developmental and health behavior trajectory, from people and institutions in close proximity to an individual (e.g., parents, school) to broader sociocultural contexts such as ethnic group identity. Similarly, the Health Belief Model (Glanz, Rimer, & Lewis, 2002) posits that individuals are more likely to engage in health behaviors when they perceive themselves as susceptible to experiencing problems and that the problems will be pronounced, as well as when they hold positive expectations regarding the benefits of health behaviors and their own self-efficacy for accomplishing such behaviors. This theory further suggests that these predictors of health behaviors can be modified through education from sources both proximal to the individual (e.g., parents) and those that are more distal (e.g., mass media).

Consistent with these theories of prevention science, pre-matriculation interventions may be most effective when family members of the college-bound student are involved. In a comprehensive review, family-focused interventions in childhood have been shown to be highly effective in positively impacting drinking outcomes (Spath et al., 2008). Spath and colleagues (2008) advocated for multi-domain interventions, having hypothesized that the impact of preventive approaches are maximized when intervention involves the individual, family, and school. Such models are already effectively utilized with elementary school students. Stigler, Perry, Komro, Cudeck, and Williams (2006) have found that a parent program component yields the relatively strongest effects on minimizing the tendency toward alcohol use when multi-domain interventions are implemented. Jaccard and Turrisi (1999) concluded that parent-based intervention for college students is a promising approach to preventing college drinking problems. Their specific recommendations included that programs should focus on variables that are amenable to change, including parental cognitions and attitudes, and use strategies that acknowledge the numerous demands in a parent’s life.

**Parental Influence on Health–Related Attitudes and Behaviors**

Parents who are concerned for the welfare and growth of their college-age children may experience confusion about their role during this phase of their children’s lives. Many may believe that a student’s peers at college will have far more influence over their behavior. However, parental communication and influence do shape student choices and perceptions of drinking behavior. Adolescent drinking behaviors are impacted by parental attitudes (Hawkins, Catalano, & Miller, 1992), parental awareness of underage drinking behavior (Beck, Summons, & Matthews, 1991), parental monitoring of underage drinking behavior (Reifman, Barnes, Dintcheff, Farrell, & Uhteg, 1998), and parent-teen communication effectiveness (Kafka & London, 1991). Parent-child discussions about responsible alcohol consumption have been shown to have an effect on college student behavior. For example, parental disapproval of student alcohol use relates to students selecting friendship groups that drink less (Nash, McQueen, & Bray, 2005). Booth-Butterfield and Sidellinger (1998) found that while parental attitudes towards drinking and sexual behavior did not necessarily predict similar behavior in their college-age children, children from families that discuss sex and alcohol more frequently and openly were more likely to act safely. Turrisi, Wiersma, and Hughes (2000) found that open communication between mothers and college-age children resulted in the children having a less positive view of binge drinking and greater concern about consequences. Students with a less positive view of binge drinking were less likely to engage in the behavior. Wood, Read, Mitchell, and Brand (2004) found that higher perceived levels of parental involvement weakened the link between peer relations and alcohol use. Birch, O’Toole, and Kanu (1997) found that more than half of college students report that discussions with their parents were either important or very important in promoting their health in domains that include sexuality, substance abuse, and relationships. Parents are in a position to support their children’s positive health behaviors and seek change in risky health behaviors and parents that know and care about students’ alcohol-related behavior may be particularly influential before students start college (Wetherill & Fromme, 2007).

**Impact of Parental Perception of Health Behaviors on Effective Intervention**

Given parental influence on student attitudes about alcohol and drinking behaviors, campus alcohol and drug intervention efforts may benefit from partnering with parents. Such efforts are likely to be most effective when parents have an accurate understanding of their children’s health-related behaviors (Bylund, Imes, & Baxter, 2005). However, research has shown that parents tend to underestimate high-risk behaviors that their children engage in. According to Deffenbaugh, Hutchinson, and Blankschen (1993), who studied youth between the 4th and 12th grades in rural Indiana, parents vastly underestimate how many youth engage in smoking, drug use, and drinking. Young and Zimmerman (1998), using a sample of middle school students and their parents, found that parents are accurate in their perceptions of certain adolescent health behaviors, including seatbelt and bicycle helmet use, diet, and exercise. In contrast, they found that parents significantly underestimate other health risk behaviors, such as carrying a weapon to school, using cocaine,
College Student Drinking

suicide attempts, sexual intercourse, tobacco, alcohol, and marijuana use. Bylund et al. (2005) found that parents significantly underestimated their college student children's reported frequency of drinking alcohol, binge drinking, smoking cigarettes, having sex, and using marijuana. The authors concluded that parental misperceptions might have an impact on the effectiveness of any conversations they have with their children about such high-risk behaviors.

Developing effective interventions to modify drinking attitudes and behaviors continues to be an important goal. Data suggest that understanding pre-collegiate drinking behaviors and attitudes can inform institutional efforts. Recent efforts highlight the potential of multi-domain interventions. Specifically, approaches that are timed to have impact during the transition to college and that involve the student, parents, and the college institution have promise in improving prevention efforts. If such partnering is to be effective, parents must have a realistic understanding of their children's pre-collegiate drinking behavior. Yet, little is known about parents' perceptions of their college students' health behaviors, particularly during the transition between high school and college.

This study represents an effort to expand on previous work by examining the accuracy of parental perception of their children's pre-existing substance use behaviors specifically during the pivotal twelve month period that precedes the actual start of college. Currently, little is known about the accuracy of parental perception of their children's substance use behaviors during the months leading up to the start of college, a critical transition period for the development of substance use patterns in early adulthood. Additionally, this study extends previous work by investigating agreement in parent and student perception of the consequences of alcohol use and the nature of parent-student conversations about alcohol use in the college setting.

Method

Participants

The current study’s data were obtained from a recent incoming freshman class and their parents at a Middle Atlantic comprehensive research university during two incoming student orientation weekends. Nine hundred twenty one students responded to the questionnaire. Eight hundred forty four parents responded. Female students (61%) outnumbered males, which reflected the gender distribution of this incoming cohort. The majority of incoming students identified themselves as Caucasian (86%), followed by 4% non-White Hispanic/Latino, 3% African American, and 2% Asian, with the remaining students identifying as Native American or other. The students averaged 18 years of age ($SD = 0.4$ years).

Measure

The incoming student questionnaire, administered in both student and parent versions, was developed primarily to understand the behaviors that students exhibit before entering college and their parents’ awareness of these behaviors, and to educate parents so they can use their influence to partner with the college in shaping the choices that their children make. The constructs included measured frequency and quantity of alcohol and drug use, exercise behaviors, help-seeking behavior, understanding of academic ethics, community service motivation, spirituality, sexual identity, and expectations about college. The alcohol and drug questions were developed to correspond with nationally normed surveys (e.g., CORE Alcohol & Drug Survey; Presley, Meilman, & Lyerla, 1994) and were modified to fit the needs of the university’s student population. The internal consistency (Cronbach’s alpha) of the four CORE substance use items (alcohol use frequency, alcohol use amount, tobacco use frequency, and marijuana use frequency) was found to be acceptable within the current study’s sample ($alpha = .77$).

Each questionnaire item consisted of a short question (e.g., “When you drink, how many drinks do you typically have?”) followed by response options, one of which the respondent selected. See Table 1 for response options to questions used in the current study. The substance use items asked students to report how often they used alcohol, tobacco, and marijuana in the past academic year, as well as the typical number of alcoholic drinks that they consumed per drinking episode. Students were also asked to report how often blackouts and relationship tensions related to alcohol use occurred in the past academic year. The parent version of the questionnaire included each of the above questions, yet asked that parents answer by rating their perceptions about their incoming college-bound child’s behavior. Parents were also asked to indicate the gender of their college-bound child. In addition, students and parents were asked to estimate the degree to which they discussed with one another the incoming student’s use of alcohol.

Procedure

The incoming student questionnaire was administered to all incoming students and one parent for each student at summer orientation. Parents were asked to decide between themselves who would complete the parent version of the questionnaire if both parents were present. The completion rate for both students and parents was very high, approaching 100% and data were collected anonymously.

Analyses

This study used a between-subjects design, comparing the self-reported attitudes and behaviors of students with the attitudes and behaviors that parents reported as being characteristic of their college-bound child. As student and parent responses were collected anonymously, it was impossible to match the responses of students with their parent. Instead, mean-level differences between parent and student reports of substance-use behaviors and blackouts were evaluated using independent subjects $t$-tests. The presence of alcohol use-related relationship tensions were recorded dichotomously (yes/no), and were evaluated using $\chi^2$, with odds ratios (ORs) reported as effect sizes. Cohen’s $d$ statistic (Cohen, 1988) was also estimated as an effect size where appropriate. Cohen’s $d$ of .3 or less is typically considered a small effect, while differences closer to .5 would be a medium effect, and those .8 or greater a large effect.

We conducted separate statistical analyses for male and female college-bound children and their parents. Specifically, we compared male student reports with estimates of child behavior by parents of male students. Separately, we compared the reports...
of female children with behavior estimates from parents of female students. The Bonferroni correction was employed for each t-test in order to mitigate the effects of alpha inflation when conducting multiple tests with the same dependent variable.

Results

The majority of the outcome frequency distributions were found to be positively skewed, indicating that a large percentage of students did not report substance use or suffer blackouts related to alcohol use. Although the t-test is robust to deviations from the assumption of normality, non-parametric Mann-Whitney U tests were performed for each t-test reported below. All significant raw mean differences (p < .05) found using t-tests were also found to be significant using Mann-Whitney U tests, suggesting that the t-test results are valid for interpretation. The t-test results have therefore been reported.

Table 1. Means, standard deviations, t-test results, and effect size estimates for substance-related self-reports by male students (n = 359) and behavior estimates of students by parents of male children (n = 315).

<table>
<thead>
<tr>
<th>Item</th>
<th>Students M</th>
<th>Students SD</th>
<th>Parents M</th>
<th>Parents SD</th>
<th>t</th>
<th>d²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use Frequency</td>
<td>1.47</td>
<td>0.84</td>
<td>1.20</td>
<td>0.59</td>
<td>4.68*</td>
<td>0.37</td>
</tr>
<tr>
<td>Alcohol Use Frequency</td>
<td>2.47</td>
<td>1.15</td>
<td>1.78</td>
<td>0.83</td>
<td>8.79*</td>
<td>0.69</td>
</tr>
<tr>
<td>Alcohol Quantity</td>
<td>2.58</td>
<td>1.04</td>
<td>1.69</td>
<td>0.67</td>
<td>12.74*</td>
<td>1.02</td>
</tr>
<tr>
<td>Alcohol Discussions</td>
<td>2.01</td>
<td>0.70</td>
<td>2.53</td>
<td>0.59</td>
<td>-8.29*</td>
<td>0.65</td>
</tr>
<tr>
<td>Blackouts</td>
<td>1.34</td>
<td>0.57</td>
<td>1.67</td>
<td>0.25</td>
<td>7.80*</td>
<td>0.61</td>
</tr>
<tr>
<td>Marijuana Use Frequency</td>
<td>1.76</td>
<td>1.20</td>
<td>1.16</td>
<td>0.51</td>
<td>8.17*</td>
<td>0.65</td>
</tr>
</tbody>
</table>

Notes:

n's differed between questions due to missing data.
*p < .001
1 Interpreted as the difference between students and parents in standard deviation units.
2 coded 1 = Never, 2 = Monthly, 3 = Weekly, 4 = Daily
3 coded 1 = Didn’t drink, 2 = Less than once / week, 3 = 1 times / week, 4 = 2 times / week, 5 = 3 or more times / week
4 coded 1 = Don’t drink, 2 = 1-3 drinks, 3 = 4-6 drinks, 4 = 7 or more drinks
5 coded as 1 = No, 2 = Yes, briefly, 3 = Yes, many times
6 coded 1 = Never/don’t drink, 2 = A few times per year, 3 = A few times per month, 4 = A few times per week
7 coded 1 = Didn’t use, 2 = A few times per year, 3 = A few times per month, 4 = 1-2 times per week, 5 = 3 or more times per week

The means, standard deviations, and t-test results comparing male students with parents of male children are displayed in Table 1. Results revealed that parents of male children underestimated male child reports of tobacco and marijuana use within the past academic year. Parents of males also underestimated male child reports of the frequency and amount of alcohol consumed in the past academic year. Reports from parents of female children (Table 2) revealed a similar pattern, in that they underestimated how often female children reported using tobacco, marijuana, and alcohol in the year prior, as well as the quantity of alcohol consumed.

Effect size estimates suggesting large parent-child discrepancies regarding the quantity of alcohol consumed per sitting were found. Differences regarding alcohol use frequency were moderately strong for both genders. Marijuana-related differences were in the small to moderate range, and discrepancies for tobacco use were relatively smaller.

Table 2. Means, standard deviations, t-test results, and effect size estimates for substance-related self-reports by female students (n = 562) and behavior estimates of students by parents of female children (n = 529).

<table>
<thead>
<tr>
<th>Item</th>
<th>Students M</th>
<th>Students SD</th>
<th>Parents M</th>
<th>Parents SD</th>
<th>t</th>
<th>d²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Use Frequency</td>
<td>1.13</td>
<td>0.44</td>
<td>1.05</td>
<td>0.28</td>
<td>3.71*</td>
<td>0.22</td>
</tr>
<tr>
<td>Alcohol Use Frequency</td>
<td>2.16</td>
<td>1.04</td>
<td>1.63</td>
<td>0.78</td>
<td>9.44*</td>
<td>0.58</td>
</tr>
<tr>
<td>Alcohol Quantity</td>
<td>2.11</td>
<td>0.79</td>
<td>1.51</td>
<td>0.54</td>
<td>14.17*</td>
<td>0.89</td>
</tr>
<tr>
<td>Alcohol Discussions</td>
<td>2.07</td>
<td>0.70</td>
<td>2.47</td>
<td>0.64</td>
<td>-9.74*</td>
<td>0.60</td>
</tr>
<tr>
<td>Blackouts</td>
<td>1.26</td>
<td>0.48</td>
<td>1.05</td>
<td>0.23</td>
<td>9.67*</td>
<td>0.56</td>
</tr>
<tr>
<td>Marijuana Use Frequency</td>
<td>1.32</td>
<td>0.72</td>
<td>1.08</td>
<td>0.34</td>
<td>6.92*</td>
<td>0.43</td>
</tr>
</tbody>
</table>

Notes:

n's differed between questions due to missing data.
*p < .001
1 Interpreted as the difference between students and parents in standard deviation units.
2 coded 1 = Never, 2 = Monthly, 3 = Weekly, 4 = Daily
3 coded 1 = Didn’t drink, 2 = Less than once / week, 3 = 1 times / week, 4 = 2 times / week, 5 = 3 or more times / week
4 coded 1 = Don’t drink, 2 = 1-3 drinks, 3 = 4-6 drinks, 4 = 7 or more drinks
5 coded as 1 = No, 2 = Yes, briefly, 3 = Yes, many times
6 coded 1 = Never/don’t drink, 2 = A few times per year, 3 = A few times per month, 4 = A few times per week
7 coded 1 = Didn’t use, 2 = A few times per year, 3 = A few times per month, 4 = 1-2 times per week, 5 = 3 or more times per week

Regarding the frequency of alcohol-related discussions, parents of male and female children both consistently reported higher ratings than their children. Discrepancies for both genders were medium sized. Further, no significant correlations were found between the reported frequency of alcohol-related conversations and past year alcohol use frequency or quantity among male (frequency: r = .09; quantity: r = .06) or female students (frequency: r = .06; quantity: r = .07). In contrast, data indicate that positive associations exist between such conversations and past year alcohol use frequency or quantity among male (frequency: r = .12, p = .04) and quantity (r = .13, p = .03) for parents of male students, while for parents of female students, positive associations were found only for alcohol frequency (r = .11, p = .02), but not quantity (r = .09, ns).

Finally, regarding the consequences of alcohol consumption, male and female students reported similar, medium-
sized discrepancies from the lower estimates made by their parents regarding the frequency of blackouts (males: $d = 0.61$; females: $d = 0.56$). In contrast, parents of males overestimated (14.7%) male student reports (6.4%) of alcohol-related relationship tensions in the past academic year, $\chi^2(1, n=485) = 9.13, p < .01$, $OR = 2.52$; parents of females did not differ in estimating (12.6%) the reports of female students in this regard (9.2%), $\chi^2(1, n = 756) = 2.30$, ns, $OR = 1.43$.

**Discussion**

Given our growing understanding that alcohol use typically predates the start of college, and that almost all current early-college preventative approaches are based on interventions that occur after students arrive at college (Turrisi, Jaccard, Taki, Dunnam, & Grimes, 2001), it seems important for institutions of higher education to examine potential interventions that might have impact before and during the transition to college. Bylund and colleagues (2005) believed that college health educators should view the parent-student relationship as an opportunity for improving health risk behaviors. Turrisi et al. (2001) found that parents tend to be quite enthusiastic about participating in interventions aimed at minimizing college-age substance use and that they had a strong desire to obtain information that would be helpful in effectively communicating with their teens. They concluded that parent-based intervention shows great promise and that such approaches should be further developed and researched. Our findings indicate that parents underestimate the frequency and quantity of alcohol use, the frequency of marijuana use, and the consequences of alcohol use, including the frequency of black outs, of their students, regardless of gender, when assessed during the summer before the beginning of college. The medium to large effect sizes found (Cohen, 1988) suggest that the statistical significance of these discrepancies is indeed meaningful, and not merely a function of sample size. An underestimation of high-risk behavior may decrease parental motivation to engage their college-bound children in conversations regarding substance use. College professionals should educate parents about their possible underestimation with the goal of increasing parental motivation to engage in effective prevention efforts (Bylund et al., 2005). Research has shown that parental discussion can impact health behaviors and that such discussion can have an effect on college student drinking tendencies (Wetherill & Fromme, 2007; Wood et al., 2004; Turrisi et al., 2001; Turrisi, Wiersma, and Hughes, 2000). The current finding that parents and college-bound students disagree on the extensiveness of the conversations that they have previously had about substance use becomes notable in this context. Our findings indicate that parents tend to perceive previous discussions as more extensive and thorough. Informing parents of this discrepancy can empower them to be more active in their efforts to discuss these important issues with their college-bound children.

Our findings also reveal that the parental tendency to underestimate substance use behaviors and the frequency of blackouts, and to overestimate the frequency of alcohol-related conversations is consistently more pronounced with sons compared to daughters. A greater understanding of this gender-based difference is important because it has clear implications for the interventions that can be designed in educating parents on the impact they can have on their students’ health-related behaviors. In this case, one possibility is that parents could benefit from having a better understanding that the assumptions they make about their sons’ need for parental involvement may be even more inaccurate than the perceived needs of their daughters. It is also possible that parents are more hesitant to discuss risky behaviors with sons than daughters or that parents are more likely to have a “boys will be boys” attitude.

The positive correlation between parental perception of their children’s drinking and the nature of conversations regarding the use of alcohol is somewhat surprising. One may be naturally inclined to assume that students who have more frequent conversations with their parents would exhibit healthier drinking habits. This does not necessarily appear to be the case, leaving additional questions for future research about the content, context, and effectiveness of these communications. Parents could be frequently communicating with students about alcohol because they are open and permissive toward drinking, or, conversely, highly critical of drinking, potentially undermining the purpose of intervention. Alternatively, parents could be having more frequent discussions with their child only after discovering that the student is already drinking heavily. Turrisi, Mastroileo, Mallett, Larimer, and Kilmer (2007) found that parent communication with their student-athletes about the negative health effects of substance use reduced reported student drinking, while in contrast, discussions about legal and social consequences of alcohol use corresponded with increases in heavy drinking. It can safely be concluded that the content of such interventions is crucial. This conclusion is strengthened by the lack of relationship between the nature of conversation and substance use when assessed from the student perspective. A more detailed investigation of the impact that communication style and content has on adolescent substance use, as well as the interaction between these and other salient factors, such as relationship quality, is warranted to inform future interventions.

**Application**

Spoth et al. (2008) have argued that greater attention to evidence-based preventive interventions that address underage drinking is needed. One potential model involves the participation of incoming students and their parents in new student orientation programs. Data from the current study were collected at the start of summer orientation sessions, and were quickly compiled and analyzed, a relatively easy task with the technology and staff available. This approach allows for the provision of same day feedback to parents. The data can be used to inform parents about the substance use and other health-related behaviors of the cohort of the incoming class. In pilot sessions, parents have shown clear investment and better understanding of the data and have asked meaningful questions of the university administrators who facilitate the program. Specific strategies designed to help parents meaningfully partner with college staff to address patterns and consequences of student alcohol use can be shared and discussed. Anecdotally, feedback from parents and other university administrators on such a data-based approach has been positive and enthusiastic.

Armed with data regarding parental misperceptions of
student drinking behaviors, parents can be educated on the current realities of student drinking, as well as how to effectively communicate with their children before and during the transition to college. Of the reported misperceptions, our findings suggest that parents are most likely to underestimate the number of drinks their children consume per episode and the number of blackouts that their children have experienced. It is particularly important to inform parents of these realities and explore the implications of high-risk drinking. Parents may feel powerless to affect decisions after children leave home. Learning that parents continue to exert considerable influence even after the college transition (Amerikaner, Monks, Wolfe, & Thomas, 1994) can be empowering. When college personnel can provide the parent with accurate and timely knowledge about college drinking and their child’s specific cohort, the parent can shape their communications in such a way so that they are best received by their child. As the results of this study indicate that parents tend to overestimate the extent of such dialog when compared with their children’s perceptions, parents can be advised to take the time to fully understand how their children are experiencing the conversations that they have together.

This type of partnership between college, student, and parent exemplifies a multi-domain approach (Stigler et al., 2006; Turrisi et al. 2001; Jaccard & Turrisi, 1999) that is evidence-based (Spath et al., 2008) and occurs contextually during the transition to college (Sher & Rutledge, 2007). Such interventions are founded on widely-utilized and accepted theories of health behavior change within prevention science, such as Bronfenbrenner’s (1977) Ecological Systems Theory and the Health Belief Model (Glanz, Rimer, & Lewis, 2002). These theories emphasize that efforts to acknowledge and include multiple systems that modulate an individual’s experiences and decisions (e.g., family, peers, schools, media) are essential to designing effective prevention and intervention strategies. However, Turrisi and colleagues (2001) suggested that such approaches are not utilized in college settings because of the assumption that children are grown up and minimally influenced by their parents at this point in their lives. They note that research has demonstrated that parents maintain influence on their children even after they have moved to college. The type of intervention we have described can be effectively designed to make parents aware of the realities of their children’s behavior and to increase parental motivation to get involved. Providing parents with additional knowledge and skills to intervene early, to continue talking with their college-aged children throughout the college experience, and to support healthier choices can be effectively accomplished by universities not only during orientation programs, but also through their recruitment and admissions efforts, and through newsletters and web pages designed for parents of all enrolled students. Such population-level interventions can be utilized to address behaviors such as those that impact physical, sexual, and mental health.

Limitations and Future Directions

The current study has several limitations that merit consideration. Although the sample size was large, the study was conducted on a single university campus, making it necessary to proceed with caution when attempting to generalize to students at other campuses. Also, although self-reports of drinking behavior tend to be accurate when there are no clear consequences associated with under- or over-reporting (Del Boca & Darkes, 2003), our data may be subject to self-report bias. However, as such biases are likely to be in the direction of under-reporting substance use behaviors, the effect size strengths found in the current study may well be larger in the population.

Future research could examine other student-based variables such as racial/ethnic background, age, high school substance use and GPA, and parental variables, such as parent drinking behaviors, to determine if such factors relate to discrepancies regarding substance use and parental perceptions thereof. Such investigations would further our understanding of parent/collage-bound child dyads that may benefit most from expanded pre-college substance use prevention efforts. Future research could also help to clarify how the transition to college impacts student drinking and other risky health-related behaviors. The Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism (2002) called for the development of college-based prevention programs that include a range of interventions that consider the developmental context that students experience as they transition from high school into college. Finally, the field would benefit from further exploration into the frequency and nature of discussions about health-related behaviors between college students and their parents.

In conclusion, we believe that this study has shown that meaningful discrepancies exist between parent knowledge of their college-bound child’s substance use, its consequences and the frequency of use-related conversations, and the reports of their children, regardless of his/her gender. Although unanswered questions remain regarding best practices to ameliorate these differences, several promising research avenues are converging to suggest that evidence-based endeavors by college student personnel to partner with parents can empower them to take active roles in the health of their college-bound children. We want to particularly encourage these integration efforts, as such partnerships would likely enhance the effectiveness of existing substance prevention/reduction efforts in college, and thus contribute cost and health benefits to campuses nationwide.

References


College Student Drinking


Social Responsibility in Psychology Today: Prevention is Imperative

A Response to Kodet (2012)

Adrienne M. Dugger
Baylor University

In his article “Social Responsibility and Prevention in the APA Ethical Principles,” author Jonathan Kodet (2012) cites a discussion from Charles R. Clark as the definitional model of social responsibility. He defines social responsibility as “the duty to reduce human suffering and further human rights by improving society at large, extending beyond ethical obligations owed to individuals who are participants in professional relationships” (as cited in Kodet, 2012, p.5). The “duty to reduce human suffering” is largely what the profession of psychology is concerned with accomplishing. Psychologists spend the majority of their academic careers studying how the mind-body connection works in order to help individuals function effectively and lead emotionally healthier lives. The second half of Clark’s description of social responsibility, “extending beyond ethical obligations owed to individuals who are participants in professional relationships” (as cited in Kodet, 2012, pg. 5), describes what it truly means to reduce human suffering. Reducing human suffering requires a willingness on the part of the mental health professional to go beyond what is expected or considered obligation by peers and colleagues to reach those who are often difficult to reach.

Kodet (2012) is most concerned with the removal of the General Principle of Social Responsibility from the 2002 revision of the “Ethical Principles of Psychologists and Code of Conduct,” hereafter referred to as the APA Ethics Code (Kodet, 2012; APA, 2002). Comparing the 1992 revision of the APA Ethics Code with the 2002 revision shows that most of the ideas represented in General Principle F: Social Responsibility can be found elsewhere in the 2002 revision (APA, 1992; APA, 2002). However, there are two ideas that cannot be found elsewhere in the document represented in the omitted phrases “to mitigate the causes of human suffering” and “to advance human welfare” (Kodet, 2012, pg. 7; APA, 1992, pg. 1600). These phrases, while insignificant in size, represent ideas crucial to the advancement of psychology and human welfare.

Within the phrase “to mitigate the causes of human suffering,” is the idea of prevention (Kodet, 2012, pg. 7; APA, 1992, pg. 1600). According to the prevention literature, there are three levels of prevention, primary, secondary, and tertiary, all of which aim to stop or reduce problems/illnesses before they fully develop (Williams, 2002; Dooley, 2000). Prevention is demonstrated in the literature by identifying those at higher risk (early detection) and taking steps to ensure they have access to needed care (Compass, 2010; Seligman 2007). According to Cicchetti and Toth (1992), early detection has the ability to reduce the degree to which individuals suffer from symptoms and experience “functioning limits” that can develop as a result of going untreated (as cited in Hage et al., 2007, pg. 494). A look at statistics reported by Hage et al., (2007) shows 75%-80% of the 20% of youth who suffer from mental health problems do not receive the care they need (U.S. Department of Health and Human Services, 1999; Ringel & Sturm, 2001). These youth, if left untreated, may develop into adults with more severe and debilitating symptoms; consequently, making the process of recovery more difficult. Removing the phrase, “to mitigate the causes of human suffering” leads one to believe that prevention intervention is no longer a priority for psychologists. The second important phrase omitted from the Ethics Code, “to advance human welfare” (Kodet, 2012, pg. 7; APA, 1992, pg. 1600), embodies the heart of the profession of psychology. Psychologists and mental health care providers work together to help individuals who are suffering from mental illness function better through evidence-based treatment. Psychologists have been known to donate their services, pro bono (Good, Simon, & Coursey, 1981), to help those who cannot afford or obtain care on their own and often work after hours researching the best treatments for their patients. Pro bono work is included in Principle B: Fidelity and Responsibility, of the 2002 APA Ethics Code (APA, 2002), which demonstrates the APA’s desire that psychologists go above and beyond what is considered “fare” practice. In addition to pro bono work, psychologists also often participate in education campaigns aimed at reaching underserved, marginalized and disparate populations. This is another form of prevention - seeking out those who need but have not been able to obtain treatment. Prevention is imperative to the field of Psychology and cannot be emphasized enough. It has been implemented in programs targeting numerous populations including children, teenagers, college students and veterans to name a few (Compass, 2010; Seligman, 2007; Johnston, 2009).

In a field whose primary objective is to treat mental illness and promote mental health, prevention should not be ignored. While some psychologists who are over loaded with patients might be reluctant to take on patients with less severe symptoms in an effort to practice prevention, they need to remember that reaching at-risk populations before their symptoms become debilitating could mean they will require less treatment over time. This would, in turn, free up psychologists to treat more patients, creating a healthier population overall. Another benefit of prevention...
is that it saves money (Herman, Reinke, Stormont, Puri, & Agarwal, 2010). This money can then be used to improve mental health care by creating treatment programs and freeing up money for schools, hospitals, etc., to hire more mental health practitioners and reach a larger population.

Aside from the obvious benefits of incorporating prevention into mental health care, the importance of including prevention in mental health care is demonstrated by a shift in the profession as a whole towards prevention. Within the APA, leading figures such as Charles Kiesler, former APA Chief Executive Officer and Rosie Philips Bingham, former APA Division 17 President, Member of the APA Council of Representatives, APA Presidential Candidate, Member of the APA Board of Educational Affairs, and Member of the APA Board of Directors have helped spur the APA towards action on public policy (Vasquez, 2012; Neville, 2012). In an address to the APA, Kiesler spoke out about the need for psychology to be involved in social policy (Vasquez, 2012, pg. 340). Rosie Philips Bingham has shown her dedication to social policy through her participation in the development of organizations and conferences such as the National Multicultural Conference Summit, that strive to shed light on the needs of marginalized populations in the U.S. (Neville, 2012). The APA should heed the example of these notable figures to go beyond what is required by the profession and strive to reach the marginalized and underserved. The APA should include the standard of Social Responsibility in its next revision of the APA Ethics Code.

References


Special thanks to Dr. Jack Tsan, Staff Psychologist (Primary Care Mental Health), VA Texas Valley Coastal Bend Health Care System for his supervision and critiquing of this paper.
The Role of the Family in Enhancing Positive Development in Rural LGB Youth

Jennifer Glass, Sarah L. Hastings, Tracy J. Cohn, & Thomas W. Pierce

Radford University

This manuscript examines the process of identity development among rural sexual minority youth, especially within the context of coming out within their families of origin. Little research has focused on LGB youth in rural areas, but even less has examined the role of families in supporting or impeding positive development. The authors will describe the role of families in sexual minority youths’ identity development and examine the particular challenges rural youth face when navigating the coming out process within their families of origin. Directions for future research are suggested.

The frequency of suicide by lesbian, gay, and bisexual (LGB) youths has captured national media attention and has highlighted the rejection, discrimination, and oppression this population frequently endures (Hilton & Szymanski, 2011). Often this rejection is expressed by the LGB’s family and community (Green, 2002). Despite the increased focus on LGB individuals, research on sexual minorities is still conducted mostly with metropolitan samples (Cohn & Hastings, 2011; McCarthy, 2000; Poon & Saewyc, 2009). Rural communities, however, provide a special set of circumstances for sexual minority youth given that heterosexism is more pronounced (Mathy, Carol, & Schillace, 2003) and geographic isolation limits opportunities for youth to identify with an LGB peer group. Rural families, as well, have limited access to support and information (D’Augelli & Hart, 1987; McCarthy, 2000) to help them navigate their adolescents’ coming out process. Expanding health promotion approaches for LGB youth to include attention to geographic settings may enable prevention efforts to be informed by rural communities’ unique characteristics and priorities (Poon & Saewyc, 2009).

The aim of the current work is to examine the process of identity development among rural sexual minority youth, especially in the context of coming out within their families of origin. Youth in less populated areas encounter unique risk factors associated with their rural status. Because positive family support can serve as a powerful protective factor for LGB youth, it is important to include families in prevention efforts. Little research has focused on LGB youth in rural areas, but even less has examined the role of families in supporting or impeding positive development. The authors will describe the role of families in sexual minority youths’ identity development and examine the particular challenges rural youth face when navigating the coming out process within their families of origin. Conclusions will include recommendations for future research designed to promote well-being and prevent maladjustment among rural adolescent youth and their families.

The Rural Context

The defining characteristics of rural areas have been variably described in the literature (McCarthy, 2000; Schank & Skovholt, 2006). In general, the common elements included in the definition use standards set forth by the United States Census Bureau, which involve numerical population, population density, geography, and distance from urban centers (McCarthy, 2000; Schank & Skovholt, 2006). In 2010, 19.3% of Americans lived in areas considered rural by the U.S. Census Bureau.

Rural communities are characterized by conservative and traditional values, religious fundamentalism, resistance to change, high visibility among residents, and limited privacy (Hastings & Cohn, in press; Moses & Buchner, 1980). Neighbors tend to recognize one another’s vehicles and become accustomed to one another’s routines. Rural regions are thought to be autonomous, cohesive, and highly integrated (McCarthy, 2000). There is less tolerance for people who violate community norms (Leedy & Connolly, 2007). However, residents generally report they are satisfied with their community, and enjoy the quality of life, social atmosphere, low crime rates, and sense of community (Hastings & Cohn, in press; McCarthy, 2000).

Notably, the literature has consistently demonstrated that rural gays and lesbians face specific challenges (Boulden, 2001; D’Augelli & Hart, 1987; McCarthy, 2000). Socialization with other gays and lesbians is often difficult in rural areas for a number of reasons. Gay communities are notoriously invisible and underground in rural areas, due to justifiable fears of safety (Boulden, 2001; D’Augelli & Hart; McCarthy, 2000). McCarthy, in examining a group of rural lesbians, reflected this notion, revealing that gay communities in rural areas are often maintained secretly, leading to their invisibility. In fact, the participants of
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this study mentioned that when a lesbian came out in their small town, she was often perceived as the first gay or lesbian person many people had met.

Lack of privacy and anonymity are also well-documented issues with which rural gays and lesbians must contend (APA, 2004; McCarthy, 2000). D’Augelli, Collins, and Hart (1987) pointed out that managing who has knowledge of one’s sexual orientation and who does not can be an exhausting task. Those living in urban areas often have some control over who knows their sexual orientation and who does not; however, disclosure to one person in a rural area may mean disclosure to the entire community, so some people may decide to remain closeted (Cohn & Hastings, 2011; McCarthy, 2000). LGB individuals living in metropolitan areas also have the opportunity to explore their sexuality and socialize with others with relative anonymity, whereas rural gays and lesbians may avoid contact or social events with openly gay people for fear that community members will make assumptions of their sexuality (D’Augelli & Hart, 1987; McCarthy, 2000).

Rural gays and lesbians have frequently described their living environments as reflecting a “don’t ask, don’t tell” (Boulden, 2001, pg. 71) mentality. Interviewing eight gay men from Wyoming on their current experiences of living in a rural area, Boulden found that his participants reported that although some family, friends, and community members may become supportive of their sexual orientation, it was often under the unstated condition that the individual become publicly asexual, not appear too gay, and expect heterosexuals to refuse to acknowledge or encourage their status as a sexual minority. Despite the challenges Boulden’s participants faced, they felt largely satisfied with their living environment and enjoyed the slower pace of rural life.

Sexual Minority Development

Rural adolescents who are sexual minorities have reported higher levels of distress than their rural heterosexual peers (Cohn & Leake, 2012). Adolescence can be an especially critical time for LGB youth, because it is generally during this period that they identify same-sex sexual attraction and begin to identify sexual orientation (Rosario, Schrimshaw, Hunter & Braun, 1996). In general, boys identify two to three years before girls, with girls identifying between the ages of 14 to 16. With this self-identification, rural youth may face physical and psychological risks. Poon and Saewyc (2009) found that rural sexual minority adolescent boys were more likely than their urban counterparts to report suicidal behaviors. Compared with their urban peers, rural LGB youth have higher rates of marijuana use. Rural lesbians are more likely to experiment with other drugs, such as cocaine, hallucinogenics, or heroin (Saewyc et al., 2007), than urban samples. Moreover, media attention has increasingly documented bullying directed at gay and lesbian youth. Poon and Saewyc found more than half of rural LGB students reported sexual harassment and ridicule at school and nearly half described being intentionally excluded by peers. With the myriad challenges facing rural sexual minority youth, advocates have increasingly called for intervention efforts to help youth navigate this critical period of their development.

Many different models of gay and lesbian identity development exist, and no model is universal to all sexual minorities; however, all models describe similar stages and events that gays and lesbians experience when developing identity as a sexual minority (Liddle, 2007a). Summarizing the main theories of identity development, Liddle notes that most models describe the beginning stages of sexual identity development with the assumption of heterosexuality. Over time however, the young person begins to consider that socially sanctioned practices and rituals (e.g. heterosexual dating or marriage) have less relevance and attraction toward same-sex peers becomes more salient. Some, but not all, sexual minority youth progress from negative to positive feelings about their sexual orientation and may identify as a lesbian or gay man or use another applicable term. All models emphasize the importance of finding like-others for support in order to reduce isolation and loneliness and to connect with positive role models who can help the young person develop his or her own affirmative identity (Liddle, 2007a).

Many LGB must contend with negative messages about their identity from their family of origin. Identity Development Theory posits that family members’ reactions and coping also influence the lesbian or gay man’s sense of self (Willoughby, Malik, & Lindahl, 2006). Identity Development Theory also asserts that sexual minorities seek validation from significant others and internalize this feedback. Before realizing they are gay, young people are often aware of family members’ views on homosexuality, which can influence the LGB persons’ beliefs about what it means to be gay (Waldner & Magruder, 1999). Positive and negative reactions and beliefs of family members may be incorporated into the individuals’ sense of self (Willoughby, Malik, & Lindahl, 2006), thus it is unsurprising that family support is imperative to the development of an affirmative identity (Hilton & Szymanski, 2011).

Disclosure of sexual orientation (sexual minority status) to others and self is an essential component in most of the sexual identity models. “Coming out” describes the act of revealing one’s sexual orientation to others, but can also include developing awareness of same-sex attraction and identification with the LGB community (APA, 2008; APA, 2011). The decision to come out warrants consideration of numerous factors, including potential reactions from others and perceptions of one’s personal safety (Valentine, Skelton, Butler, 2003). Disclosure practices are complex and most lesbians and gay men do not reveal their sexual orientation to everyone in their lives at the same time (Carnelley, Hepper, Hicks, & Turner, 2011; Green, 2002). Some may choose to remain “in the closet” and keep their sexual orientation private, others may come out to certain individuals, and some may come out to everyone (APA, 2008; APA, 2011).

Lesbian and gay youth typically come out to peers first, followed by siblings, mothers, and fathers last (Greene, 2002; Savin-Williams & Ream, 2003). Revealing ones sexual orientation to parents is often difficult (Hilton & Szymanski, 2006) and is frequently the last step in the coming out process (Willoughby, Malik, & Lindahl, 2006). Coming out to parents involves consideration of a number of factors, including: a) the importance of parents as a source of social support, social identity, and economic support (although this may be less relevant for adult offspring); b) the availability of nonfamily social and economic support; and
c) the individual’s perception of the advantages and disadvantages to themselves, the family members, and their relationship (Green, 2002).

Coming out can be a potentially risky decision. However, disclosing sexual orientation can have significant advantages to the individual. Being open about sexual orientation increases the opportunity to seek social support from other gays and lesbians, a crucial component of positive identity formation (D’Augelli & Hart, 1987; Liddle, 2007a) D’Augelli & Hart, 1987). Gays and lesbians with an affirmative identity demonstrate higher self-esteem and better psychological adjustment (APA, 2008; Carnelley, et al., 2011). Another possible advantage is that it is no longer necessary to allocate the significant cognitive resources required to maintain the current sets of people who know and do not know the person’s true sexual orientation.

**Family Relationships and Coming Out**

LGB individuals face the possibility of being rejected from their family after coming out, not because of something they have done, but because of their identity (Connolly, 2006; Green, 2002). Unlike ethnic minorities, lesbian and gay individuals do not usually share the same sexual minority status with parents (Connolly, 2006; Green, 2002). In groups that face discrimination parents are often able to educate and prepare their children to deal with oppression because they share the same vulnerability to prejudice (Green, 2002); furthermore, parents are able to demonstrate means of coping with discrimination (Connolly, 2006). Lesbian and gay youth are at a disadvantage though, because their parents are often unable to prepare them for dealing with prejudice (Green, 2002). Additionally, in minority families, parents can take on an additional protective role, but parents of lesbian and gay youth often do not experience the same oppressive forces. Rather than becoming allies, parents and children can end up on opposing teams, with parents taking sides against their child (Green, 2002). This predicament leads gays and lesbians to be at particularly high risk of being rejected by the family (Hilton & Szymbanski, 2011).

Disclosure forces family members to reevaluate what they have believed about homosexuality (Green, 2002; Matthews & Lease, 2000). Parents and siblings reexamine previously held beliefs about gender, sex, sexuality, and religion (Green, 2002; Matthews & Lease, 2000). Family members are often naïve to issues faced by lesbians and gay men, or believe inaccurate assumptions or stereotypes (Green, 2002). In turn, these false or inaccurate beliefs are then applied to their LGB youth (Matthews & Lease, 2000). Gays and lesbians are usually aware of their family’s attitude on gender roles, sexual behavior, homosexuality, nonconformity, and religion, long before coming out; thus, fears of parental rejection or abuse often contribute to keeping one’s identity secret. Coming out can disrupt the family’s homeostasis and equilibrium is quickly restored by rejecting the individual (Matthews & Lease, 2000).

Parental rejection is often spurred by homophobia, fear of AIDS, lack of accurate information, and infrequent exposure to gays and lesbians (Waldner & Magruder, 1999). Additionally, characteristics commonly associated with negative parental reactions include conservative political ideologies, religiosity, having older parents, being a member of an ethnic minority, lack of education, and authoritarian parenting styles (Willoughby, Malik, & Lindahl, 2006; Waldner & Magruder, 1999). Negative reactions from family members lead gays and lesbians to face an increased risk of alienation, depression, suicidal ideation, suicide attempts, and substance abuse (Hilton & Szymbanski, 2011).

Coming out is a developmental milestone, both for gays and lesbians, as well as their family members (Willoughby, Malik, & Lindahl, 2006). Like the lesbian or gay individual, family members often move through a similar coming out process (Matthews & Lease, 2000), needing time to adapt, emerge, and understand the disclosure (Connolly, 2006). Even if parents suspected their child is gay, they can still feel caught off-guard by the revelation (Connolly, 2006). On the other hand, parents who did not suspect their child was LGB, may have a harder time adjusting to the disclosure (Heatherington & Lavner, 2008). Parents and siblings may experience feelings of grief and shock (Hilton & Szymbanski, 2011). Parents grieve the loss of the child they thought they had and the loss of dreams for their child (Matthews & Lease, 2000). Expectations of a traditional marriage, having children, and carrying on the family legacy are challenged (Willoughby, Malik, & Lindahl, 2006). Family members may also feel isolated from their community and fear rejection from other family members (Matthews & Lease, 2000).

A few characteristics that differentiate accepting and rejecting families from one another have been identified in the literature. Cohesion is the overall connectedness within the family system and the emotional bonding that family members have toward one another, while adaptability is the extent to which a family is able to change when confronted with novel situations (Willoughby, Malik, & Lindahl, 2006). Families with high cohesion, adaptability, and warmth are in a better position to accept the lesbian or gay child, because rejection is a violation of the rules of a cohesive, adaptable, and warm family (Green, 2002; Willoughby, Malik, & Lindahl, 2006). Another framework within which to consider the coming out process, Family Stress Theory, posits that families with strong psychological resources in place prior to disclosure are in a better position to respond to stressful events, while those with fewer resources may accept negative stereotypes and myths about gays and lesbians (Willoughby, Malik, & Lindahl, 2006). Despite cohesion and psychological resources, the relationship between parent and child prior to coming out may be the best predictor of parents’ reactions and adjustment. Secure attachments between parent and child tend to remain even though boundaries, roles, and beliefs are challenged (Willoughby, Malik, & Lindahl, 2006).

**Rural LGB Youth and Family Relationships**

Integrating new family roles after coming out is not unique to sexual minorities, but these issues are intensified in rural areas (D’Augelli & Hart, 1987) because gays and lesbians face specific challenges their metropolitan counterparts do not, such as extreme isolation, unsupportive social environments, absent or limited public places to socialize, and little or no organizational and structural supports (Cohn & Leake, 2012; McCarthy, 2000). To compound the existing obstacles, lack of economic resources and isolated location may prevent many from even ac-
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cessing the Internet, a potential source of support and normative information (McCarthy, 2000).

Coming out represents a significant moment for the family unit; however, most families lack a guide for coping with the situation (Valentine, Skelton, & Butler, 2003). Some people are naturally more close or distant with other family members, and gay or lesbian individuals can use knowledge of their family to decide how to reveal sexual orientation and then navigate the situation (Valentine, Skelton, & Butler, 2003). Coming out and developing a gay or lesbian identity does not solely involve the individual, but rather includes family members in the process (Valentine, Skelton, & Butler, 2003). In rural areas, characterized by conservative values, religious fundamentalism, and lack of visible gays and lesbians in the community (D’Augelli & Hart, 1987; McCarthy, 2000; Williams, Williams, Pellegrino, & Warren, 2012), the difficulties associated with integrating a new identity within the family can be magnified (D’Augelli & Hart, 1987).

The literature base addressing rural LGB youth is scarce (McCarthy, 2000; Williams, Williams, Pellegrino, & Warren, 2012). Wang (2011) conducted a case study of a rural lesbian survivor of sexual violence to gain insight into her unique experience. “Judy” reported specific challenges because of the rural context in which she lives, such as conservative culture, religious fundamentalism, discrimination of sexual minorities, feeling isolated and lonely due to living in a rural context, low levels of anonymity, a small LGB community, and poor access to resources. Echoing Wang’s findings, McCarthy (2000) found similar results when she conducted a focus group with 10 rural lesbians, ages 18-52. The lesbians in this study reported feeling isolated and invisible in their communities, relying on word of mouth to find other lesbians to find support. The women reported receiving support from both heterosexual and homosexual peers and expressed the importance of lesbian communities within their region. Additionally, these women reported that other lesbians coming out were often perceived as the first lesbian in the community, pointing to the underground nature of support networks.

Coming out is not a singular event and new family dynamics can develop after someone comes out (D’Augelli & Hart, 1987). Oswald (2000) conducted a unique study investigating what happened when young women come out as bisexual or lesbian. One common theme across the 25 participants was change in relationship structure, which the authors describe as the “internal and external boundaries of each network (pg. 74).” Most participants reported that after coming out they were no longer interested in keeping relationships with people who were discriminatory to the LGB community. One participant described an experience in which she listened to her family tell homophobic jokes and the resulting distance she enacted after that event. Other participants experienced strengthened relationships when their support networks took a stand against homophobia. Overall, this study found that coming out encouraged the social network, and focal participants, to reevaluate their beliefs about homosexuality, causing some relationships to be restructured to include support for the lesbian or bisexual individual’s sexual orientation and other relationships to become characterized by the creation of distance from people displaying bigotry and homophobia.

Additionally, a study by Swainson and Tasker (2006) investigated lesbian couples’ experiences with their families. Utilizing genograms to depict family relationships, the researchers found that partnered lesbian couples must navigate relationships both within their family and their partners’ family. For example, some lesbians were accepted by their families, but their partner was not, so the partner was excluded from family gatherings and events. The experiences of these couples also reflected the changing nature of relationships with family members. Participants documented how extended family relationships evolved after the birth of children and with the onset of serious illness. The study is significant because it demonstrated that family relationships are complex and that changes can occur throughout the lifespan.

Conclusions and Recommendations for Future Research

The research described has implications for prevention efforts and suggests directions for further investigation. The environment in which the LGB individual lives can have a dramatic impact on one’s psychological health. A study by Cohn and Leake (2012) found that having a supportive family was predictive of lower levels of psychological distress including anxiety and depression. Thus it is believed that families may serve a protective role in mitigating stressors associated with the coming out process among rural youth. However, it is important to note that the study by Cohn and Leake is one of the few studies available that looks at the difference between rural and urban LGB. More research is needed to explore both the qualitative “lived experience” of LGB youth as well as quantitative measures of these individuals in rural areas. Specifically, it is important to expand research efforts to investigate how youth manage family relationships during and after coming out, and how families can effectively support their sexual minority children. Although we have a sense that supportive families are important, we do not know the components that are most essential for families to be helpful to the LGB youth during the coming out process. Answering questions such as (a) what is the relationship between emotional and financial support; (b) do children who leave families in conflict fare better psychologically than those who stay in the family home; and (c) what role do community members and allies such as teachers, counselors, and gay affirmative religious leaders play in the lives of LGB youth will help us tailor interventions to assist both families and youth as they go through the process of self- and other-disclosure.

It is essential that we continue to advocate for culturally competent prevention efforts. These efforts should not only target LGB youth, but include families, as data reflect that identity development as a gay or lesbian individual does not occur in isolation from social factors. Because families move through a period of adjustment in coming to terms with their sexual minority youth’s identity, and because rural families may have less access to support networks than their rural counterparts, research should examine ways to support family members in their journeys as well. Although the coming out process has generally been applied to the LGB individual, data suggest that families go through a coming out process. However, to date, researchers have yet to fully understand what that process is or to develop a model to explain it.

Characteristics such as nationality, religion, ethnic group, class, disability, and a myriad of other variables can also
shape the lives of LGB and their families (Liddle, 2007b). For example, Caucasian gays and lesbians in the United States reported receiving most of their social support from sexual minority friends, rather than blood relatives or family; whereas African American lesbians reported receiving most social support from other members of the African American community, rather than their Caucasian, lesbian counterparts. Experiences are so varied that it may be difficult to generalize findings across an entire nation, thus future research on LGB persons should likely focus on a smaller subgroup within the population. Investigation of the lives of a particular group within the LGB population, particularly through qualitative methods and utilizing researchers who are familiar with the groups’ characteristics, are more likely to generate results that truly reflect lived experience (Liddle, 2007b).

We have examined the process of identity development among rural sexual minority youth, particularly in the context of coming out within their families of origin. Rural settings provide unique challenges to LGB people, especially during the vulnerable adolescent years. Positive family support can serve as a powerful protective factor for LGB youth, thus, future research should include families in prevention efforts.

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Saving Our Sisters: Effects of a Computer-based Version of SISTA

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Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) are infectious diseases wreaking irreparable havoc on the lives of millions all around the world. Of those infected and affected by HIV in the United States, African Americans disproportionately bear the burden of this disease, which has resulted in a major crisis within the African American community. In 2006, HIV was regarded as one of the major leading causes of death for African Americans (Centers for Disease Control and Prevention [CDC], 2010). These statistics become even more dismal when both race and gender enter the equation. In 2004, the CDC reported HIV/AIDS was the leading cause of death for Black women worldwide (CDC, 2008). It is essential to address this crisis through prevention research as well as through the process of delving deeper into the complex web of factors related to the incidence and prevalence of HIV/AIDS. Behavioral interventions created to address HIV-related behavioral risks demonstrate the ability to dramatically reduce this behavior and promote healthier alternatives amongst a variety of targeted high-risk populations (AIDS Community Demonstration Project [ACDP], 1999; DiClemente & Wingood, 1995; Kalichman et al., 2001).

The SAHARA program is a computer-based, culturally cognizant and appropriate HIV behavioral intervention program created by African American women for African American women. Although SAHARA demonstrated preliminary efficacy results for African American women during its initial randomized control trial experiment, the study population consisted of a group of African American women located in the urban city of Atlanta, Georgia (Wingood et al., 2011). Future research with a population of African American women within a different geographical region and clinical setting may provide evidence-based data regarding the validity and appropriateness for the increased dissemination of this computer-based intervention created from a CDC approved behavioral intervention.

Until the creation of an effective HIV/AIDS vaccine is manufactured, behavioral interventions are both critical and crucial to reducing HIV infection rates. Current research directions are underscoring the importance of disseminating and utilizing effective behavioral interventions, particularly those that are culturally tailored for oppressed and marginalized population such as African American women. Culturally relevant interventions aim to acknowledging and address the multiple levels of social and contextual factors that contribute to the detrimental health behaviors and poor health outcomes experienced by these underserved groups. An essential component involved in curbing the spread of and the eventual elimination of HIV and its deleterious consequences within communities of color will involve addressing the macro-level sociopolitical factors that perpetuate the population-level effects of HIV and AIDS. Future research should contribute to expanding the knowledge base regarding research on African Americans as well as HIV research. It should provide insight into the social ecological underpinnings that influence the current state of the HIV/AIDS epidemic. Additionally future research should contribute to the immersing literature regarding the adoption of computer-based, evidence-based interventions (EBI) within HIV prevention research.

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Marijuana and College Counseling Center
Clients: Risk and Protective Factors of Marijuana Use Disorders

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Marijuana use disorders among college students are an important target for prevention. Marijuana is the most commonly used illicit substance in the United States, and is prevalent among college students (Gledhill-Hoyt et al, 2000, SAMHSA, 2010). Given the potential dangers associated with long-term marijuana abuse, it is important to explore potential risk or protective factors for such marijuana use disorders in order to plan successful prevention interventions. The current study tests the relationship between gender, race/ethnicity, mental health, school year classification, enrollment status, campus residency, drinking status, and parental alcohol abuse and the lifetime presence of a marijuana use disorder in a sample of college students who participated in the National Epidemiologic Study of Alcohol and Related Conditions (NESARC). Results found that Hispanic, African-American, or Asian students had lower odds of a marijuana use disorder. Having an anxiety or mood disorder, drinking alcohol, and having a parent with an alcohol problem increased the odds of having a marijuana use disorder. Selective and indicated prevention programs might target those students with who are drinking and have anxiety or mood disorder diagnoses.

The project results presented in this study were secondary data analysis of the National Epidemiologic Survey on Alcohol and Related Conditions.

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