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Date: December 2020

From: Society of Pediatric Psychology, American Psychological Association Division 54

To: Pediatrician Colleagues and Other Pediatric Medical Providers

Re: Summary of Psychological Research Findings Relevant to Pediatric Care

**Following is a summary of published research findings in the Society of Pediatric Psychology peer reviewed journals. We believe this information may be helpful to your own practice, with citations provided for further information. Please contact me with feedback or questions. Sharon.Berry@ChildrensMN.org
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Mothers' Adjustment to Autism: Exploring the Roles of Autism Knowledge and Culture

Gordillo, M. L., Chu, A., & Long, K. (2020). *Journal of Pediatric Psychology*, jsaa044. Advance online publication. <https://doi.org/10.1093/jpepsy/jsaa044>

This qualitative study explored the differential impact of cultural affiliations on 1) mothers' knowledge of autism and 2) how mothers apply their autism knowledge to their own personal experiences as a parent of a child with autism. Twenty semi-structured interviews were conducted with diverse mothers of children with autism. Interview data were analyzed by cultural groups: US-born vs. immigrant mothers and Latina vs. non-Latina mothers.

Key Findings:

1. Unlike US-born mothers, most immigrant mothers had not learned about autism prior to their own child's diagnosis, and they tended to believe that autism only occurred in White, US-born children.
2. Non-Latina mothers (immigrant and US-born) felt that learning about autism empowered them to better understand their own children's autism service needs. Latina mothers were able to describe features of autism, but nonetheless struggled to understand how autism was an accurate (or valid) diagnoses for their own child.
3. Among Latina mothers (many of whom were also immigrants), community acceptance was greatly valued, but they reported experiencing rejection due to stigma towards autism within the Latino community.

Our findings suggest a need to improve information delivery so that providers meet the informational *and* cultural needs of Latino and immigrant communities. First, providers must ensure that Latino and immigrant parents understand 1) the extent to which autism occurs in their own cultural communities and 2) the ways in which autism presents in their own child. Given Latina mothers' cultural need for community acceptance and their perception of autism as an inaccurate diagnosis for their own children, it also will be beneficial for providers to facilitate experiences of acceptance for Latina mothers (e.g., encouraging the presence of relatives at appointments so providers may address any concerns, doubts, or misinformation held by family members).



Mechanisms Contributing to Health Disparities in Transgender and Gender Expansive Adolescents: A Topical Review from a Minority Stress Framework.

Delozier, A.M., Kamody, R.C., Rodgers, S., & Chen D. (2020). *Journal of Pediatric Psychology* 45(8), 842–847: doi: 10.1093/jpepsy/jsaa040.

Transgender and gender expansive (TGE) adolescents have gender identities and/or gender expressions that do not align with cultural expectations associated with their designated sex at birth. TGE adolescents are at higher risk for depression, anxiety, thoughts of self-harm and suicide, substance abuse, HIV, and poorer overall health compared to their cisgender (non-TGE) peers. Minority stress theory suggests that the health disparities we see in TGE adolescents are due to unique external and internal stressors related directly to their gender minority identity (e.g., discrimination, victimization, not disclosing gender identity), and that gender minority resilience factors (e.g., identity pride; connection with other TGE people) may protect against the negative effects of minority stress. We reviewed the literature and determined that the gender minority stress model is a helpful framework for understanding how minority stressors contribute to health disparities and poor health outcomes among TGE adolescents.

Pediatric healthcare providers can play a key role in reducing minority stress and improving health outcomes for TGE adolescents. We recommend:

1. Advocate for TGE adolescents at the structural level. Pediatric healthcare providers can use their expertise to promote statewide and national anti-discrimination legislation that supports health outcomes for TGE adolescents. For example, you can oppose “bathroom bills” that restrict TGE youth from using restrooms and locker rooms that match their gender identity.
2. Provide gender-affirming care by asking TGE adolescents about their gender identity, chosen name, and chosen pronouns and advocate for TGE adolescents by promoting chosen name and pronoun use within the medical chart and with colleagues. Gender-affirming policies like these help protect youth from negative outcomes.
3. Work with behavioral health specialists to assess for health disparities affecting TGE youth, such as depression, anxiety, trauma, and substance use, which contribute to poor physical health outcomes. Provide community support resources for TGE youth.
4. Offer and provide referrals to affirming gender health programs that can support TGE youth in their gender transition. Youth who receive gender-affirming care have overall better health outcomes than those who do not.



Parental Involvement in Type 1 Diabetes (T1D) Management among African American and Latino Parents – Facilitators and Barriers

Butler, A. M., Hilliard, M. E., Titus, C., Rodriguez, E., Al-Gadi, I., Cole-Lewis, Y., & Thompson, D. (2020). *Journal of Pediatric Psychology*. doi:10.1093/jpepsy/jsz103.

Parents' engagement in daily diabetes care tasks is essential to the effective management of T1D in children. Growing evidence highlights health disparities in diabetes outcomes among racial/ethnic minority families of young children with T1D. This study aimed to explore the factors facilitating or limiting parental involvement in T1D care among African American and Latino parents. It is a qualitative study using the Capability-Opportunity-Motivation-Behavior (COM-B) model to identify factors influencing parental engagement in their child's diabetes care.

African American and Latino parents (n=28) of young children with T1D (ages 5-9 years) completed audio-recorded semi-structured interviews. Interview transcripts were analyzed to identify themes of barriers to and facilitators of diabetes management.

Highlights of the study results are:

1. Facilitators of parental diabetes management included: adequate parental knowledge and ability to convey diabetes care expectations to other caregivers, positive stress management skills, religious/spiritual coping, and strong organization and planning skills.
2. Barriers to parental diabetes management included: parental distress, limited financial resources and food insecurity, and perceived stigma of the diagnosis of diabetes.
3. Interpersonal relationships, degree of flexibility in work environments, access to diabetes technology, and desire for their child to have a "normal" life were highlighted as either a challenge to or facilitator of parental diabetes care involvement.

We conclude that families have multifaceted psychological, interpersonal, and environmental strengths and challenges that could be reinforced or targeted by pediatric providers, respectively, to maximize parental involvement in their child's diabetes care. Pediatric providers can play a central role in partnering with social workers and behavioral health specialists to support African American and Latino families of with children with T1D in overcoming roadblocks to involvement in diabetes management.



Latent Profiles of Health Behaviors in Rural Children with Overweight and Obesity.

Mitchell, T. B., Janicke, D. M., Ding, K., Moorman, E. L., Basch, M. C., Lim, C. S., & Mathews, A. E. (2020). *Journal of Pediatric Psychology*, 45(10), 1166-1176.
<https://doi.org/10.1093/jpepsy/jsaa071>.

Pediatric overweight/obesity continues to be a public health concern, and rates are particularly high in rural areas. Our study aimed to understand patterns of health behaviors (i.e., physical activity, fruit/vegetable consumption, sugar-sweetened beverage consumption) in school-age children (ages 8-12) with overweight and obesity from rural counties. We also wanted to explore whether patterns were related to demographic or psychosocial variables in order to inform interventions.

Results indicated that children in our sample engaged in four patterns of healthy and unhealthy behaviors. A commonality across groups was inadequate fruit and vegetable intake. Further, older children in our sample had particularly low levels of fruit and vegetable intake. Because fruit and vegetable intake has been shown to be an independent contributing factor for prevention of many chronic diseases, emphasis on increasing intake for all school-age children with overweight and obesity (and especially as they get older) is an important target for intervention by healthcare providers.

On the other hand, there were a number of differences in groups related to physical activity. Older children tended to have lower levels of physical activity. Therefore, increasing physical activity, particularly in older children, is an important intervention target for healthcare providers. Also, physical activity seemed to be a protective factor in regard to social functioning and relational victimization (e.g., exclusion, rumor-spreading). Given the high rates of social difficulties for children with excess weight, increasing physical activity in this population may be especially important for both physical and psychosocial health.

Behavioral Health Needs, Barriers, and Parent Preferences in Rural Pediatric Primary Care.

Fehr, K., Leraas, B., & Littles, M. (2020). *Journal of Pediatric Psychology*, 45(8), 910-920. doi: 10.1093/jpepsy/jsaa057

Despite almost 20% of the US population living in a rural area, youth in rural areas have limited access and greater barriers to obtaining mental and/or behavioral health services. The goal of this study was to examine factors related to mental or behavioral health treatment seeking behaviors in a rural sample in order to inform ways to decrease health disparities. Parents in a rural pediatric primary care office completed questionnaires assessing psychological symptoms, barriers to seeking treatment, willingness to seek services, whether they had previously received mental health treatment, and awareness and preferences about mental or behavioral health treatment.



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Approximately one third of the sample reported clinically significant psychological symptoms indicating a very high need for services. Of these, three-fourths of parents had previously sought mental health treatment, which may have indicated that previous treatment was suboptimal. Parents reported the greatest willingness to seek mental or behavioral health treatment within a doctor's office (as compared to common settings such as a mental health center, school, or private practice office), providing support for the integrated behavioral health model. Greater psychological symptoms, lower barriers to treatment, and previously receiving mental health treatment were identified as important in understanding parent mental health treatment seeking. Unfortunately, many parents were not able to identify types of symptoms that a mental or behavioral health professional could assist with or treatment options in their community, suggesting that knowledge gaps could also play a role in parental treatment seeking.

This study provided support for integrated behavioral health, which may increase access to care and decrease barriers to reduce health disparities in rural populations. There is a significant need for mental health services in rural areas, and pediatricians and other professionals working with parents may be able to help parents identify when their children could benefit from these services as well as where to obtain treatment.