

Parenting Influences on Latino Children's Social Competence in the First Grade: Parental Depression and Parent Involvement at Home and School

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Abstract Although it is widely accepted that parental depression is associated with problems with children's socioemotional adjustment, the pathways by which parental depression influences children's adjustment, particularly in low-income Latino children are not fully understood. In our investigation of 1,462 low-income Latino children in the first grade and their Spanish- and English-dominant parents, a factor analysis revealed three main pathways of possible influence of parent involvement in children's social development: emotional involvement and educational involvement at home and at school. The findings from multigroup structural equation modeling revealed that whereas the first two pathways mediated the effect of parental depression on child social competence for Spanish-dominant parents, only emotional involvement explained parental depression effects for English-dominant parents. Parent educational involvement at school did not mediate parental depression effects for either Spanish- or English-dominant Latino parents. Discussion and implications of findings with respect to research, practice, and policy with Latinos follow.

Keywords Parental depression · Parent involvement · Social competence · Latino children · Elementary school

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Introduction

The wide-ranging negative effects of parental depression have been increasingly recognized in the empirical literature [1–5]. Many well-conducted studies over several decades have established a clear link between parental depression and a number of child outcomes, including impacts on child social, emotional, and academic development [2–4, 6, 7]. While a relative agreement has been reached on the general impact of parental depression on children, less is known about the mechanisms by which these effects occur, and thus less can be done to intervene on behalf of families and children [4]. Indeed, to buffer the deleterious effects of parental depression on children's adjustment, we need to better identify the proximal factors by which depression has its influence. Researchers have begun this task with particular attention to the effects of depression on parental warmth, monitoring, and discipline [6, 8, 9]. However, other dimensions of parenting behavior, such as educational involvement of parents at school and at home, have only recently been examined [10–13]. Moreover, parental depression effects have been understudied in minority populations such as Latinos, the largest and fastest growing minority population in the United States [11]. Our study aims to examine parental involvement, a plausible yet less researched pathway by which parental depression affects low income Latino children's social competence, a key outcome for children entering school [14]. These findings can inform intervention in the form of resilience-based family programs, and policy related to parent involvement at home and at school.

Effects of Parental Depression on Children

Empirical reviews of cross-sectional and longitudinal studies with the general population have found strong

associations between parental depression and children's outcomes, including higher risk for depression, anxiety, substance use, and academic difficulties [2–5, 7]. Children of parents with depression have point prevalence rates of psychiatric disorders that are 2–5 times higher than children of parents without depression [4, 5]. Moreover, several empirical studies have found that the effects of exposure to parental depression in childhood continue to manifest in adulthood in the form of relationship, psychological, and health impairments [15–19].

Parental depression has also been powerfully associated with children's social competence, although this outcome has been less researched than emotional difficulties. In a large sample of Canadian children and adolescents, Elgar et al. [6] found that parental depression had an inverse direct relationship to children's social competence. In addition, research with Australian youth showed that social competence mediated the effects of parental depression on subsequent depression during adolescence [20] and young adulthood [19]. Social competence is broadly defined as social skills and peer acceptance [14, 21]; it appears to develop in large part from children's self-regulation, or the process of modulating affect and behavior [14]. Consistent with a life course social fields developmental model [22], we posit that children's ability to meet social demands is critical during transitions such as when children enter school, is highly vulnerable to parenting behavior at home and at school, and lays the foundation for later psychological and academic wellbeing.

Parenting in the Context of Depression

Given the nature of depressive symptomatology, parenting in the context of depression can be challenging [1, 23]. Parents with depression are less likely to meet their children's needs for validation, support, and guidance, behaviors that are essential in childhood adaptation [24]. The association between depression and parenting behavior may in part be explained by the nature of depressive symptoms, which include rumination, low energy, lack of concentration and motivation, and withdrawal, among others [1]. Parents with low motivation or withdrawal may experience greater disengagement from their children and a decreased ability to both respond to their needs and to model appropriate social behavior, including positive affect [14, 21].

The research literature has consistently found a moderate association between parental depression and adverse parenting behavior [1, 23, 25]. In a meta-analytical review of 46 observational studies by Lovejoy et al. [1], there was a strong association between parental depression and long-term negative parenting behavior such as hostility and irritability, and to a lesser degree, disengagement from the child. In addition, in a longitudinal study of 184 high-risk,

predominantly White, mothers and their adolescent children, Burt and colleagues examined the role of parenting behavior in mediating the effects of parental depression on children [26]. The authors found a substantial mediation, although sex differences were found, in that parenting had a stronger association to psychopathology for males than females. Similarly in another study, Elgar et al. [6] found a strong relationship between parental depression and parenting for boys but not for girls. It is less clear whether parenting in this context has differential effects for younger children based on child gender.

While the current research corpus provides useful clues for better understanding the nature of parental depression and of parenting behavior as a likely mechanism of impact on child outcomes, there remain several important gaps in knowledge that limit generalizability of findings to some groups. Indeed, the majority of research to date has focused on infants or adolescents [6, 20, 26, 27], and little is known about the impact of parental depression on elementary school children [see 28, for exception]. This gap in the literature is significant because problem behaviors in children entering school lay a foundation for short- and long-term developmental trajectories [28]. Several plausible mechanisms and meaningful child outcomes have been unexplored as well [4]. Whereas a significant amount of research on parental depression has examined children's internalizing and externalizing symptoms, there is a gap in our understanding of parental depression effects on behaviors that are also important in elementary school, such as social competence [14].

Moreover, a primary focus in the research literature has been on nurturing and harsh parenting behaviors as pathways to child outcomes [see 1, 6, 25]. Other parenting characteristics, such as parent involvement, have been largely understudied in the parental depression literature [see 10, 12, for notable exceptions]. As parent involvement entails scaffolding behaviors intended to support children's development and is crucial in facilitating children's readiness for school [10], it is important to consider in relation to parental depression.

In addition to these limitations, the majority of research in the parental depression literature has been conducted with White samples, or with heterogeneous ethnic samples [1, 29]. This limitation hinders our ability to tailor intervention for specific minority groups, which is a significant concern given that culturally-adapted interventions have been found to be more effective with minority groups than unadapted interventions [30, 31]. Moreover, the dearth of research on parental depression effects on low-income Latino children is alarming given the strong relationship between parental depression and socioeconomic disadvantage [25, 29]. In fact, several authors have shown that socioeconomically disadvantaged children, who are more

likely to be minority children, are the most vulnerable to stressful parenting [1–29]. Because of differences in sociopolitical, cultural, community, neighborhood, and family characteristics, children's outcomes in minority populations, and the processes leading to these outcomes, require special considerations [29].

Parent Involvement and Social Competence in Latino Children

Parent involvement involves processes of emotional connection, social control, socialization, and internalization of rules, and is more strongly and consistently associated with children's social behavior than with academic achievement, although the majority of parent involvement research focuses on the latter [32–34]. Social competence originates in the relationships parents form with children in the home environment, and is associated with subsequent cognitive and social development [32–35]. An examination of the impact of parent involvement on children's social competence is overdue, especially so in a Latino sample. For many Latino families, children's social skills and cooperative behavior are particularly emphasized [34, 36, 37]. Yet, there is limited knowledge of parent involvement for younger Latino children's social competence, when parents are likely to have a more direct influence on children's social development [32]. In this paper, we hope to broaden our understanding of parental depression by examining two types of parent involvement: emotional and educational.

Also known as warmth, emotional involvement refers to parents' ability to share their emotions with their children and, reciprocally, to elicit and respond to their children's emotions. As discussed above, emotional involvement is a key pathway by which social development of children occurs and one known to be impacted by parental depression in the general population [1] as well as in Latino adolescent samples [38, 39]. There are reasons to suspect that emotional involvement may operate differently in Latino samples, particularly for young children [34, 36, 37]. Because the development of children's social competence is valued by many Latino parents, parents may be more centered on directive involvement than emotional involvement [37, 40]. To date, however, no other empirical studies have examined whether emotional involvement remains a strong mechanism by which parental depression affect Latino children entering school (Fig. 1).

Another important domain of parent involvement relates to the parents' role in interfacing with the larger educational context. Prior research with ethnic minority children not specific to Latinos has made a distinction between home-based educational involvement and school-based education involvement [32, 41, 42]. The former includes tasks such as reading with children or completing

homework together, and the latter includes attending parent teacher conferences, volunteering in the child's classroom, and communicating with school personnel [32, 41, 42]. When parents guide and encourage learning in the home in the form of reading to or assisting with homework, children are better able to internalize rules, regulate their arousal, and inhibit inappropriate behavior, and to focus attention on salient developmental demands through processing of parental directives and internalization of rules [10, 12, 41]. At school, when parents participate in school meetings, events, and other educational activities [32, 41], they are better positioned to monitor their children's behavior, enforce social control, and exchange information [32, 33].

Educational involvement of parents is particularly beneficial for low-income Latino children because parents often lack high-quality resources to help children succeed in school [11, 32]. Findings on which dimensions of involvement are most important for low income Latino children have been mixed, with some suggesting home-based involvement as more influential [13, 42], while others emphasizing school-based involvement [43]. Some researchers have proposed that different types of parent involvement may have differing impacts for low income Latino families, with some forms of school involvement (e.g., parents volunteering outside the classroom) showing stronger effects for low income students than high income students [32].

Yet, relative to White parents, Latino parents are less likely to be connected to their children's teachers because these parents often have expectations about education and child rearing that are incongruent with those of teachers [44, 45]. Another possible explanation for lower levels of parent–school involvement is linguistic barriers [13, 46]. If language differences among Latinos indeed have an impact on certain forms of parent involvement (e.g., school-based), we may expect differences by language preference in the magnitude of the effect of parental depression on parent involvement, and in turn, on children's social competence.

Purpose of Study

This study aims to better understand the mechanisms by which parental depression impacts child outcomes for Latino children in the first grade. Specifically, the current study tests the direct and indirect relationship between parental depression and difficulties with Latino children's social competence via parents' emotional involvement and educational involvement in the home and at school (Fig. 1). The current study expands on the extant literature by examining underexplored child outcomes (i.e., social competence) and less studied parenting behavior mechanisms (i.e., home and school educational involvement, emotional involvement) in a similarly less studied developmental period for low-income Latino children. This

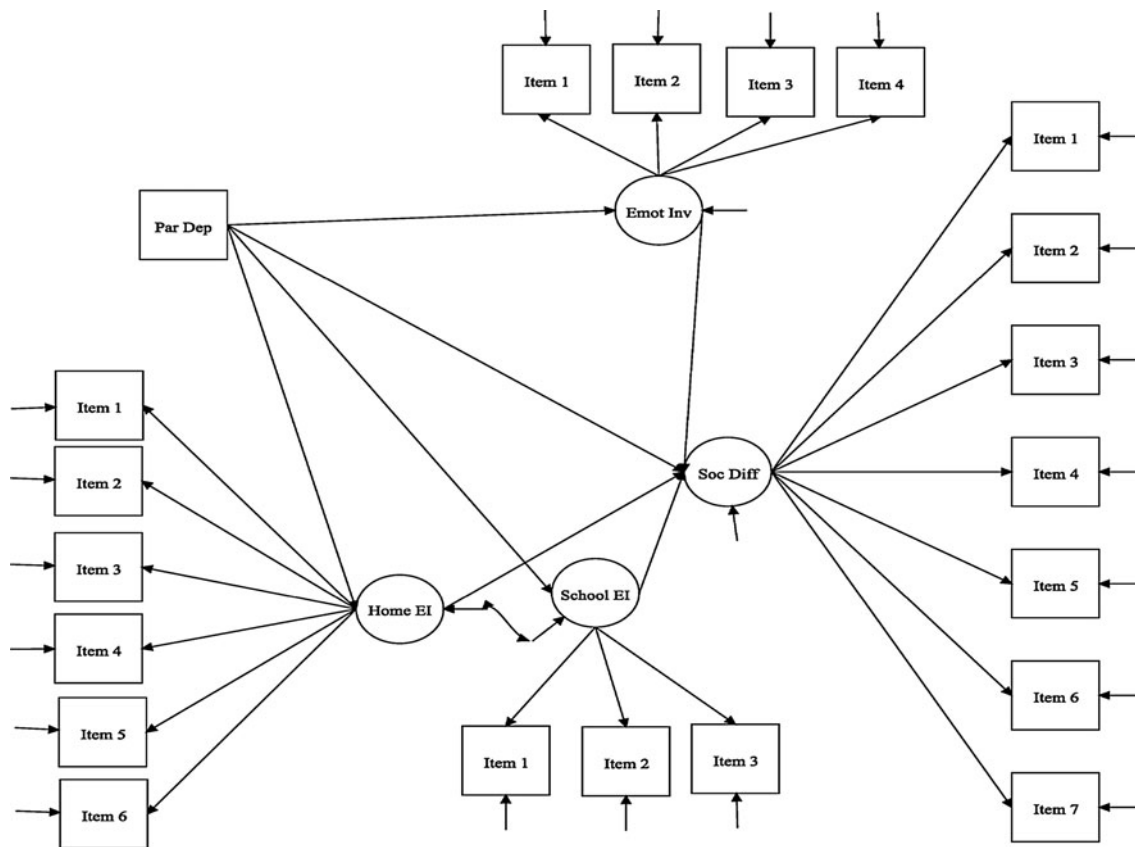


Fig. 1 Graphic representation of parental depression effects and parent involvement processes in Latino children's social competence difficulties. *Par dep* parental depression, *emot inv* emotional

involvement, *home EI* educational involvement at home, *school EI* educational involvement at school, *soc diff* social competence difficulties

study can inform interventions aimed at increasing parent engagement, reducing parent isolation and distress, and improving children's social outcomes when they enter school. Our research questions are as follows:

Q1 Is parental depression associated with social competence difficulties in low-income Latino children in the first grade?

Q2 To what extent do emotional involvement at home and educational involvement at home and school mediate the relationship between parental depression and social competence difficulties in low-income Latino children in the first grade?

Q3 Do these effects vary by child gender and parental language?

Methods

Participants

Data were drawn from a community sample of 2,253 Latino children in the first grade and their parents in two

urban metropolitan areas in the Southwest, San Antonio, TX, USA ($n = 1,264$, 56.1 %) and Phoenix, AZ, USA ($n = 989$, 43.9 %). Children were representative of first graders across 52 elementary schools. Parents completed questionnaires 10 weeks apart as part of an evaluation of a randomized school-based multi-family intervention, FAST, whose immediate target was parents' relations with their children, with other parents, and with children's teachers [46–48]. Half of the schools were randomly assigned to the 8-week intervention, while the other half were assigned to a comparison group. With regards to place of birth, 45 % of parents reported being born outside of the United States and 57 % reported that Spanish was their native language. Roughly half of the children were male and 86.3 % of children were eligible for free or reduced lunch status at school. Over 65 % ($n = 1,462$) of participants had complete data on post-test measures, and constitute the analytical sample for this study. Remaining parents either declined subsequent participation or moved to a location outside of the school district.

χ^2 tests yielded no significant differences at baseline in key child demographic characteristics between FAST and comparison schools, such as English learner status, special

education learner status, or eligibility for free or reduced lunch. Further, independent sample *t* tests showed there were no statistically significant differences at post-test between FAST participants and those from comparison schools with respect to parental depressed mood ($t = -0.778$, $p = 0.437$), emotional involvement ($t = 0.677$, $p = 0.498$), home-based involvement ($t = -0.082$, $p = 0.935$), school-based involvement ($t = -1.482$, $p = 0.138$), or child social difficulties ($t = 0.851$, $p = 0.395$). Thus, we combined the FAST and comparison groups for our analyses.

Measures

Parental Depression

In the larger study, parental depression was a secondary rather than a primary variable. Thus, we used a reliable brief depression measure that could supplement our primary variables without adding too much burden to participants during data collection. We selected the Patient Health Questionnaire-2 [PHQ-2; 49] to assess parents' depressive symptoms because of its high construct and criterion validity with other depression measures and with measures of functional status [49, 50]. The PHQ-2 is comprised of two items that assess the frequency of anhedonia and depressed mood in the past 2 weeks, both commonly considered as the cardinal symptoms of depression [50]. Responses are recorded on a four-point scale (1 = never, 2 = several days, 3 = most days, and 4 = every day). A composite score was created based on the average of the two items ($\alpha = 0.55$).

Parent Involvement

Parent involvement was assessed via a subset of items from the Personal Effectiveness and Parent Involvement scales of the building relationships parent survey [BRPS; 51]. Specific items used were those that estimated parent emotional involvement and educational involvement. Four items on emotional involvement ($\alpha = 0.69$) had responses recorded on a five-point scale (1 = strongly disagree, 2 = somewhat disagree, 3 = neither agree nor disagree, 4 = somewhat agree, and 5 = strongly agree). Examples of these items included, "I consistently encourage my child to express his or her emotions," and "I often tell my child how I feel when he or she misbehaves." Ten items on educational involvement ($\alpha = 0.79$) were recorded on a different five-point scale (1 = never, 2 = 1–2 times, 3 = 3–4 times, 4 = 5–10 times, and 5 = 11 or more times) and included "I helped my child with homework," "I asked my child to tell me about school," "I read a book or story to my child," "I went to a school program," and "I contacted the teacher."

Child Social Competence Difficulties

Child social competence difficulties were measured via the Strengths and Difficulties Questionnaire, parent-report measure [SDQ; 52]. The SDQ is a 25-item screening instrument for child and adolescent psychopathology present over the 3 months prior to assessment. The SDQ is comparable to the child behavior checklist (CBCL) in screening child psychopathology, and has been widely used with Spanish-speaking populations [52]. Responses to items are rated on a three-point scale (1 = not true, 2 = somewhat true, and 3 = certainly true). Scores are provided on five symptom and behavior subscales (i.e., emotional symptoms, hyperactivity/inattention, peer problems, conduct problems, and prosocial behavior). Elevated scores indicate elevated psychiatric difficulties, except on the prosocial scale, in which higher scores indicate adaptive functioning. As described later, to ensure applicability of the original factor structure on our sample of low-income Latino children, we ran a factor analysis on all subscale items and selected the items from the subscales that loaded onto a "social competence" factor based on a number of factor analysis criterions. These were the items included in our analyses ($\alpha = 0.74$).

Parent Language and Child Gender

We measured parental domain in English or Spanish by tracking the language in which parent respondents chose to complete their survey. We obtained child gender (i.e., male, female) from school records.

Procedures

We conducted all study procedures with full IRB approval from our university. Members of our research team in partnership with local social service agencies in San Antonio and Phoenix recruited families by holding family dinner events, and by visiting parent-teacher conferences and the homes of potential participants. Prior to consent, we provided information about the study to all participants, and gave them the option to participate in the study, and FAST if applicable, based on their school's assignment to the FAST or comparison group.

Analytical Strategy

Data Reduction

We conducted exploratory and confirmatory factor analyses of the parent involvement scale to derive multiple factors or dimensions of parent involvement. Similarly, factor analysis was conducted of the SDQ, given that the

five factors in the original instrument were derived from a European sample, and a methodological study suggests that the original factor structure does not apply to other samples, particularly minority children in the United States [53]. A factor analysis with oblique rotation was performed in order to allow the factors to correlate [54]. To determine the most parsimonious factor structure, we considered results from the scree plot, theoretical considerations about an item's support for its factor loading, and high initial communalities of items (>0.45) [54].

Structural Equation Modeling

Multigroup structural equation modeling (SEM) was conducted using Mplus 6.12 [55], and used to examine the relations between the observed (indicator) variables and their respective latent variables in the measurement model, and to examine the hypothesized relationships among the latent variables in the structural model. We evaluated absolute model fit per the χ^2 estimate, approximate model fit per the root mean square error approximation (RMSEA), and incremental model fit per the Tucker Lewis Index (TLI) and the Comparative Fit Index (CFI). A model is determined to have acceptable fit if the CFI and TLI values are above 0.95 and the RMSEA value is below 0.08 [56]. We utilized the robust maximum likelihood estimator to correct for non-normality in fit indices. The estimator produces robust Chi square values and robust standard errors. Rather than deleting cases with missing data, we handled missing data by using full information maximum likelihood estimation (FIML), which allows for data from all participants to be included regardless of their pattern of missing data [57].

To test whether there is a moderating effect of child gender, we ran the SEM first with all parameters allowed to vary freely between boys and girls (i.e., unconstrained), and second, with all parameters constrained to be equal between boys and girls. We then compared the χ^2 estimates of both models to assess differences in model fit between the unconstrained and the constrained models. The same procedure was conducted for parental language. If the null hypothesis is rejected, meaning that child gender and parental language influence parental depression effects, then we set the parameters to be free or to vary across effects.

Results

Preliminary Findings

The exploratory factor analysis (EFA) results with the SDQ showed that while some of the factor structure remained

consistent with that of the European norming sample, some items loaded on different factors in our sample. We found four unique factors measuring child behavior problems: over-activity, anxiety/depression, social competence difficulties, and inattentive/impulsive behavior. Seven items clearly loaded on our outcome of interest, social competence (as compared to three and four items loading on each of the other two factors), based on communalities, but more importantly, conceptually with respect to child behavior in a Latino sample (e.g., cooperative behavior). As shown in Table 1, our measurement model indeed confirmed that each one of these items loaded significantly on our latent variable of social competence. Items were: Child is ...“generally well-behaved,” “considerate of other people's feelings,” “shares with other children,” “liked by other children,” “helpful if someone is hurt,” “kind to younger children,” and “offers to help others.” These items were reverse scored for the structural analysis to assess difficulties in social competence.

We conducted a separate factor analysis for items measuring different types of parent involvement. The EFA yielded a four-factor solution with optimal fit indexes; however, one of the factors had only one item with a

Table 1 Unstandardized factor loadings in the measurement model

	Estimate	SE	R^2
Emotional involvement			0.020*
Encouraged child's emotions	1		
Nurtured child	0.673**	0.075	
Shared feelings with child	0.914**	0.061	
Regularly talked to child	0.854**	0.068	
Home-based educational involvement			0.011
Helped with homework	1		
Helped with math	1.154**	0.051	
Reviewed teacher's notes	1.034**	0.061	
Read to child	1.065**	0.052	
Set time and place for homework	1.039**	0.057	
Asked about school	0.834**	0.051	
School-based educational involvement			0.000
Attended school programs	1		
Contacted teacher	0.986**	0.076	
Attended educational outings	1.009**	0.080	
Child social competence problems			0.138**
Uncaring	1		
Poorly behaved	0.943**	0.070	
Disliked by others	0.733**	0.063	
Inconsiderate	0.889**	0.062	
Does not share	0.739**	0.067	
Unhelpful	0.902**	0.057	
Unkind	0.652**	0.059	

* $p < 0.05$; ** $p < 0.01$

communality >0.45 . In addition, a scree plot favored a three factor solution of parent involvement and was selected as our model for the structural model. Three items were dropped from the three factor solution because their initial communalities were lower than 0.45. (“I have trouble expressing my affection for my child,” “I regularly participate in activities at my child’s school,” and “My child and I watched educational TV shows”). Based on the items loading on each factor in the EFA and the measurement model, and the theoretical basis supporting the relationship between each item to its factor, we labeled the factors: emotional involvement, home-based educational involvement, and school-based educational involvement. Specific items and item loadings for each one of our latent variables in the measurement model appear in Table 1.

Preliminary analyses revealed that the structural model did not differ across groups based on child gender [$\Delta\chi^2(24) = 13.807, p = 0.951$], but that it did differ across groups based on parental language [$\Delta\chi^2(24) = 169.964, p < 0.001$], with improved fit in the unconstrained model. Therefore, we analyzed the models separately for English-dominant parents and Spanish-dominant parents. Descriptive statistics for observed study variables are presented in Table 2. All study variables were significantly correlated, with the exception of parental depressed mood and parent involvement at school for both language groups. For Spanish-dominant parents, parent involvement at school was also not significantly correlated with child social difficulties. With respect to parent involvement, English-dominant parents reported higher levels of parent emotional ($t = 0.677, p = 0.002$) and educational involvement at home ($t = 8.608, p < 0.001$), relative to Spanish-dominant parents, but the inverse relationship was observed for educational involvement at school ($t = -2.109, p = 0.035$). Although levels of parental depression were higher among English-dominant parents than Spanish-dominant parents ($t = 2.545, p = 0.011$), no differences were found between the groups for child social competence difficulties.

Mediation Analysis for English-Dominant Parents

With respect to the relationships between study variables for our English-dominant Latino parents, parental depression was directly and positively associated with child difficulties with social competence, such that higher levels of parental depressed mood were associated with higher levels of child social competence difficulties ($\beta = 0.148, p = 0.001$). In terms of the mechanisms through which this relationship operates, results first indicate that parental depression was negatively associated with parent emotional involvement ($\beta = -0.131; p = 0.003$), and that emotional involvement in turn was negatively associated with child difficulties with social competence ($\beta = -0.259; p < 0.001$). The indirect effect of parental depression on child social competence difficulties via emotional involvement was significant ($\beta = 0.053; p < 0.001$), meaning that higher levels of parental depressed mood were associated with higher levels of social problems, through lower levels of emotional involvement.

Second, our results show that parental depression was negatively associated with home-based educational involvement ($\beta = -0.115; p = 0.005$), but this type of involvement was not associated with child difficulties with social competence ($\beta = -0.051; p = 0.410$). The indirect effect of parental depressed mood on child social competence difficulties via home-based educational involvement was also not significant for this group of parents ($\beta = 0.009; p = 0.437$).

Third, and finally, we found no direct association between parental depression and school-based educational involvement ($\beta = 0.024; p = 0.600$), and similarly, between school-based educational involvement and difficulties with social competence ($\beta = -0.093; p = 0.156$). No indirect association was found between these variables ($\beta = -0.004; p = 0.623$). This model had an adequate fit with respect to the RMSEA (0.038, 90 % CI = 0.033–0.043), but not with respect to the other fit indices ($\chi^2 = 410.771, df = 182, p < 0.001$; CFI = 0.92; TLI = 0.91).

Table 2 Means, ranges, and intercorrelations for study variables ($N = 1,462$)

	M (SD)		Range	1	2	3	4	5
	English	Spanish						
Depressed mood	1.52 (.64)	1.44 (.62)	1–4	–	–0.120**	–0.086*	–0.022	0.160**
Emotional involvement	4.63 (.58)	4.54 (.49)	1–5	–0.130**	–	0.214**	0.127**	–0.229**
Educational involvement (home)	4.26 (.74)	3.90 (.85)	1–5	–0.120**	0.227**	–	0.347**	–0.141**
Educational involvement (school)	2.63 (.83)	2.73 (.93)	1–5	–0.033	0.252**	0.469**	–	–0.082*
Child social competence difficulties	1.29 (.31)	1.31 (.31)	1–3	0.146**	–0.276**	–0.185**	–0.061	–

Intercorrelations for English-dominant parents ($n = 879$) are presented above the diagonal. Intercorrelations for Spanish-dominant parents ($n = 583$) are presented below the diagonal

Mediation Analysis for Spanish-Dominant Parents

For Spanish-dominant Latino parents, parental depression was not directly associated with child difficulties with social competence ($\beta = 0.083$, $p = 0.126$). However, parental depression was negatively associated with parent emotional involvement ($\beta = -0.164$; $p = 0.001$), and emotional involvement in turn was negatively associated with child difficulties with social competence ($\beta = -0.354$; $p < 0.001$). The indirect effect of emotional involvement as a mediator between parental depression and child social competence difficulties was significant ($\beta = 0.058$; $p = 0.003$), meaning that parental depression effects were fully mediated by lower levels of parent emotional involvement.

Second, our results show that parental depression was negatively associated with home-based educational involvement ($\beta = -0.140$; $p = 0.004$), and this type of involvement was negatively associated with child difficulties with social competence ($\beta = -0.303$; $p = 0.002$). The indirect effect between these variables was also significant ($\beta = 0.043$; $p = 0.035$).

Third, and finally, there was no association between parental depression and school-based educational involvement for Spanish-dominant parents ($\beta = -0.037$; $p = 0.476$). Contrary to expectations, school-based educational involvement was positively associated with child difficulties with social competence ($\beta = 0.201$; $p = 0.022$). There was no indirect effect from parental depressed mood on children's social competence difficulties through school-based involvement ($\beta = -0.007$; $p = 0.498$). This model had an adequate fit with respect to the RMSEA (0.042, 90 % CI = 0.036–0.049), but not with respect to the other fit indices ($\chi^2 = 373.138$, $df = 182$, $p < 0.001$; CFI = 0.91; TLI = 0.90).

Discussion

Our study is the first with a large low-income, language diverse Latino sample examining multiple forms of parent involvement as a pathway between parental depression and children's social outcomes in the first grade. We used multigroup SEM to validate the latent dimensions of parent involvement and to examine the relationship between the study variables separately for English-dominant and Spanish-dominant parents. Our three study questions were answered in that parental depressed mood had an effect on children's social competence, through its negative effect on parent emotional involvement and educational involvement, but differences were noted based on parents' language domain. For English-dominant parents, parental depression effects were partially mediated by parent

emotional involvement. For Spanish-dominant parents, parental depression effects were fully mediated by parent emotional involvement and educational involvement in the home. Educational involvement of parents in the school did not mediate parental depression effects, partly or fully, for any of the groups.

We tested parent language dominance as a moderator of the magnitude of relationships between variables because we expected that Spanish-dominant parents would have lower levels of school-based educational involvement due to language barriers, and to some degree, cultural barriers between these parents and school staff, as found in other research [11, 47]. Contrary to expectation, Spanish-dominant parents had slightly higher levels of educational involvement at school than English-dominant parents. However, the children of Spanish-dominant parents who were more involved with the school also had higher levels of social difficulties. There are several plausible explanations for this discrepant finding. Higher levels of social difficulties among children of Spanish-dominant parents may have prompted their parents to become more involved in school, rather than the inverse relationship. In addition, Spanish-dominant parents had lower levels of parental depression than English-dominant parents, thereby better able to maintain ties with the school. Improved mental health for Spanish-dominant parents, who are likely to be recent immigrants, relative to English-dominant parents, may be explained by the literature on the Immigrant Paradox, in which recent immigrants have higher levels of psychological resilience over their non-immigrant Latino and White counterparts [see 58 for a review]. Hence, clinicians should keep in mind the different vulnerabilities of their diverse Latino patients.

Moreover, and similarly, because Spanish-dominant parents tend to live in homogenous ethnic and immigrant communities, social ties may be more accessible to them than for English-dominant Latino parents who tend to live in more ethnic heterogeneous communities [59]. For these reasons, as Spanish-dominant parents become concerned with their children's social difficulties, they may be more likely to address these difficulties by volunteering or attending programs in the school, such as FAST, relative to English-dominant parents. Indeed, Spanish-dominant parents in our sample attended more FAST sessions than English-dominant parents.

What may be unique to the Spanish-dominant parents in our sample is that while they may have higher levels of educational involvement in school than their English-dominant counterparts, their primary ties to the school appear to be in the form of parent–parent relations, rather than parent–teacher relations [47]. Thus, while language is an important barrier between immigrant parents and their children's teachers, the school is a place where parents can

get support from similar parents in the community [47]. This potential explanation needs to be tested in future research, as its findings can have important implications for how policymakers conceptualize parent school involvement for immigrant Latino families [11, 44].

There is ample evidence in the literature that whereas low-income children are the most likely to benefit from parent involvement in school, their parents are also the least likely to be involved in school activities [11, 44]. Despite group differences in our sample with respect to school involvement at school, both groups had relatively lower levels of school-based involvement than home-based involvement. However, our study also shows that Latino parents supported their children's behavior through direct educational involvement at home, and the positive effects of this involvement on children's social competence were stronger for children of Spanish-dominant parents than for English-dominant Latino parents. The first of these findings is consistent with Altschul [13] who observed the positive effects of parent involvement among Latino parents on children's academic achievement to occur through involvement in the home. Our study extends these findings to a different child outcome, social competence, and suggests differences in the role of parent involvement on children's outcomes based on parents' language. Our hope is that these findings will inform local and federal policies aimed at increasing parent involvement, which typically have assumed that it is primarily through school involvement that parents support their children's educational efforts [11, 13, 44].

That children of English-dominant parents were less susceptible to parents' educational involvement in the home may validate a few emerging studies suggesting that immigrant parents are more likely to engage in directive forms of parenting than emotional forms of parenting, relative to non-immigrant parents [37]. Immigrant parents who value behaviors of respect and cooperation among children may indeed guide their children's social competence through example, enforcement of rules, and advice-giving [36, 37]. Conversely, that this parenting mechanism is highly impacted by parental depression in Spanish-dominant parents, and that decreased educational involvement in the home is particularly detrimental to children's social competence, has important implications for the prevention of child difficulties targeted at immigrant parents with depression. Strengthening parent educational involvement at home may be an important goal of interventions for Spanish-dominant parents.

Although Spanish-dominant parents had lower levels of emotional involvement relative to English-dominant parents, in both groups of parents, emotional involvement mediated the effects of parental depression on children's social competence difficulties. This finding is consistent

with the research literature, traditionally conducted with White, middle class families, and reinforces the notion that young children learn socialization and internalization of rules largely through their parents' involvement [6, 32, 33]. In addition, our findings corroborate what other reports have found, that when parents are emotionally disconnected from their children, they are also less likely to be available to model appropriate social skills, compared to parents who are emotionally involved [1, 14, 20]. This is one place where research can inform clinical practice, by emphasizing the importance of prevention to avoid parental depression consequences on children [4]. That our findings were obtained from a recent, large, community-based sample of Latino parents and their first grade children also opens opportunities for the development of interventions for Latino children entering school and their vulnerable parents.

Our study focused on children's difficulties with social competence because aspects of this construct, such as children's obedience and cooperative behavior, are viewed as highly desirable in Latino culture [36, 37]. Because social competence has been linked with other areas of psychological and academic wellbeing, it is concerning that social competence can suffer in the context of parental depression. This is especially true for Latino children and other ethnic and socioeconomic minorities, whose development is vulnerable to poor social conditions [1, 29]. Policies that focus strictly on children's academic achievement as a target of parent involvement efforts may be missing important areas of functioning that are particularly salient for low-income, Latino children, and that may be connected to the many challenges experienced by Latino youth at home and school over time [11, 32].

Unlike other studies conducted with adolescents in which boys were more susceptible to parenting behavior than girls [6, 26], children's gender did not moderate parental depression effects on their social competence through parent involvement. Because our sample consisted of children in the first grade, it is possible that gender differences in parenting effects develop or intensify during adolescence as a result of biological, socioemotional, and family changes [26]. Prevention and early intervention, however, can diminish or alleviate difficult transitions in young children's development, given that these transitions foretell later adjustment among girls and boys [20].

Limitations and Future Directions

One limitation of this study is its cross-sectional design, which limits our ability to detect the changing nature of the relationship between variables in our study. It may be possible that parent involvement at school takes on greater importance during middle school, and longitudinal research

might broaden our understanding of the effects of parental depression on children's outcomes. A second limitation is that our study was based on a sample from a particular region of the country, thereby limiting our generalizability to Latino families living in other US regions. A third limitation is that our measurement of depressive symptoms was based on a two-item screening instrument measuring depressive symptoms over the past 2 weeks. Although the PHQ-2 is a conceptually and statistically valid and parsimonious instrument, future studies should validate our findings by using a more comprehensive measure of depressive symptoms that can discern between acute distress and long-term depression. Fourth, although we examined group differences in our Latino sample based on parental language, other research could examine additional indicators of heterogeneity in the Latino population in the United States, such as immigration and socioeconomic status. Limitations notwithstanding, this work with a large epidemiologically defined sample of Latino families has important implications for research and social policy concerned with promoting parent wellbeing, parent involvement, school engagement, and children's social adjustment.

Summary

This study examined parent involvement as an important mechanism by which parental depression negatively affects low-income Latino children. SEM of data from 1,462 Latino parents in the Southwest revealed that parental depression negatively affected children's social competence via multiple pathways of parent involvement, although differences emerged by parental language dominance. Parental depression was partly mediated by parent emotional involvement for English-dominant parents, and fully mediated by parent emotional involvement and educational involvement at home for Spanish-dominant parents. Although Spanish-dominant parents had higher levels of educational involvement at school than English-dominant parents, these levels were associated with higher child difficulties with social competence. As we expand our understanding of parental depression and its associated mechanisms for Latino children in the first grade, the development of culturally-congruent family interventions designed to decrease parental depression and strengthen the parent-child relationship will be in order.

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