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## Familial Influences on the Coping Strategies of African American Youth From Foster Care Families and Biological Families

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LOYOLA UNIVERSITY CHICAGO

FAMILIAL INFLUENCES ON THE COPING STRATEGIES OF AFRICAN  
AMERICAN YOUTH FROM FOSTER CARE FAMILIES AND BIOLOGICAL  
FAMILIES

A DISSERTATION SUBMITTED TO  
THE FACULTY OF THE GRADUATE SCHOOL  
IN CANDIDANCY FOR THE DEGREE OF  
DOCTOR OF PHILOSOPHY  
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BY

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CHICAGO, IL

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To my husband, Tim, my parents, Elizabeth and Lindstrom and my sisters, Angelyque  
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## ABSTRACT

The purpose of the current study is to examine the impact of three parental factors: caregiver socialization of coping, caregiver modeling of coping and parental support on coping strategies of African American youth in foster care and those who reside with at least one biological parent. Approximately, 110 African American youth and their caregivers reported on coping strategies used to manage stressors and stress-evoking events. Controlling for socioeconomic status (SES), child age and child gender, regression analyses were conducted to determine whether youth residing in foster care reported less attachment and less caregiver socialization of coping compared to youth residing with their biological parents. Multiple regression analyses were also conducted to examine the association between the parental predictors and coping strategies of youth in foster care. Multiple regression analyses were also used to examine whether family structure would moderate the association between the parental predictors and youth coping. Additionally, regression analyses were conducted to determine whether the use of engagement and disengagement coping differs based on a youth's family structure (biological versus non-biological). Finally, multiple regression analyses were conducted to determine whether family structure and parental support would moderate the association between caregiver socialization of coping, caregiver modeling of coping and



youth coping. Results found no main effects for child reports of attachment and socialization of coping based on family structure. Some support was shown for the parental factors predicting coping of youth involved in the child welfare system. Specifically, socialization of coping predicted youth coping. Also, family structure did not moderate the association between the parental predictors and youth coping as well as no significant main effects for family structure and parental support moderating the association between socialization of coping and youth coping. Finally, results indicated no differences between the youth groups' use of coping methods.

## CHAPTER ONE

### INTRODUCTION

Over three million reports of possible child abuse/maltreatment are made annually, with estimates of unreported cases averaging to three times this amount (US Department of Health and Human Services, 2010). Nearly one million of these cases resulted in a conviction (US Department of Health and Human Services). More alarming is that, each day, more than four children succumb to death as a result of abuse (US Department of Health and Human Services). In the state of Illinois, there has been an increase in reports of maltreatment cases from 2004 to 2007 (from 29, 250 cases to 31, 058 cases) (Administration on Children and Families, 2007). Fatalities in the state of Illinois were reported at 74 cases in 2007, which was an increase from previous years (Administration on Children and Families). As a result of confirmed instances of abuse, children and adolescents are often removed from their homes and the state may assume temporary guardianship of the youth. Once involved in the child welfare system, youth who are removed from their homes are usually placed in temporary living situations, most often foster homes. Children and adolescents involved in the child welfare system experience stressors unlike that of other youth. These stressors are numerous and can result in internalizing and externalizing problems, drug abuse and other negative outcomes. African American children and adolescents make up the largest group of children in foster care systems, remain in foster care the longest, and are placed in the

least desirable family environments in comparison to Caucasian children (Brooks, 2001). Thus, African American youth in foster care are at more elevated risk for the detrimental experiences common to youth involved in the child welfare system (Brooks). Coping is considered one of the critical ways for children and adolescents to manage stressful situations and experience positive outcomes. Unfortunately, very little is known about how youth in the child welfare system use coping strategies to manage stress and the factors that influence their coping behavior. The current study will examine the processes that influence the development of coping strategies among African American youth involved in the child welfare system, specifically, caregiver-child attachment (i.e. parental support), caregiver modeling of coping, and caregiver socialization of coping. While the existing literature on coping in children and adolescents has been pertinent to promoting well-being and positive outcomes in youth, there are critical knowledge gaps in our understanding of coping. The current study will address these limitations by examining the following: 1) coping in African American children and adolescents involved in the child welfare system; 2) the family's role in the use of stress-management techniques among African American children and adolescents in foster care, specifically examining the influence of three parental factors: parental modeling of coping, parental socialization of coping and the quality of the parent-child relationship on youth coping, and 3) the moderating effects of family structure (i.e. youth residing with at least one biological parent versus those who are in foster care) on the association between family factors and the utilization of coping methods.

As mentioned above, little is known about the use of coping strategies by youth in the child welfare system. Given that children and adolescents involved in the child welfare system experience stressors and psychological difficulties at higher rates than youth residing with at least one biological parent (Leslie, Gordon, Lambros, Premji, Peoples, & Gist, 2005; Tarren-Sweeney & Hazell, 2006), management of these stressors through coping behaviors becomes a significant topic to explore. Research has shown that children and adolescents who are in foster care utilize different coping strategies than their counterparts who are residing with their biological families (Ellermann, 2007). For example, children in foster care will engage in more self-protection coping methods to handle the stress related to feelings of low self-esteem often experienced by youth who are involved in the child welfare system (Ellermann). They will also deliberately act out in order to be removed from an undesirable foster care placement (Ellermann). Although these findings highlight the unique coping strategies that may be used by youth in foster care, it is also important to understand the use of more common coping strategies (e.g. support-seeking, problem solving) among youth in foster care. By examining the use of common coping strategies for youth in foster care, the current study may inform intervention efforts with this population. Specifically, findings may help us understand how existing coping intervention programs designed for the general population of children and adolescents can be extended to youth involved in the child welfare system, thus demonstrating cost-effectiveness and ease of administration (utilizing a “one size fits all” model). Comparing youth in foster care to youth residing with their biological parents is significant for several reasons. One is that given the research on the

importance of parental influence on developmental areas of children and adolescents including the utilization of coping strategies, it is important to determine how this impacts a child with limited or no exposure to a biological parent.

A second limitation involves the importance of how the family system influences the utilization of coping strategies. As previously mentioned, a main focus of the child and adolescent coping literature has been on the relationship between coping strategies and outcomes. Empirically, little is known about the processes that impact the development and utilization of youth coping; however, the family is considered to be one of the most important influences on youth coping behaviors (Compas, Worsham & Ey, 1992). Research shows that factors such as the parent-child relationship and parental socialization of coping influence the utilization of coping methods in children and adolescents (Kliewer, Fearnow & Miller, 1996). Examining the factors that impact the use of coping strategies is significant because once the processes that are involved with the use of coping methods are identified, family-based prevention and intervention programs can be created that promote adaptive ways to manage stressors and distressing events in the lives of youth (Grant et al., 2000).

A third limitation in the current coping literature is the dearth of studies examining the effects of family structure (i.e., two-parent versus single parent or biological versus foster care families) on responses to stress and the impact of familial factors on child coping. Studies have demonstrated the significant influence family structure has on several aspects of child development and outcomes, including internalizing and externalizing problems (Carlson & Corcoran, 2001; Hilton &

Desrochers, 2002; Jaffe, Moffitt, Caspi, & Taylor, 2003; Manning & Lamb, 2003). The same case can be made for the development of coping strategies. For example, family structure, such as the single parent family structure, is associated with higher levels of behavioral problems in children (Carlson & Corcoran, 2001). Therefore, the effects of the parental predictors of coping mentioned above may also be moderated by family structure.

The next sections of the current project will review the literature on the following topics: (1) stressors experienced by children and adolescents in the child welfare system; (2) coping as a protective factor and coping in children and adolescents, including definitions of coping strategies and explanations of various models of coping, the importance of assessing coping behaviors in late childhood and early adolescence, and adaptive and maladaptive coping strategies; (3) coping strategies used by youth in foster care families, including the influences of ethnicity and socioeconomic status; and (4) familial determinants of coping strategies for both children residing with biological families and those residing with foster care families.

### *Stressors of Children and Adolescents in the Child Welfare System*

Children and adolescents encounter various types of stresses in their daily lives. These stressors can include conflict in peer relationships, self-esteem issues and academic problems. However, youth involved in foster care experience stressors that are significantly different from those experienced by peers who are not involved in the child welfare system. Foster care and child welfare systems were designed to promote positive well-being, stability and permanency for youth who are experiencing disruptions in their

biological families (Children Welfare Information Gateway, 2006), such as child neglect, physical and/or sexual abuse, child endangerment and the death of a biological parent. Unfortunately, once involved in the child welfare system, many children and adolescents often experience numerous stressors that are directly related to their status as wards of the state and detrimental to their well-being.

One stressor that youth involved in the child welfare system experience is differential treatment compared to the biological children of their foster parents. For example, studies have shown that some children residing with caregivers other than their biological parents, where there are biological children of the caregiver living in the home, report unequal treatment among the biological children and those in foster care (Ellermann, 2007). As a result, the foster children may feel unsupported, powerless and helpless (Ellermann). A related stressor experienced by youth in the child welfare system is the expectation of servitude from their foster care families, rather than being viewed as a family member. Some children and adolescents report being treated like “maids” by their foster caregivers (Ellermann). This treatment can lead youth to feel that their privilege to reside with the family is conditional and based on their work performance in the home, further exacerbating feeling unwelcome and worthless.

Another identified stressor for youth in foster care is multiple placements. The number of placements a child in foster care may encounter can vary greatly. One study found that the number of placements among a sample of youth in foster care ranged from 1 to 29 before the age of 18 (Butler, McCoy, McStoots & Wilson, 2009). Other studies found that the number of placements a foster care child received ranged from 2 to 5

during the time in foster care (Penney & Forsythe, 2008). In Illinois, 86.3% of children in the Department of Child and Family Services were placed in 2 or fewer foster placements (Administration of Children and Families, 2007). Factors such as a child's delinquent behavior and the age of a child may contribute to the multiple placements. Specifically, older children tend to have more placements than younger children (Penney & Forsythe). Multiple placements can place undue stress on a child due to expectations to learn a new environment or learn new communication styles of their temporary families. Children may also have difficulty processing conflicting information when trying to manage a problem in the system (Ellermann, 2007). Research has demonstrated that youth in foster care consider the frequency of changing residences as a major contributing factor to psychological difficulties (Ellermann). In one study, one youth described the process of adapting to a new home environment and foster family as a "struggle to maintain sanity" (Ellermann, 2007, p. S26).

Further, children and adolescents in foster care placements often report suffering emotional, physical and/or sexual abuse at the hands of their foster caregivers (Ellermann, 2007). Statistics show that youth in foster care were up to four times more likely to be sexually abused while in their temporary placement than the general population, and three times as likely to be physically abused while in a foster care placement (Benedict & Zuravan, 1992; Spencer & Kundsén, 1992).

Not only are children and adolescents in foster care experiencing stressors as a direct result of being wards of the state, but they also suffer from problems related to the circumstances in which they were removed from their biological parents. One significant



stressor that leads to the removal from parents is physical or sexual abuse. Research has shown that children who have been victimized through means of physical and/or sexual abuse are more likely to have internalizing symptoms, externalizing behaviors and academic difficulties (Leslie, Landsverk, Ezzet-Lofstrom, Tschann, Slymen, & Garland, 2000; Simms, Dubowitz, & Szilagyi, 2000; Yancey, 1998). Some studies have found that children involved in the child welfare system were ten times more likely to experience chronic mental and physical health problems as a result of the abuse and neglect experienced in the original family home (Yancey, 1992). Reports show that an estimated 80% of young adults who report being abused as a child or an adolescent were diagnosed with at least one mental health disorder as an adult (US Department of Health and Human Services, 2006). Further, “children who have been sexually abused are two and a half times more likely to abuse alcohol and 3.8 times more likely to become addicted to drugs” (US Department of Health and Human Services). Youth who have been abused and/or maltreated are also more likely to become teen parents, engage in juvenile criminal behavior, experience education difficulties such as truancy, academic failure and/or dropout, and to abuse drugs and alcohol (US Department of Health and Human Services, 2006; Yancey, 1992). In Illinois, it is estimated that over 50% of youth involved in the child welfare system suffers from a mental health or behavioral problem (Zinn, DeCoursey, George & Courtney, 2006). One study examining Illinois and other Midwest states found that 60% of young men who had been involved in the child welfare system had been convicted of a criminal act compared to 10% of young males in the general population (Courtney, Dworsky, Lee, Raap, Cusick, Keller et. al., 2010). This

study also found that some young adults in Illinois who were formerly involved in the child welfare system were 3 times more likely not to receive a high school diploma or equivalent (Courtney, et. al., 2010). Even worse, one third of youth who have suffered abuse are more likely to abuse their children (US Department of Health and Human Services).

Children are also removed from their homes due to neglect or inappropriate care. Over 900,000 children in the United States are victims of maltreatment each year (US Department of Health and Human Services, 2006), which includes malnutrition, residing in poor living conditions, and being left at home alone for extended periods of time. Some studies report as much as two-thirds of all reports of child abuse/maltreatment involved parental abuse of substances (Child Welfare Information Gateway, 2006). Further, children and adolescents whose parents abuse substances are more likely to be exposed to criminal activity, witness the consumption and the effects of drug usage, and engage in using drugs as well. In one study examining the feelings of children whose parents were addicted to drugs, findings showed that children often felt afraid and perceived less security and safety when they witnessed their parents engaging in drug consumption (Haight, Ostler, Black, Sheridan, & Kingery, 2007). In addition, youth reported that they often did not know who would be living with them or visiting their home, whether their parents would get into physical altercations with each other, whether their parents would physically abuse them or where they would sleep from day to day due to the inability of their parent(s) to provide stable living conditions (Haight et al.). As a result, children whose parents are addicted to drugs are more likely to drop out of school,

engage in illegal acts, become teen parents and become addicted to drugs themselves (Cretzmeyer, Sarrazin, Huber, Block & Hall, 2003; Millar & Stermac, 2000).

Children removed from their homes due to parental substance abuse may also experience neuropsychological and physiological complications as a result of prenatal exposure to drugs. Children who are born exposed to drugs or who have been subjected to harmful substances in utero often have several types of difficulties that can be chronic. Outcomes can include conduct and behavior problems, such as aggression, impulse control problems, cognitive functioning problems, birth deformities and other types of difficulties (Haight et al., 2007; Cornelius, Goldschmidt, DeGenna, & Day, 2007). One research study examining the effects of prenatal exposure to cocaine and adolescent outcomes found that boys exposed to cocaine in utero engaged in more aggressive behavior and were more likely to abuse substances (Bennett, Bendersky, & Lewis, 2007). In addition, executive functioning was also impacted in that boys exhibited problems with impulse control, emotional regulation and antisocial behavior (Bennet et al.). Premature births and low birth weights are also consequences of being prenatally exposed to drugs (National Institute on Drug Abuse, 2009).

In summary, youth involved in the child welfare system are exposed to numerous severe and uncontrollable stressors that increase the likelihood of behavioral and emotional problems. Further, they are a unique and vulnerable population given the difficulties and stressors they face both before and after entry into the child welfare system. Research has overwhelmingly demonstrated that youth involved in the child welfare system exhibit mental health problems far exceeding that of children in the

general population (Leslie, Gordon, Lambros, Premji, Peoples, & Gist, 2005; Tarren-Sweeney & Hazell, 2006). Studies also show that adopted children and foster care children are 2-5 times more likely to be referred for treatment for psychological difficulties (Holmbeck, 2006; Rosenbach, 2001). Moreover, youth in the foster care system may experience other types of difficulties including being disproportionately represented in special education programs in schools and other academic problems (Emde & Robinson, 2000). In sum, the elevated risk for detrimental outcomes of the children and adolescents within this vulnerable population has been well-documented in the research.

However, the resilience literature has shown that not every child who is exposed to adversity experiences poor functioning (Noether, Brown, Finkelstein, Russell, VanDeMark, Morris, & Graeber, 2007; Martinez-Torteya, Bogat, von Eye, Levendosky, 2009; Metzger, 2008). Thus, it is critical to identify protective factors that buffer the harmful effects of these unique stressors in youth involved in the child welfare system. One of the most important protective factors at the individual level is coping style (Yates & Masten, 2004). When examining the relationship between stressors and outcomes in youth, how one copes with these stressors can determine the impact the stressor has on well-being (Compas, Connor-Smith, Saltzman, Thomsen, Wadsworth, 2001; Compas, Ey, Worsham & Howell, 1996; Ebata & Moos, 1991). Specifically, examining coping strategies utilized will likely reveal ways to increase the chances of more positive outcomes in these youth, particularly those who are African American, given the

disproportionately high number of African American children and adolescents involved in the child welfare system.

### *Definitions and Models of Coping*

Lazarus and Folkman (1984) define coping as the “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (p.141). Another definition states that coping is simply the way in which individuals respond to stress (Skinner, Edge, Altman & Sherwood, 2003). Coping has also been conceptualized as the concrete actions and efforts that people do in order to deal with stressors they encounter (Pearlin & Schooler, 1978). Further, coping has been described as the cognitive and behavioral steps and processes utilized in an effort to safeguard against the effects of stressors experienced by an individual (Compas, Connor, Osowiecki, & Welch, 1997). In summary, coping is a voluntary process used to manage, change situations, events and experiences that are distressing or reduce the emotional responses to situations, events and experiences that are distressing to the individual.

Several models have been suggested to describe the pathways and outcomes of coping. One commonly cited model of coping developed by Lazarus and Folkman (1984) states that coping with stressors is related to individual appraisals of anxiety-provoking events or situations. According to this model, coping behaviors are categorized into two groups based on the functions of coping: problem-focused, which are actions geared to solving the problem related to the stressor, and emotion-focused, which are efforts to regulate the emotions experienced as a result of the stressful event or

situation (Lazarus & Folkman, 1984). Another coping model organizes coping methods in two groups based on the focus of coping. These groups are known as approach coping and avoidant coping. Approach or active coping comprises cognitive and behavioral techniques that deal directly with the stressor and avoidant or passive methods reduce, minimize or redirect the individual away from the stressor (Ebata & Moos, 1991). According to the primary-secondary control model of coping, individuals use primary coping methods to manage a stressor through manipulation of external factors such as the environment, or secondary coping methods, to control consequences of situations or events through regulation of one's self (Weiz, Smith, Garber, & Van Slyke, 1994). Another means to regulate responses to stress is the engagement and disengagement coping model. Engagement efforts are those related to the involvement or interaction with the stressor, and disengagement techniques are methods that promote the avoidance of a stressor (Compas et al., 1997). In summary, research on coping consists of models detailing effortful behaviors of the individual to manage the effects of the stressor by either attempting to change the stressor, avoid the stressor or alter one's emotional response to the stressor.

#### *Coping in Children and Adolescents*

The definitions and models previously presented are based on coping behaviors of adults. Research has shown that these coping conceptualizations may not be reflective of child and adolescent coping (Ayers, Sandler, West & Roosa, 1996; Wolchik & Sandler, 1997). Adult models of coping may be too broad to capture the many facets of child responses to stress. For example, Compas and colleagues (2001) state that, for youth, a

specific coping behavior, such as journaling, may be utilized for several different situations like one's best friend moving, an argument with a parent, or receiving a low grade. Under the problem-focused and emotion-focused model of coping, the coping behavior would be placed under one category even if the scope of the coping behavior changes based on the situation or stressor the individual is managing. In this case, journaling would be classified as an emotion focused strategy, but it could also be classified as distracting, cognitive reframing or active coping based on the stressor. Another example is the response of walking away from a distressing situation. This coping strategy could be categorized as an emotion-focused coping method because the child may be walking away to calm their emotions or it could fall into the problem-focused category in that the child may walk away to take time to generate solutions to the stressful situation (Compas et al.).

Further, certain coping strategies in one broad category of coping may be more effective than other methods under the same category (Wolchik & Sandler, 1997). For example, talking about your problems to others, taking deep breaths and soaking in a bath may all be classified under emotion focused coping. If an individual is attempting to deal with a disagreement with a teacher, one may suggest that emotion-focused coping is the best way to manage the stressor, but talking about your problems may be more effective at reducing negative reactions to the stressor than taking a bath. Classifying all strategies under a broad category of coping could prevent researchers from identifying the effectiveness of one coping strategy versus another under the same broad category (Compas, Worsham, & Howel, 1996; Wolchik & Sandler, 1997).

Empirical evidence supports the assertions above. For example, Ayers and colleagues (1996) tested several models of coping to determine a model that reflected child coping. Through confirmatory factor analysis, Ayers and colleagues found that two dimensional coping models, including Lazarus and Folkman's (1984) problem-focused and emotion-focused model and Ebata and Moos' (1991) active versus passive model of coping model were too broad to provide an accurate fit to the data (Ayers et al., 1996). For example, several coping strategies under the emotion-focused coping category, such as positive reframing and exercising varied from one another, thus making it counterproductive to include them into the same category of coping (Ayers et al.). Results from the study concluded that a four factor model was a better fit for conceptualizing coping in children and adolescents. This four-factor model included the following: 1) active coping which involves cognitions and behaviors geared to regulating thoughts surrounding the stressor or actively engaging in resolving the stressor, 2) distraction coping, which includes processes that distract the individual from thinking about or dealing with the stress evoking event or situation, 3) avoidance coping, which involves removing the stressor or removing oneself from a stressful situation or event, and 4) support-seeking coping, which are methods that allow the individual to seek out guidance or external resources to regulate emotions or manage consequences related to a stressor.

Similarly, Compas and colleagues (1997) developed and tested a model of coping for youth that included various factors of coping behavior. The model was based on voluntary and involuntary responses to stress. A voluntary response is a purposeful



cognitive or behavioral response to reduce tension or emotional discomfort produced by a stressor. Involuntary responses, also known as automatic responses, are unconscious, over-learned responses to stress which in some cases can inhibit effective coping (Compas, et. al.). Voluntary and involuntary responses can be further classified into engagement and disengagement responses. An engagement response refers to the direct interaction with a specific stressor while a disengagement response is one in which the individual shifts attention away from the stressor or distressing event (Compas et al.).

Based on the model of voluntary and involuntary responses to stress (Compas et al., 1997), Connor-Smith, Compas, Wadsworth, Thomasen and Saltzman (2000) sought to develop a psychometrically sound measure that could accurately capture and categorize adolescents' coping strategies. Development of this measure was in response to the inadequate measurement of youth coping under the broad categories of problem-focused and emotion-focused coping. Connor-Smith and colleagues developed the Responses to Stress Questionnaire (RSQ) which utilizes the broad coping categories, voluntary and involuntary and the subcategories engagement and disengagement coping as proposed by Compas and colleagues (1997). In their study, voluntary engagement and disengagement responses would be further divided into primary and secondary control responses. Primary control is related to efforts to changing the stressful situation and secondary control coping strategies are aimed at assisting the individual to adapt to the stress evoking event (Rudolph, Denning, & Weisz, 1995; Weisz, Rothbaum, & Blackburn, 1984). Through a confirmatory factor analysis, the results for their study yielded two second-order factors: voluntary responses and involuntary responses, which

were further categorized into voluntary engagement and disengagement, and involuntary engagement and disengagement factors. Further, the study's findings demonstrated support for the primary and secondary coping subcategories for the voluntary engagement coping grouping, but not for the voluntary disengagement class of coping. Together, the findings from Ayers et al. (1996) and Connor-Smith et al. (2000) suggest that there are aspects of child and adolescent coping that differ from adult coping, thus supporting the use of coping models that have been validated with child and adolescent samples. The current study will utilize the Responses to Stress Questionnaire (RSQ; Connor-Smith et al., 2000) and the coping model, described above, that has been validated using this measure.

*Developmental processes and coping in childhood and adolescence.* Middle childhood and early adolescence represent an ideal developmental period to examine the protective role of coping techniques in youth in foster care. Unlike the continuity of coping from adolescence to adulthood, coping from early childhood to adolescence shifts and changes as the individual develops (Fields & Prinz, 1997). Infants utilize a variety of pacifying methods for emotional regulation in response to unpleasant and uncomfortable situations that are mostly instinctual, such as head-turning and non-nutritive sucking (Rothbart, Ziaie & O'Boyle, 1992). Preschool-aged children show a small repertoire of coping strategies, focusing predominantly on the use of more problem-focused coping and avoidance coping methods than emotion-focused coping and approach coping strategies to handle stressful experiences or events (Fields & Prinz).

However, during middle childhood and adolescence, the range and variation of coping skills becomes more developed and greatly increases (Compas et al., 2001). Greater flexibility, specificity and discrimination of coping methods increases based on specific situations and stressful experiences (Compas et al., 2001; Fields & Prinz, 1997). This is likely the result of more developed cognitive abilities. According to Piaget's (1958) theory of cognitive development, youth in middle childhood and adolescence are in the formal operational stage of development, which is characterized by more complex cognitive capabilities, including the youth's ability to think abstractly and utilize more cognitive resources. Thus, youth in this age range begin to use more cognitive coping approach strategies (Compas, Malcarne & Fondacaro, 1988). Some examples of older children and adolescents utilizing higher levels of coping include the use of positive self-talk, a coping method that involves higher-order cognitive abilities (Holt, Hoar, & Fraser, 2005).

The use of support seeking as a coping method also increases during late childhood and early adolescence (Fields & Prinz, 1997). Research shows that support systems originate with parental support during preschool and primary years, and then shift to more peer support as the child enters middle school age and adolescence (Lau, Quadel, & Hartman, 1990). The increased importance of peer relationships increases the social network of youth, and the development of positive relationships with others, thus leading to the use of more support seeking coping strategies to handle stressors (Fields & Prinz). Youth in middle childhood and adolescence engage in this form of coping more often than younger children (Fields & Prinz). In summary, the patterns of use of various

types of coping strategies are related to the cognitive, social and emotional development of the child. As the child gets older, coping skills become more abstract and sophisticated. As a result, coping strategies represent a protective factor that may be key for older children and adolescents managing the stressors associated with the child welfare system.

*Adaptive and maladaptive coping strategies in youth.* Coping helps individuals appraise and respond to stressors in a way that reduces discomfort, tension and anxiety, which often accompanies stress evoking events or situations. Several studies have demonstrated the efficacy of coping on outcomes in youth (Compas, Connor-Smith, Saltzman, Thomsen & Wadsworth, 2001; Compas, Ey, Worsham & Howell, 1996; Ebata & Moos, 1991). Research shows that prevention methods, such as coping strategies, can reduce the likelihood of the development of psychological problems (U. S. Surgeon General Office, 1999). In general, research suggests that active, problem-focused, engagement coping is more adaptive, due to its association to more positive outcomes; whereas avoidant, disengagement coping is more maladaptive due to its association to more negative outcomes (Compas, et al, 2001; Compas, et al, 1996; Ebata & Moos, 1991). These findings have been used to support the development of intervention programs to increase effective management of stress in youth. For example, one study examined outcomes in youth with a serious chronic illness as a result of adaptive coping. Psychosocial outcomes such as social competence, social and emotional functioning and positive thinking improved in children with chronic illness as a result of

group intervention instructing youth on the use of active coping strategies (Last, Stam, Onland-van Nieuwenhuizen, & Grootenhuis, 2007).

Coping can also serve as mediator and moderator of the association between stress and outcomes in youth. For example, one study found that responses to stress, specifically secondary control coping (cognitive reframing and acceptance), served as a mediator between specific life stressors such as parental depression and financial hardship and psychological symptoms in adolescents (Wadsworth, Raviv, Compas, & Connor-Smith, 2005). Specifically, higher levels of secondary coping were associated with lower levels of psychological problems such as hostility and depression. In summary, research has demonstrated the importance of the role coping has on both positive and negative outcomes in youth. The majority of the research on adaptive and maladaptive coping and outcomes in youth has been conducted on majority samples of youth, (i.e. white, middle to upper class). The generalizability of the findings from these studies is unclear as it pertains to a predominantly African American population of children and adolescents in the child welfare system. One goal of the current study is to extend the coping research to this under-researched population.

#### *Coping Among Children and Adolescents in Foster Care*

A paucity of research has examined the utility of coping methods of youth in foster care. This small body of research suggests that children and adolescents who are in foster care utilize different coping strategies than their counterparts who are residing with their biological families (Ellermann, 2007) and are at higher risk of forming maladaptive coping methods that are unique to the stressors experienced in foster care (Browne, 2002;

Browne, 1998). These studies have demonstrated the use of strategies that may be specific to the context of the child welfare system. For example, children in foster care will engage in more self-protection coping such as reporting or notifying case workers of the negative behavior of foster parents to handle the stress related to experiencing feelings of low self-esteem, as well as deliberately acting out in order to be removed from an undesirable foster care placement (Ellermann). However, research is also warranted to examine the utilization of coping strategies that are common to other youth and are included in interventions designed to improve coping behaviors. For example, youth in foster care who have been abused are less likely to seek social support from others and more likely to withdraw and isolate (Browne, 2002). Further, youth in foster care also engage in self blame and worrying as ways to cope with situations that are stressful (Browne). These findings suggest that youth in foster care may be more likely than youth who are not in foster care to use coping strategies that are maladaptive. Therefore, coping programs designed to increase support-seeking coping strategies and positive cognitive reframing coping may be beneficial for youth in the child welfare system. However, additional research is warranted to examine the patterns of coping in these youth.

*Coping in African American children and adolescents.* African American children and adolescents make up the largest group of children in foster care systems, remain in foster care the longest and are placed in the least desirable family environments than Caucasian children, leaving these youth more at-risk for the detrimental experiences common to youth involved in the child welfare system (Brooks, 2001). Unfortunately,

the majority of the research on coping has been conducted on White children from middle- to upper-middle class backgrounds, limiting our understanding of the implications of coping for the largest group of youth in foster care, African American youth. What some research has shown is that the overall patterns of coping and the adaptiveness of coping may differ from African American youth when compared to youth from other ethnic groups.

The role of ethnicity in coping is important for several reasons. First, research has shown that there are ethnic differences in coping. For example, ethnic differences in appraisals and coping have been found between African Americans and White youth (Halstead, Johnson, & Cunningham, 1993). Specifically, African American youth appraised certain events as more stressful and also believed they had more control over stressful events (Halstead et al., 1993). Overall, they also utilized more coping methods than White children (Halstead et al.). Other studies found that African American youth utilized more support-seeking coping than their White counterparts (Tolan, Gorman-Smith, Henry, Chung & Hunt, 2002) and more planful coping than other youth (Rasmussen, Aber & Bhana, 2004). Additionally, African American youth may use culturally specific coping, such as spirituality and cultural pride (Spencer, Fegley, & Harpalani, 2003; Steele et al., 1999).

Second, African American children and adolescents encounter many challenges that may not be faced by their White peers (Spencer et al., 2003). These challenges include the stigma associated with being an ethnic-minority in this society including racial discrimination on a daily basis spanning over several key areas of an African

American youth's life such as school (e.g., academics and perceptions from teachers and peers), daily activities (e.g., buying items out of a store, walking in the neighborhood), and being disproportionately represented in juvenile delinquent facilities (Center for Disease Control [CDC], 2002; Crouch, Hanson, Saunders, Kilpatrick & Resnik, 2000; Drakeford & Garfinkel, 2000; Skiba, Knesting, & Bush, 2002). Further, African American children and adolescents are more likely to be stereotyped and viewed in definite and final terms rather than as youth who are growing and developing, as their counterparts tend to be viewed (Spencer et al., 2003). For example, studies show that African American boys face challenges associated with being viewed as miniature adults as opposed to "being treated as youth growing up during a period of rapid and normative development" (Spencer et al., p.181). Other stressors African American children are more likely to experience than youth from other races are poverty, growing up in a single parent family, and violence in their community (CDC, 2002; Crouch et al., 2000; Drakeford et al., 2000; Skiba et al., 2002). In summary, the experiences faced by most African American children and adolescents are less common for children of other races, thus providing a basis for further understanding of the coping responses of African American youth.

Finally, although research has shown the advantages and disadvantages of specific coping strategies, it has been suggested that these particular coping methods may be associated with different outcomes in African American youth than they are associated with youth from other ethnic groups. For example, some studies have demonstrated that the use of emotion-focused coping in African American children is associated with more



negative outcomes such as behavior problems than it is for White youth (Steele et al., 1999). Avoidant coping, considered a contributor of psychological distress in middle-class, White children and adolescents, has been identified as a protective factor for African American youth (Grant et. al., 2000). Specifically, cognitive and behavioral avoidance techniques have been linked to lower externalizing behaviors in African American boys (Grant, et al.). Further, research has shown a protective moderating effect of avoidant coping in the relationship between exposure to violence and PTSD symptoms in African American children and adolescents (Dempsey, 2000). The moderating model demonstrates that at higher levels of exposure to violence the positive relationship between violence and PTSD symptoms was attenuated when youth used avoidant coping strategies such as cognitive distraction (Dempsey, 2000). Distraction coping strategies, often considered maladaptive in White children and adolescents, have been found to buffer stressors in African American youth (Gonzales, Tein, Sandler & Friedman, 2001).

In addition, research suggests that coping strategies generally considered adaptive, such as support-seeking, were not effective for low-income African American boys (Spencer et. al., 2003). Active coping techniques have also been found to be less effective in the management of stressors in African American youth as in Caucasian children and adolescents (Gonzales et. al., 2001; Prelow, et. al., 2002). In summary, the paucity of research shows that patterns of coping and coping effectiveness found in the coping literature for youth of other ethnic groups may not be congruent with results for African American youth, thus demonstrating the need to further investigate the

development and utilization of specific types of coping methods of African American youth (Tolan, Gorman-Smith, Henry, Chung & Hunt, 2002).

*The intersection of ethnicity and socioeconomic status.* It should be noted that the patterns of coping effectiveness discussed above may not be due solely to race or ethnicity. Research has overwhelmingly supported the notion that poverty is one of main environmental factors that directly impacts child and adolescent development (Lerner, 1995; Schorr, 1988; Hutson, 1992). Given the disproportionate number of African American youth living in poverty (Grant, et. al., 2000; Fronzcek, 2005; Bishaw & Iceland, 2003; Barnes, 2007), the findings for the ineffectiveness of active coping and the adaptiveness of avoidant coping for African American youth may be due to a higher rate of exposure to uncontrollable stress, rather than to ethnic group membership. This notion is supported by research conducted by Gonzales and colleagues (2001) showing that coping strategies, such as avoidant coping, were adaptive for youth living in low economic backgrounds regardless of ethnicity.

The interaction between ethnicity and economic status is significant for African American children and adolescents in foster care. To explain, youth in foster care are more likely to be placed with relatives (kinship) than with traditional foster parents (Harden, Clyman, Kriebel & Lyons, 2004). Studies show that kinship families have less financial resources than traditional foster families (Schwartz, 2007; Harden et. al. 2004). One study found that the majority of kinship families in their sample had income levels at \$20,000 or below compared to the majority of traditional families with incomes at \$40,000 or above (Harden et al.). In conclusion, research has shown that African

Americans may exhibit unique patterns of coping and experience unique associations between coping and outcomes. However, these patterns of coping may not solely be due to race or ethnicity, but the experience of chronic and uncontrollable stressors of poverty. Given this, it is important to consider the role socioeconomic status, in addition to ethnicity, when drawing conclusions about findings in African American youth in the child welfare system.

#### *Determinants of Coping Strategies in Children and Adolescents*

Currently, the majority of research conducted on coping in children and adolescents is focused on how coping is related to psychosocial outcomes (Compas et al., 2001). Limited research has been conducted on the determinants of coping in youth. This line of research is significant in that once certain factors can be identified as promoting specific coping techniques in children and adolescents, prevention and intervention methods can be developed to promote adaptive processes to managing stressors in a youth's life (Grant et al., 2000).

The family serves as the primary influence on the development of coping methods in children and adolescents (Compas, Worsham & Ey, 1992). The way in which the family affects children's stress-management strategies can be traced back to attachment theory (Bowlby, 1969). Research conducted on attachment in infants has shown that the family serves as the primary source of information regarding adaptation and survival. Family influences several aspects of a child's development and survival including, language, morals and comprehension of the world around them (Teyber, 2006). The same is true for its influence on managing stress. For example, young children who

perceive behaviors of support from their mothers were more likely to engage in active coping methods to manage and adapt to their environment (Ainsworth, Blehar, Waters & Wall, 1978). Despite the theoretical and empirical evidence provided by the attachment literature, little research, with the exception of the pediatric psychology literature, has examined the familial influences on coping in older children and adolescents. An exception is Kliwer and colleagues model (1996) of determinants of coping, which proposes that three familial factors influence responses to stress in children and adolescents. Parental socialization of coping, modeling of parental coping, and the quality of the parent-child relationship all impact how a child copes and what methods are utilized by the youth to cope with stressors.

*Parental socialization on child and adolescent coping.* Parents serve as primary socialization agents in many aspects of development in children and adolescents (Bronfenbrenner, 1986). For example, studies have demonstrated the strong influence that parents' efforts to racially socialize their children have on children's racial identity (Phinney & Chavira, 1995; Stevenson, Cameron, Herrero-Taylor & Davis, 2002). The impact of parent socialization can also be seen in coping behaviors of children and adolescents as well, with research suggesting that children may be more likely to use specific coping methods that are suggested by their parents (Kliwer, Fearnow, & Miller, 1996). For example, some studies examining coping with racial discrimination in youth found that parents discuss with their children how to cope with racial discrimination and prejudice (Bowman & Howard, 1985; Thornton, Chatters, Taylor & Allen, 1990). Coping socialization came in the form of suggesting cognitive methods that focused on

understanding their minority status and how that status affected their position in society (Thornton et al., 1990). Parents made statements that referred to needing to work harder than individuals from other races to be acknowledged and recognizing that opportunities for Black individuals are not the same for White individuals (Thornton, et al). Another study found that coping with racial discrimination and injustice in African American adolescents was influenced by parental messages regarding the use of certain types of coping strategies to cope with racism (Scott, 2003).

Socialization of coping has also been examined in the pediatric psychology literature. For example, socialization of coping was demonstrated in a study that examined parental coping-promoting behavior during an invasive medical procedure (Salmon & Pereria, 2002). The study showed that child coping was influenced by parents instructing children on what coping methods to use and assisting the child with distracting from the impending procedure (Salmon & Pereria). Another study examining invasive medical procedures found that when parents encouraged their children to cope through distraction techniques, children exhibited more distraction coping (Manimala, Blount & Cohen, 2000). Moreover, a study that examined coaching, modeling and other familial influences on coping with exposure to violence found that parents who suggested aggressive coping techniques had children who engaged in aggressive coping behaviors, likewise parents who recommended proactive ways of coping with violence had children who utilized more proactive ways to respond to violence (Kliewer, Parrish, Taylor, Jackson, Walker & Shivy, 2006). In summary, socialization of coping strategies has been

identified as a strong influence on the utilization of coping strategies in children and adolescents.

*Parental coping and child coping.* Social learning theory states that behaviors are learned and acquired through modeling (Bandura, 1977), and children may learn coping strategies by modeling their parents' coping behaviors. Some studies examining adherence to medical treatments for children have found that if a parent is exhibiting passive behavioral coping such as following treatment recommendations with little to no inquiries to the physician, children will demonstrate similar behaviors (Gil, Williams, Thompson, & Kinney, 1991). Additionally, an inverse relationship was found between parental active coping (engaging in behaviors that help them process and handle a stressor) and negative coping methods in children (focusing on emotions like fear and anger) (Gil et al.). In other words, children engaged in less maladaptive coping methods if they observed their parents engaging in more adaptive coping behaviors (Kliewer et al., 1996). One study found that high amounts of parental disengagement or denial behaviors were related to children's use of coping methods that resemble these behaviors (Kliewer & Lewis, 1995). In sum, findings support the social learning theory as a framework for examining the utilization of coping strategies in youth.

*The parent-child relationship and child coping.* Socialization theory suggests that parental support is highly influential in outcomes of children and adolescents (Amato, 1993; Rollins & Thomas, 1979). For example, low parental support has been found to be linked to high levels of internalizing and externalizing behavior in adolescents, lower well-being and other negative outcomes (Boyce-Rodgers & Rose, 2002; Bu, Watten,

Foxcroft, Ingebrigtsen, & Relling, 2002; Demo & Acock, 1996). Perceived parental support, warmth, and acceptance also affect child coping. For example, children's perception of acceptance from their mothers was found to be related to higher levels of active and support-seeking coping (Kliewer et al., 1996). Youth who viewed their parents as being warm and nurturing were more likely to use problem-focused and support-seeking coping (McIntyre & Dusek, 1995; Dusek & Danko, 1994). Research also demonstrates an association between the quality of the parent-child relationship and acquisition of adaptive coping skills in children and adolescents, including active coping (Bynum & Brody, 2005; Wolfradt, Hempel & Miles, 2003; Herman & McHale, 1993).

Other studies have shown that maladaptive coping methods among youth are predicted by low levels of parental support. For example, low parental support was linked to early onset of alcohol consumption and intoxication of adolescents (Bu et. al., 2002). Studies have demonstrated an inverse relationship between parental support and substance abuse (Chilcoat & Anthony, 1996; Kotchick, Dorsey, Miller & Forehand, 1999; Ledoux et al, 2002; Wills & Cleary, 1996). Further, an association between low levels of parental warmth and dysfunctional youth coping was shown in other studies (Dusek & Danko, 1994; Herman & McHale, 1993). Together, these results suggest that the parent-child relationship may have an impact on the type of coping strategies utilized by children and adolescents.

Positive family characteristics, such as parental support, may provide a context that supports effective coping and appraisals of stressors, facilitates access to and encourages the use of helpful resources, or fosters the development of a sense of

competence to deal with problems and stressors (Dusek & Danko, 1994; Sandler et al., 1997). First, children in supportive family contexts may develop internal working models of relationships that encourage them to seek support, assistance, or guidance, based on the notion that support will be available when the child is confronted with stressful situations (Skinner & Wellborn, 1994). Children who perceive a supportive family context may also be more likely to problem-solve because they know that those in their immediate social network will provide necessary support (Kliewer et al., 1994). Family support may also reduce children's psychological distress in response to a stressor, resulting in more positive reconstruing or reframing of stressful situations.

*Implications of Three Familial Predictors on Coping in Youth Involved in the Foster Care System*

Examining the factors that impact the usage of coping strategies is warranted because once the processes that are involved with the development of coping methods are identified, prevention and intervention programs can be created that promote adaptive ways to manage stressors and distressing events in the lives of youth (Grant et al., 2000). These intervention programs may be especially important for assisting foster children and families in minimizing the impact of placement of youth. The samples used in existing studies reviewed above primarily focus on children and adolescents residing with their biological families, but little is known about coping in youth who are separated from their biological families. The following information reviews the small body of research on familial influences on coping of youth in foster care.



*Parental socialization of coping in a foster care family structure.* The important role parents play in socializing their children has been demonstrated. What is not known is how socialization occurs when children and adolescents are separated from their biological parent(s). One study that examined the racial socialization among children residing with kinship foster placements and traditional (i.e. non-kinship) foster placements found that more socialization was reported within the kinship placements than in traditional placements (Schwartz, 2007). The type of socialization occurring within the kinship placements was considered to be more natural and less intentional (Schwartz). Racial socialization was also viewed by the youth as more positive when it occurred within the kinship placements (Schwartz). Another study found that a kinship placement allowed youth to continue to maintain their cultural and racial heritage (Broad, Hayes & Rushforth, 2001). Consistent with the general coping socialization literature, these findings suggest that some connection to a youth's biological family is important to socialization efforts; however, these findings also suggest that socialization can also occur within non-kinship placements. Unfortunately, coping socialization has not yet been examined in this context.

*Caregiver coping in a foster care family structure.* As previously mentioned, little is known about the influence of caregiver modeling of coping on children and adolescents separated from their biological parent(s). Studies have shown that children removed from their homes due to parental substance abuse are more likely to engage in substance abuse (Bennett, Bendersky, & Lewis, 2007; Cretzmeyer, Sarrazin, Huber, Block & Hall, 2003; Millar & Stermac, 2000). Foster children and adolescents who were

raised in homes with their biological parent(s) where aggression was used as a means of coping or handling distressing situations are more likely to engage in this type of behavior as adults (Childhelp, 2006). One study described a program designed to help teen mothers learn parenting skills through assistance from older individuals (Neergaard, 1990). The program is based on the notion that abusing children as a means of coping with difficult situations is a coping strategy passed down through the generations (1990). However, these studies focus on the long-term influence of biological caregivers before separation, and research is needed to understand the influence of non-biological caregivers in foster care.

One body of research that may provide support for the importance of non-biological caregiver modeling is in the examination of prevention programs that utilize mentors and role models to help improve youth outcomes. These types of programs are created primarily under the assumption that children in foster care are not receiving adequate modeling of prosocial behaviors or are exposed to negative behaviors that discourage positive outcomes from their primary support group (i.e. biological parents). The positive identity development of youth in foster care is dependent upon the exposure to positive role models that resemble similar characteristics as the youth such as gender and racial background (Barnes, 1980). One study explored the use of mentorship/role model programs, particularly the PRIDE program, on a small scale, for children and adolescents in foster care. The PRIDE program is designed to provide youth with role models and group psychotherapy to help improve confidence and self esteem as well as encourage youth to use career, education and skill building resources (Yancey, 1998).

This study found that this type of intervention was effective in promoting behaviors that resulted in positive outcomes, such as seeking role models out to ask advice and for career and other future aspiration, behaviors similar to support-seeking coping strategies (Yancey).

Another study examined the effects of a modeling program on outcomes. The program was designed to reduce negative outcomes such as internalizing programs (e.g. anxiety) and increase positive outcomes (e.g. self-concept) through exposing youth to biographies of heroic individuals similar to their ethnic background, specifically Puerto Rican youth (Malgady, Rogler & Constantino, 1990). It was based on the assumption that many children and adolescents in the child welfare system were exposed to inadequate or negative behaviors modeled by their parents, which can include coping methods. The study found that reductions in the previously mentioned negative outcomes as well as increases in positive outcomes were demonstrated (Malgady et al). Overall, these findings demonstrate that non-biological role models and mentors can have a positive impact on youth outcomes. Given this, it is necessary to examine the role of non-biological caregiver modeling of coping strategies on coping behaviors of youth in foster care families.

*Parent/child relationships within a foster care family structure.* As shown earlier, the importance of youth attachment to a parental figure has been well established. Interruptions that occur within the family environment of youth within the child welfare system can contribute to disruptions in caregiver-child attachment (Dozier & Brick, 2007). Research has shown that children and adolescents involved in the child welfare

system often have difficulty forming and maintaining relationships (Tarren-Sweeney & Hazell, 2006), which may have implications for their relationships with their foster parents. Many of these youth may have difficulty forming relationships because of their lack of trust in others (Ellermann, 2007). Being in the child welfare system compromises children and adolescents' sense of security, due to the disruptions in their family of origin, movement from placement to placement and other situations (Ellermann). Further contributing to the lack of trust are relational styles exhibited by various foster caregivers that may contradict relational styles of their biological parents. To explain, children and adolescents who are removed from their homes may have experienced hostile, aggressive and/or ambivalent behavior from their biological parent(s), and conversely experience affection, acceptance and words of affirmation from foster parents (Ellermann). The discrepancy between these relational styles can be confusing for a child and they may be uncomfortable with the positive relational style of foster parents, and unable or unwilling to reciprocate.

The foster parent/child relationship is also at-risk when a youth has had multiple placements due to abrupt endings to current placements. When foster parents and youth have difficulty forming positive relationships with each other (Rushton, Dance & Quinton, 2000), children are more likely to be moved into another placement. Studies show that children who have disrupted placements experience less positive parenting and more attachment problems (Simms, Dobowitz, & Szilagyi, 2000). Children and adolescents residing in multiple placements exhibit more psychosocial problems as well as increasing problems while in their placement (Rushton et al). Unfortunately, some

foster parents view these types of problems and complications negatively and as a result many foster parents opt to terminate the placement when the manifestation of these difficulties appears (Thompson, Authier, & Ruma, 1995), thus creating the unending cycle of multiple placements. In addition, research has shown that less one-on-one parenting occurs for youth in foster care compared to other children and adolescents (Yancey, 1992). This is more common for older children because they are more likely to be placed in residential or group homes as a result of lack of placement availability or labels of conduct disorders that prevent them from remaining in a placement for an extended period of time (Yancey). This can further inhibit the formation of positive parent/child relationships.

Although research exists on the importance of attachment as it relates to children in foster care and outcomes (Dozier & Bick, 2007; Albus & Dozier, 1999), what is not known is if and how relationships with foster care parents impacts coping in these youth. One study found that children in foster care whose biological mothers showed support exhibited more coping strategies and more social competence while children in foster care with no support from their biological mother displayed more behavior problems (Leifer & Shapiro, 1995). Again, this research focuses on the influence of the biological parent. Limited information is known about how the attachment patterns of children with little to no access to biological parents or stable and consistent parenting impact coping behaviors.

In addition to direct influences on youth coping behaviors, attachment to caregivers also has implications for the other familial influences. Specifically, it has been

proposed that the influence of parental modeling of coping and parental socialization of coping may be dependent upon the nature of the caregiver-child relationship (Kliewer et. al., 1996). If the attachment between the caregiver and child is poor or if a child perceives low levels of support from a caregiver, the caregiver's coping socialization attempts or coping behaviors may not be influential. The current study will explore the multiple roles of parental attachment by examining the direct and indirect association of parental attachment on youth coping.

In summary, studies have demonstrated the influence of parental factors such as parental socialization of coping, parental modeling of coping and parental support (i.e. parental/child relationship) on the way in which youth cope with stressors. The majority of this existing research has been conducted with children and adolescents residing with at least one biological parent. What is not known is how these parental factors impact coping of youth in foster care. Children and adolescents in foster care experience unique stressors and struggles, thus, how one utilizes coping techniques to manage stress and produce positive outcomes is key. Given this, it is important to understand not only how youth in foster care cope, but also how the utilization of particular coping methods are influenced by caregiver factors for youth with limited or no exposure to biological parental figures.

### *The Current Study*

As previously mentioned, research has shown that children and adolescents involved in foster care experience stressors and difficulties different from the general population of youth. These stressors often exist prior to and during involvement in the

child welfare system. Given the vulnerability and high risk for negative outcomes in the foster care youth population, it is important to determine the patterns of coping behaviors for these youth, as well. Obtaining this information will provide valuable knowledge regarding the utility of mainstream coping strategies for youth involved in the child welfare system and could make the process of administering intervention programs for youth more cost-effective and yield better results not just for youth in the general population, but also for youth in foster care. Further, little is known about the processes and factors that influence the utilization of coping in youth. Kliewer and colleagues (1996) proposed a model of child coping that posits that parental socialization of coping, parental coping and the quality of the parent-child relationship (i.e. parental support) all factor into the way in which youth develop and utilize coping strategies to manage stressful events. These studies have primarily been conducted on children and adolescents residing with at least one biological parent. Little evidence exists about caregiver factors influence coping in youth who have limited to no exposure to their biological parents. Comparing coping strategies of youth in foster care and youth residing with at least one biological parent will also provide information regarding the importance of a biological parental influence in the utilization of coping methods to manage stress.

Although a great deal of existing research has examined the outcomes of coping, there is a paucity of research in several areas related to coping in African American children and adolescents involved in the child welfare system. The purpose of the current study was to address the following issues: 1) limited research on coping behaviors in

African American youth involved in the child welfare system, which is particularly significant considering that African American youth make up the largest group of children in foster care systems, remain in foster care the longest and are placed in the least desirable family environments than Caucasian children, thus, leaving these youth more at-risk for the detrimental experiences common to youth involved in the child welfare system (Brooks, 2001); 2) the family's role in the use of stress-management techniques among African American children and adolescents in foster care, specifically examining the influence of three parental factors: parental modeling of coping, parental socialization of coping and parental support on youth coping, and 3) the moderating effects of family structure (i.e. youth residing with at least one biological parent and those who are in foster care) on the association between family factors and the utilization of coping methods.

The current study tested four hypotheses and addressed two exploratory research questions. Specifically, controlling for SES, child age and child gender, hypothesis 1 predicted that youth in the child welfare system would report less attachment to their caregivers than children residing with at least one biological parent. Hypothesis 2 predicted that children and adolescents in foster care would report less coping socialization than children residing with at least one biological parent, controlling for SES, child gender and child age. Controlling for child age, child gender and SES, hypothesis 3 predicted that reports of parental support, caregiver modeling of coping and caregiver socialization of youth coping would predict coping methods in youth residing with foster families. Hypothesis 4 predicted that family structure (i.e. foster care versus



biological parent) would moderate the association between caregiver socialization of coping, caregiver modeling of coping and parental support on youth coping. Specifically, it was expected that the association of caregiver socialization of coping, caregiver modeling of coping and parental support and youth coping would be weaker in foster care families than in biological families.

Finally, the current study examined two exploratory questions. The first exploratory research question compared the use of engagement and disengagement coping among children and adolescents in foster care and youth residing with at least one biological parent. The second exploratory analysis determined whether the parental support along with family structure would moderate the association between caregiver socialization of coping and caregiver modeling of coping and youth coping.

## CHAPTER TWO

### METHODS

#### *Participants*

The current study utilized an existing data set to examine the research questions. Participants and their caregivers were recruited from a multi-site community-based, family support agency in a Midwestern urban city and suburb of this city, a foster care agency and religious institution both located in this city. Specifically, participants were recruited from three of the family support agency's sites, one foster agency serving youth in the child welfare system, and from a large religious institution serving a majority of low-income families and individuals. The five sites are located in low-income, high crime communities and serve residents with high resource and support needs. According to Cohen (1992), to detect a medium difference ( $d = 0.50$ ) between two independent means at Power = .80, a sample of 64 subjects is needed for an alpha level of .05. To detect a medium effect at Power = .80 with 3 predictors in multiple regression analysis, a minimum of 76 subjects is needed for an alpha level of .05. The current database included 110 participants, specifically 70 biological families and 40 foster families. The youth sample was made up of 58% female and 42% males. The average age of the child and adolescent respondents was 11 years old. The parent sample was made up of 96% female respondents and 4% male respondents with an average age of 41. The parent

sample's educational level included 46% with a high school education or GED, 1% completing some vocational training, 28% completing some college work, 20% receiving a college degree (i.e., Associates or Bachelor's), and 5% completing some graduate-level work. Seventy-three percent of the sample had an annual family income of \$30,000 or below.

### *Youth Measures*

*Responses to Stress Questionnaire* (RSQ; Connor-Smith, Compas, Wadsworth, Thomsen, & Saltzman, 2000) (see Appendix A). The RSQ is a 57-item measure that assesses both voluntary and involuntary responses to stress in youth. The responses were captured in a four-point Likert scale (ranging from "not at all" to "a lot") that indicates the frequency each response was utilized by the individual. The items on the questionnaire are categorized into 19 subscales of three items each. The subscales are grouped into the following five categories: primary control engagement (e.g., I try to think of different ways to change the problem or fix the situation), secondary control engagement (e.g., I tell myself that everything will be alright), disengagement coping (e.g., I try to stay away from people and things that make me feel upset or remind me of the problem), involuntary engagement (e.g., When problems come up, I can't stop thinking about what I said or did), and involuntary disengagement (e.g., I just freeze when I have a problem, I can't do anything) (Connor-Smith et al., 2000). Psychometric properties, including internal consistency (0.37 to 0.76), test-retest reliability (0.69 to 0.81), and construct and criterion validity are adequate (Connor-Smith et al., 2000). For the purposes of this study, an engagement coping factor (composite of primary control engagement and secondary control engagement) and the disengagement coping factor

were used to represent child coping (Connor-Smith et al., 2000). Internal consistencies analysis revealed a Cronbach alpha of  $\alpha = .81$  for engagement coping and  $\alpha = .76$  disengagement coping. Higher scores indicate higher levels of coping.

*Responses to Stress Questionnaire - Socialization (Youth Report)* is a modified version of the Responses to Stress Questionnaire (Connor-Smith et al., 2000) (see Appendix A) used to assess youth's perceptions of parental socialization of coping. Participants were asked to identify the primary caregiver and answer items for the identified individual. The questionnaire consists of 30 items with responses to items on of a four-point Likert scale, ranging from *not at all* to *a lot*. The items were grouped into two factors consistent with the *Responses to Stress Questionnaire* (Connor-Smith et al., 2000): engagement coping (e.g., tells me to get help from other people when I'm trying to figure out how to deal with my feelings, tells me to let my feelings out), and disengagement coping (e.g., tells me to try not to think about it, to forget all about it). Internal consistencies analysis revealed Cronbach alphas of  $\alpha = .89$  for socialization of engagement coping and  $\alpha = .83$  for socialization of disengagement coping.

*Inventory of Parent and Peer Attachment (IPPA: Armsden & Greenberg, 1987)* (see Appendix A). The IPPA is designed to assess youth's perceptions of the relationships with their caregivers and close friends. For the purposes of the current study, only the portion of the IPPA assessing parent attachment was used, which consists of 25 items on a five-point Likert response scale (*almost never or never true to almost always or always true*). Three dimensions were assessed: degree of mutual trust (e.g., My mother respects my feelings); quality of communication (e.g., I tell my mother about my problems and troubles, and extent of anger and alienation (e.g., My mother expects

too much from me). Test-retest reliability for the measure was 0.86 (Armsden et al., 1987). For the current study, an overall attachment variable was created by combining all items on the IPPA measure. Internal consistencies analysis revealed a Cronbach alpha of  $\alpha = .89$ . Higher scores indicate higher levels of the subscales.

The *Alabama Parenting Questionnaire-Parent/Child* (APQ; Shelton, Frick, & Wootton, 1996) (see Appendix A). The APQ Child Version was designed to assess children's perceptions of parenting practices. The measure consists of 42 items with responses on a five-point Likert scale ranging from *never* (1) to *always* (5). The items are further grouped into five categories: involvement, positive parenting, poor monitoring/supervision, inconsistent discipline, and corporal punishment. For the purposes of this study, involvement (e.g., You have a friendly talk with your parent) and positive parenting (e.g., Your parent(s) praise you for behaving well) were combined to create a construct for parental support. Reliability coefficients were obtained in order to determine if the two variables for the APQ measure of parental support can be combined. Convergent validity has been established as adequate ( $r = 0.35$ ) and divergent validity ranged from 0.01 to 0.48 (Shelton et al., 1996). Internal consistencies analysis revealed a Cronbach alpha of  $\alpha = .84$ . Higher scores indicate higher levels of each construct.

#### *Parent/Guardian Measures*

*Demographic information* (see Appendix B). The demographic information that was collected included the following: gender and age of the parent and child, grade in school of the child, legal guardianship, information regarding the youth's family including education level of parents or guardians, income level of the family, and current living situation (assessing for family structure). For the family structure variable, foster

care families are families in which the child's biological parent is not their legal guardian and biological family structure is classified as the child residing without least one biological parent who is their legal guardian. The SES variable was created by calculating z-scores for parent's education level and income level and then summing the two variables.

*Responses to Stress Questionnaire – Socialization (Parent Report)* (see Appendix B). A modified version of the Responses to Stress Questionnaire (RSQ; Connor-Smith et al., 2000) was developed to assess parent self-perceptions of their coping socialization behaviors. The parent report form parallels the youth report form. Parents responded to 30 items that assess how they socialize their children to cope. Responses were captured on a four-point Likert scale, ranging from *not at all* to *a lot*. The items were grouped into two factors consistent with the *Responses to Stress Questionnaire* (Connor-Smith et al., 2000): engagement coping (e.g., Tell them to try to think of different ways to change the problem or fix the situation, tell them to tell themselves that everything will be alright) and disengagement coping (e.g., Tell them to try to stay away from people and things that make me feel upset or remind me of the problem), (Connor-Smith et al., 2000). Internal consistencies analysis revealed Cronbach alphas of  $\alpha = .84$  for socialization of engagement coping and  $\alpha = .84$  for socialization of disengagement coping.

The *Alabama Parenting Questionnaire-Parent/Child* (APQ; Shelton, Frick, & Wootton, 1996) (see Appendix B). The APQ Parent Version was designed to assess parent's perceptions of their individual parenting practices. The measure consists of 42 items with responses on a five-point Likert scale ranging from *never (1)* to *always (5)*. The items are further grouped into five categories: involvement, positive parenting, poor

monitoring/supervision, inconsistent discipline, and corporal punishment. For the purposes of this study, involvement (e.g., You have a friendly talk with your parent) and positive parenting (e.g., Your parent(s) praise you for behaving well) were used as a construct for parental support. Convergent validity has been established as adequate ( $r = 0.35$ ) and divergent validity ranged from 0.01 to 0.48 (Shelton et al., 1996). Internal consistencies analysis revealed a Cronbach alpha of  $\alpha = .88$ . Higher scores indicate higher levels of each construct.

The *COPE* (Carver, Scheier, & Weintraub, 1989) (see Appendix B) is a 60-item self-report measure assessing and identifying coping methods of parents. Participants indicated their frequency of use of coping strategies using a four-point Likert scale that ranges from *I usually don't do this at all (1)* to *(4) I usually do this a lot*. The 60 items are further categorized into fifteen subscales: positive reinterpretation and growth, mental disengagement, focus on and venting of emotions, use of instrumental social support, active coping, denial, religious coping, humor, behavioral disengagement, restraint, use of emotional social support, substance use, acceptance, suppression of competing activities, and planning. In addition, the COPE contains scales that are comparable with scales of the Adolescent Responses to Stress Questionnaire (Connor-Smith et al., 2000). Internal consistencies and test-retest scores are adequate (Carver et al., 1989). Based on procedures used in prior research with parents and children (Connor-Smith et al., 2000), the following subscales of the COPE will be used to represent engagement coping: planning, active coping, positive reinterpretation and growth, use of instrumental social support, use of emotional support and venting of emotions, and acceptance and the following subscales of the COPE will be used to

represent disengagement coping: mental disengagement, behavioral disengagement, denial and restraint coping. Internal consistencies analysis revealed Cronbach alphas of  $\alpha = .91$  for engagement coping and  $\alpha = .77$  for disengagement coping. Higher scores will indicate higher levels of coping.

### *Procedure*

Families that were members of the community agencies and religious institution were recruited to participate in the study. Caregivers were recruited through in-person solicitation, as well as through announcements provided by the agencies and recruitment tables set up at the agencies and religious institution. Recruitment of families also took place at the agency's family nights held monthly, parent meetings at the schools serviced by the agency and onsite at the agencies. Recruitment also occurred through individual meetings set up by the researchers as well as before and after church services at the religious institution (see Appendix C). Some of the agencies also have groups that serve foster families. Foster families were recruited for the current study from these groups. Once the project had been introduced, parents and their children were invited to complete a packet of surveys assessing coping techniques and development of coping processes. Consent was obtained through a signed document that outlined the nature of the project, expectations of the participant, information on debriefing and compensation (see Appendix D). Assent was also obtained from youth participants prior to beginning the project (see Appendix E). For each data collection site, parents were given the option to complete the packet onsite in group data collection sessions, individually onsite, or at home. For onsite data collections, research assistants were often present to assist parents. Youth participants completed packets of surveys individually onsite. Two 1-hour



interview sessions were scheduled during the after-school program at the agencies or other individual sessions. A research assistant read the survey items to the participant and the survey participant provided responses to each item (see Appendix F). For their participation, families received a \$15.00 gift card to a local grocery store for each child that participated in the project (see Appendix G) and each child received a movie pass to a local movie theater.

## CHAPTER THREE

### RESULTS

#### *Missing Data*

Descriptive analyses of the data revealed that across the scales the percentage of individuals who were missing data was roughly 22% to 38%. Specifically, 12% of the sample was missing only 1 item, 6% were missing 2 items, 4% were missing 3 items and 4% were missing 4. Two percent of the sample missed 5 items while 13% missed 6 items. Of the sample, 19% were missing 7 items, 10% were missing 8 items and 2% were missing 9 items. Finally, 14% of the sample was missing 10 or more items. The Expectation Maximization (EM) algorithm was used to address the missing data. This method creates values for missing data by making assumptions based on the observed values and the current parameters (Kaya, Yesilova, & Almai, 2010). Then maximum likelihood estimates were created based on the missing data being included in the current data set. This method assumes that of the participants who are missing data, about 20% of their data is missing. The analysis was conducted by first creating a blank SPSS file in order to impute the newly created missing values. Using LISREL, the data file was imported and then converted to a Prelis System File (psf file). Then the multiple imputation was performed using the EM algorithm on all variables that required the creation of values for missing items. Research shows that the EM approach is a good

method for addressing missing data (Kaya, Yesilova, & Almai). The means generated from the data file that includes the newly created values for the missing data and the means for the original are similar yielding differences ranging from 0 to 3.70 points, thus demonstrating a robust estimation for the missing values and supporting the research.

### *Descriptive Analyses*

Data were also examined for skewness and outliers. To determine whether a value was skewed, each skewness value was divided by the standard error to obtain a  $z$  score. A value was deemed skewed if it fell above 2. The following variables were considered to be skewed: child reports of parental support (CAPQ and IPPA), parent reports of engagement coping and parent reports of socialization of engagement and disengagement coping. To correct skewness, square root transformations were conducted on all variables with the exception of the parent report of socialization of disengagement coping in which an inverse transformation was conducted. There were no significant differences using the transformed variables versus using the original variables (untransformed) with the exception of two findings. A trend was found for Hypothesis 1 for a difference between the foster family group and the biological family group on child reports of parental support on the (IPPA measure) for the untransformed variables ( $\beta = .19, p = .06$ ); whereas this difference was not significant for the transformed IPPA variable ( $\beta = -.04, p = .73$ ). Also, for Hypothesis 3, it was found that youth reports of parental support (CAPQ, untransformed) predicted youth disengagement coping ( $\beta = .36, p = .05$ ). However, the transformed variable of the youth report of parental support (CAPQ) did not predict youth disengagement coping ( $\beta = -.23, p = .17$ ).

Additionally, transformed variables were used in the remainder of the analyses conducted for the current study. An outlier was identified as a value that was three or more standard deviations above the mean. There were no outliers detected in the data. Means and standard deviations for the variables are found in Table 1.

Table 1. Means and Standard Deviations for Variables

	Mean	SD
CAPQ	4.22	1.38
PAPQ	65.06	8.92
CRSENGAGE	4.30	1.10
CRSDISENGAGE	31.82	7.91
CSOCENGAGE	48.93	11.47
CSOCDISENGAGE	28.87	7.84
PRSENGAGE	4.38	0.98
PRSDISENGAGE	0.02	0.004
COPEENGAGE	4.62	1.51
COPEDISENGAGE	37.33	7.72
IPPA	5.05	1.69

In addition, correlational analyses were conducted on specific variables in order to determine whether parent and child reports of socialization of coping and parental support should be separate for the regression analyses. Based on the analyses, child and parent reports of socialization of engagement coping and child and parent reports of socialization of disengagement coping were not significantly correlated, thus they were kept separate for the regression analyses. Also, child and parent reports of parental support were not significantly correlated. As a result, the child and parent reports of parental support were also kept separate for the analyses.

Other correlational analyses revealed that the parental variables did not correlate with child engagement coping. Specifically, child engagement coping did not correlate

with parental reports of socialization of engagement coping, modeling of engagement coping, or with parent reports of parental support. Child disengagement coping also did not correlate with any of the parental variables. Child engagement coping was significantly, positively correlated with child reports of parental support for the IPPA measure, as well as APQ measure. Child engagement coping was also positively correlated with child reports of socialization engagement coping. Child disengagement coping did not correlate with child reports of parental support for the IPPA measure and the APQ measure. However, child disengagement coping did correlate with child reports of socialization of disengagement coping. Correlations for all study variables can be found in Table 2.

*Hypothesis 1.* To test Hypothesis 1, that youth in foster care would report less parental support than children and adolescents residing with their biological parent, regression analyses were conducted. Specifically for hypothesis 1, child gender, child age, and SES were controlled for and entered into the first step. The family structure variable was entered into the second step separately. There was no significant main effect of family structure in the prediction of child-reported parental support on the IPPA measure ( $\beta = -.04, p = .73$ ). There was also no significant main effect for family structure in the prediction of child-reported parental support on the APQ measure ( $\beta = -.03, p = .79$ ).

*Hypothesis 2.* Hypothesis 2 stated that youth in foster care would report less socialization of coping than youth residing with their biological parent. Child gender, child age, and SES were controlled for and entered into the first step. The socialization of coping variables were entered into the second step. Inconsistent with the hypothesis,

there was no significant main effect for family structure in the prediction of socialization of engagement coping ( $\beta = .57, p = .57$ ). Also, there was no significant main effect for family structure in the prediction of socialization of disengagement coping ( $\beta = -.28, p = .78$ ).

*Hypothesis 3.* To test hypothesis 3, that the three parental factors (parental support, parental modeling of coping and socialization of coping) would predict coping among foster youth, regression analyses were conducted. The regression analyses were conducted using parent reports of coping utilization, parent reports of socialization of coping and parental support and child reports of socialization of coping and parental support separately as informed by the correlation analyses discussed previously. The analyses were conducted by first entering the control variables (i.e., SES, Child gender and Child age), followed by the predictor variables (i.e., the parental variables) in the second step. The analysis was conducted for two outcome variables: youth engagement coping and youth disengagement coping.

Results for the overall model for the child reports indicated that the three predictors accounted for a significant amount of variance in youth engagement coping scores, ( $R^2 = .72, F [7, 24] = 8.86, p < .01$ ). Consistent with predictions, youth report of socialization of engagement coping significantly predicted youth engagement coping scores, ( $\beta = .73, p < .01$ ). For youth disengagement coping, results for the overall model indicated that the three predictors accounted for a significant amount of variance in youth disengagement coping scores, ( $R^2 = .66, F [7, 24] = 6.65, p < .01$ ). Consistent with predictions, child report of socialization of disengagement coping ( $\beta = .64, p < .01$ ) was a significant predictor of child disengagement coping.

Table 2. Correlations for Variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Child Gender	--													
2. Child Age	-.09	--												
3. SES	-.17	.53**	--											
4. CRSengage	.04	.18	.17	--										
5. CRSdisengage	-.10	-.12	-.06	-.60**	--									
6. PRSengage	-.02	.02	-.07	.11	-.10	--								
7. PRSdisengage	.16	-.23*	-.10*	.07	-.14	.41**	--							
8. IPPA	.59**	.23*	.34**	.27**	.10	-.15	.10	--						
9. CAPQ	-.14	.16	.17	.37**	-.19	-.19	-.15	.58**	--					
10. PAPQ	-.05	-.21*	-.16	-.11	.02	-.19	-.01	-.14	-.08	--				
11. Copeengage	-.13	.07	-.12	.09	-.09	.43**	.16	-.10	-.05	-.10	--			
12. Copedisengage	.09	.15	.19	-.01	.14	-.25*	-.51**	.05	-.06	-.22*	-.41**	--		
13. Csocengage	.05	-.23*	-.09	-.77**	.44**	-.17	-.06	-.23*	-.34**	.24*	-.20	.12	--	
14. Csocdisengage	-.07	-.20*	-.15	-.51**	.60**	-.06	-.14	.07	-.11	.13	-.15	.09	.74**	--

\*  $p < .05$ , \*\* $p < .01$ .

Inconsistent with the hypotheses, the overall model for the parent factors did not account for a significant amount of variance in youth engagement or disengagement coping ( $R^2 = .24$ ,  $F [6, 25] = 1.29$ ,  $p = .30$  and ( $R^2 = .26$ ,  $F [6, 25] = 1.43$ ,  $p = .24$ ). Due to the limited power as a result of the small sample size, separate regression analyses were conducted on each parental factor individually predicting engagement and disengagement coping. Results indicated that child reports of parental support (APQ) predicted youth engagement coping ( $\beta = -.34$ ,  $p = .04$ ); however it did not predict youth disengagement coping ( $\beta = -.26$ ,  $p = .12$ ). Other child reports of parent support (IPPA) did not predict youth engagement coping ( $\beta = -.08$ ,  $p = .67$ ); however it did predict the use of disengagement coping ( $\beta = .37$ ,  $p = .05$ ). Parent reports of parental support did not predict youth engagement coping ( $\beta = .07$ ,  $p = .70$ ). Also, parent reports of parental support did not predict youth disengagement coping ( $\beta = .02$ ,  $p = .91$ ).

Parent reports of personal use of engagement coping did not predict engagement coping among youth ( $\beta = .02$ ,  $p = .91$ ) nor did parent reports of parental disengagement coping predict youth disengagement coping ( $\beta = .28$ ,  $p = .10$ ). Child reports of socialization of coping predicted youth engagement coping ( $\beta = .77$ ,  $p < .01$ ) and disengagement coping ( $\beta = .71$ ,  $p < .01$ ). Parent reports of socialization of coping did not predict youth engagement and disengagement coping ( $\beta = -.66$ ,  $p = .51$  and  $\beta = -.18$ ,  $p = .32$  respectively).

*Hypothesis 4.* Hypothesis 4 stated that family structure (foster care versus biological parent residence) would moderate the association between the parental predictors of coping and youth coping. To test this hypothesis, a hierarchical regression



analyses was conducted (Baron & Kenny, 1986; Holmbeck, 2002). First, SES, child gender and child age were entered in the first step as control variables. The parental variables were centered and the family structure variable was dummy-coded and entered into the second step (Aiken & West, 1991). Interaction terms were created by multiplying the dummy-coded family structure variable by the centered parental predictors. These two-way interactions were then entered into step three. These analyses were repeated for both the engagement and disengagement coping variables. It was predicted that the association between youth coping and the parental factors would be weaker for youth who did not reside with their biological parent compared to their counterparts residing with their biological parents.

Findings indicated that family structure did not moderate the association between child reports of parental variables and youth engagement coping ( $\beta = -.05, p = .55$ ) (Table 3). Also, family structure did not moderate the association between child reports of parental variables and youth disengagement coping ( $\beta = .03, p = .78$ ) (Table 4). Results also showed that family structure did not moderate the association between parent reports of parental variables and youth engagement coping ( $\beta = -.05, p = .68$ ) (Table 3). Similar results were found for parent reports of parental predictors and youth disengagement coping ( $\beta = .05, p = .63$ ) (Table 4).

Table 3. Hierarchical Regression Analyses for moderation of family structure on the association between predictors and youth engagement coping

Predictor	$\Delta R^2$	Youth		Parent	
		$\beta$	$\beta$	$\beta$	$\beta$
Step 1	.09*			.07	
Control Variables <sup>a</sup>					
Step 2	.46			.03	
Family <sup>b</sup>			-.03		-.04
IPPA <sup>c</sup>			-.11		
CAPQ <sup>c</sup>			.02		-.11
COPE			.63**		
CSOC <sup>d</sup>			-.10		
PRS <sup>f</sup>					-.12
PAPQ <sup>g</sup>					.09
Step 3	.02			.01	
FamilyXCAPQ			.22		
FamilyXCOPE			-.12		-.14
FamilyXCSOC			.06		
FamilyXIPPA			.02		
FamilyXPRS					.05
FamilyXPAPQ					-.06
Total R <sup>2</sup>	.57			.11	
N	90			88	

\*p < .05. \*\*p < .01.

<sup>a</sup>Control Variables included child age, child gender, SES

<sup>b</sup>Family = Family Structure Variable

<sup>c</sup>CAPQ = Alabama Parenting Questionnaire Child Report ( $\alpha = .84$ )

<sup>d</sup>CSOC = Response to Stress Questionnaire Socialization Child Report (Engagement  $\alpha = .89$  and Disengagement  $\alpha = .83$ )

<sup>e</sup>IPPA = Inventory of Parent and Peer Attachment ( $\alpha = .89$ )

<sup>f</sup>PRS = Response to Stress Questionnaire Socialization Parent Report (Engagement  $\alpha = .84$  and Disengagement  $\alpha = .84$ )

<sup>g</sup>PAPQ = Alabama Parenting Questionnaire Parent Report ( $\alpha = .88$ )

Table 4. Hierarchical Regression Analyses for moderation of family structure on the association between predictors and youth disengagement coping

Predictor	$\Delta R^2$	Youth		Parent	
		$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$
Step 1	.05			.06	
Control Variables <sup>a</sup>					
Step 2	.05			.03	
Family <sup>b</sup>			.02		.05
CAPQ <sup>c</sup>			-.17		
COPE			.10		.14
CSOC <sup>d</sup>			.55**		
IPPA <sup>e</sup>			.11		
PRS <sup>f</sup>					.09
PAPQ <sup>g</sup>					.01
Step 3	.02			.01	
FamilyXCAPQ			.05		
FamilyXCOPE			-.13		-.05
FamilyXCSOC			.08		
FamilyXIPPA			-.02		
FamilyXPRS					.10
FamilyXPAPQ					.05
Total R <sup>2</sup>	.12			.10	
N	90			88	

\*p < .05. \*\*p < .01.

<sup>a</sup>Control Variables included child age, child gender, SES

<sup>b</sup>Family = Family Structure Variable

<sup>c</sup>CAPQ = Alabama Parenting Questionnaire Child Report ( $\alpha = .84$ )

<sup>d</sup>CSOC = Response to Stress Questionnaire Socialization Child Report (Engagement  $\alpha = .89$  and Disengagement  $\alpha = .83$ )

<sup>e</sup>IPPA = Inventory of Parent and Peer Attachment ( $\alpha = .89$ )

<sup>f</sup>PRS = Response to Stress Questionnaire Socialization Parent Report (Engagement  $\alpha = .84$  and Disengagement  $\alpha = .84$ )

<sup>g</sup>PAPQ = Alabama Parenting Questionnaire Parent Report ( $\alpha = .88$ )

*Exploratory Research Questions.* A multiple regression analysis was conducted to determine if there was a difference between the use of engagement and disengagement coping among youth residing with their biological parent and those involved in the child welfare system. The regression analysis was conducted in the same way as the other

regression analyses. The control variables (i.e., SES, child gender, child age) were entered into the first step. The coping variables were entered into the second step. Findings indicated that there was no significant main effect for family structure in the prediction of engagement coping, suggesting no difference among youth in the child welfare system and those residing with their biological parents ( $\beta = .04, p = .72$ ). An analogous finding was also detected between the two groups' reports in the use of disengagement coping ( $\beta = -.01, p = .95$ ).

The second exploratory research question examined whether the parental support variable and family structure will moderate the association between the two parental predictors (i.e., parental socialization of coping and parental modeling of coping) and youth coping. Specifically, a hierarchical regression analysis was conducted with the three parental variables centered and the family structure variable dummy coded. Two-way interaction terms were created by multiplying the dummy-coded family structure variable by the centered parental predictors. The three-way interaction terms were created by multiplying the parent and child reports of parental socialization of coping and parental modeling of coping by both the family structure and parent and child reports of parental support. The following set of analysis was repeated for the two coping variables (engagement and disengagement coping) as dependent variables. The control variables (i.e., SES, child age and child gender) were entered into the first step. The centered and dummy-coded variables were entered into the second step, their two-way interactions were entered into the third step and the final step included the three-way interactions. There was no significant three-way interaction effect for youth reports of parental support

and family structure moderating the association between parental socialization of coping and parent coping and youth engagement coping ( $\beta = -.09, p = .57$ ) (Table 5). A non-significant finding was also revealed for youth reports of parental variables and youth disengagement coping ( $\beta = -.14, p = .54$ ) (Table 6). Additionally, there were no significant findings for parental support and family structure moderating the association between socialization of coping, parent coping and youth engagement and disengagement coping ( $\beta = -.08, p = .78$  and  $\beta = .22, p = .22$ , respectively) (Table 5 and Table 6 respectively).

Table 5. Hierarchical Regression analysis for the moderation of family structure and parental support for the association between predictors and youth engagement coping

Predictor	Youth		Parent	
	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$
Step 1	.09		.07	
Control Variables <sup>a</sup>				
Step 2	.46		.03	
Family <sup>b</sup>		-.03		-.04
CAPQ <sup>c</sup>		-.11		
COPE		.02		-.01
CSOC <sup>d</sup>		.63**		
IPPA <sup>e</sup>		-.10		
PRS <sup>f</sup>				-.12
PAPQ <sup>g</sup>				.09
Step 3	.03		.04	
FamilyXCAPQ		.20		
FamilyXCOPE				
FamilyXCSOC		.04		
FamilyXIPPA		-.05		
FamilyXPRS				-.08
FamilyXPAPQ				.15
IPPAXCAPQ		-.02		
IPPAXCOPE		.04		
IPPAXCSOC		.01		
CAPQXCSOC		.11		

Predictor	Youth		Parent	
	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$
PAPQXPRS				.15
PAPQXCOPE				-.02
PRSXCOPE				-.02
Step 4	.02		.06	
FamilyXIPPAXCAPQ		.08		
FamilyXIPPAXCOPE		.09		
FamilyXIPPAXCSOC		.02		
IPPAXCAPQXCOPE		-.13		
IPPAXCAPQXCSOC		.01		
CAPQXCOPEXCSOC		.01		
FamilyXCAPQXCOPE		.34		
FamilyXCAPQXCSOC		-.17		
IPPAXCOPEXCSOC		-.14		
FamilyXCOPEXCSOC		-.09		
FamilyXPAPQXPRS				.35
FamilyXPAPQXCOPE				-.46
PAPQXPRSXCOPE				-.80
Total R <sup>2</sup>	.60		.20	
N	90		88	

\*p < .05. \*\*p < .01.

<sup>a</sup>Control Variables included child age, child gender, SES

<sup>b</sup>Family = Family Structure Variable

<sup>c</sup>CAPQ = Alabama Parenting Questionnaire Child Report ( $\alpha = .84$ )

<sup>d</sup>CSOC = Response to Stress Questionnaire Socialization Child Report  
(Engagement  $\alpha = .89$  and Disengagement  $\alpha = .83$ )

<sup>e</sup>IPPA = Inventory of Parent and Peer Attachment ( $\alpha = .89$ )

<sup>f</sup>PRS = Response to Stress Questionnaire Socialization Parent Report  
(Engagement  $\alpha = .84$  and Disengagement  $\alpha = .84$ )

<sup>g</sup>PAPQ = Alabama Parenting Questionnaire Parent Report ( $\alpha = .88$ )

Table 6. Hierarchical Regression analysis for the moderation of family structure and parental support for the association between predictors and youth disengagement coping

Predictor	$\Delta R^2$	<u>Youth</u> $\beta$	$\Delta R^2$	<u>Parent</u> $\beta$
Step 1 Control Variables <sup>a</sup>	.17		.06	
Step 2	.36		.05	
Family <sup>b</sup>		.02		.01
IPPA <sup>e</sup>		.11		
CAPQ <sup>c</sup>		-.17		
COPE		.10		.13
CSOC <sup>d</sup>		.55**		
PRS <sup>f</sup>				.13
PAPQ <sup>g</sup>				.09
Step 3	.04		.07	
FamilyXIPPA		-.09		
FamilyXCAPQ		.11		
FamilyXCOPE		-.10		-.04
FamilyXCSOC		.10		
IPPAXCAPQ		-.02		
IPPAXCOPE		.05		
IPPAXCSOC		-.03		
CAPQXCOPE		-.10		
CAPQXCSOC		-.10		
PAPQXPRS				.29
PAPQXCOPE				.25
PRXCOPE				.12
Step 4	.02		.06	
FamilyXIPPAXCAPQ		-.17		
FamilyXIPPAXCOPE		.40		
FamilyXIPPAXCSOC		-.36		
IPPAXCAPQXCOPE		.01		

Predictor	$\Delta R^2$	<u>Youth</u>	$\Delta R^2$	<u>Parent</u>
		$\beta$		$\beta$
IPPAXCAPQXCSOC		-.19		
CAPQXCOPEXCSOC		-.02		
FamilyXCAPQXCOPE		-.43		
FamilyXCAPQXCSOC		.18		
IPPAXCOPEXCSOC		.01		
FamilyXCOPEXCSOC		-.14		
FamilyXPAPQXPRS				.01
FamilyXPAPQXCOPE				-.04
FamilyXPRSXCOPE				.03
PAPQXPRSXCOPE				.22
Total R <sup>2</sup>	.59		.24	
N	90		88	

\*p < .05. \*\*p < .01.

<sup>a</sup>Control Variables included child age, child gender, SES

<sup>b</sup>Family = Family Structure Variable

<sup>c</sup>CAPQ = Alabama Parenting Questionnaire Child Report ( $\alpha = .84$ )

<sup>d</sup>CSOC = Response to Stress Questionnaire Socialization Child Report  
(Engagement  $\alpha = .89$  and Disengagement  $\alpha = .83$ )

<sup>e</sup>IPPA = Inventory of Parent and Peer Attachment ( $\alpha = .89$ )

<sup>f</sup>PRS = Response to Stress Questionnaire Socialization Parent Report  
(Engagement  $\alpha = .84$  and Disengagement  $\alpha = .84$ )

<sup>g</sup>PAPQ = Alabama Parenting Questionnaire Parent Report ( $\alpha = .88$ )



## CHAPTER FOUR

### DISCUSSION

The current study explored the impact of parental predictors of coping identified in the Kliewer study (1996) (i.e. parental socialization of coping, parental reports of personal coping, and parental support) on the use of engagement and disengagement coping among youth involved in the child welfare system and those residing with at least one biological parent. The current study was particularly interested in how family structure (i.e. foster family versus biological family) influenced the association between the parental predictors and youth coping.

Overall, findings from the current research provided limited support for the hypotheses. The first hypothesis stated that there would be a difference in the youth groups' (i.e. foster care and residing with biological parent) reports of parental support. There were no significant findings for the youth report of parental support on the IPPA measure and for the youth report on the APQ measure of parental support. Results also showed no significant findings for hypothesis two, which stated that there would be a difference between youth reports of socialization of coping.

There was some support for hypothesis three in that some of the parental variables predicted coping for youth in foster care. Specifically, child reports of socialization of engagement coping were positively associated with youth engagement coping and child reports of socialization of disengagement coping were positively associated with

disengagement coping in youth in foster care. No support was demonstrated for the parent reports of the parental variables (i.e., parental socialization of coping, modeling of coping and parental support) predicting coping for the children and adolescent in foster care. Next, it was hypothesized that family structure would moderate the association between parental predictors and youth coping. Results showed that family structure did not significantly moderate the association between youth reports and parent reports of parental predictors and youth coping.

Finally, exploratory research questions were also addressed in the current study. The first exploratory question examined whether there was a difference in the use of engagement and disengagement coping between the youth groups (i.e. foster care vs. children residing with biological parents). The results demonstrated that there were no significant differences between the youth groups' use of coping methods. The second exploratory research question stated that family structure and reports of parental support would moderate the association between socialization of coping, parent coping and youth coping. Tests of the three-way interaction between family structure, parental support, and socialization of coping revealed no significant effects in the prediction of youth coping. Similarly, tests of the three-way interaction between family structure, parent and child reports of parental support, and socialization of coping revealed no significant main effects in the prediction of youth coping.

#### *Differences between Youth in Foster Care and Youth in Biological Families*

In the current study, youth in foster care did not report less parental support on either the IPPA or APQ than those residing with a biological parent or parents.

Additionally, youth in foster care placements did not report less socialization of coping from their foster caregivers than youth residing with biological parents. One possible explanation could be that the finding is related to the unique characteristics of the sample. To explain, the sample was recruited from family support community-based agencies and a religious institution that focuses on promoting the positive well-being of families. Some research has demonstrated the effectiveness of intervention programs that target developing and enhancing parenting skills (Thomlison & Craig, 2005; Sanders, Pidgeon, Gravestock, Connors, Brown & Young, 2004). It is possible that the foster parents in the current study have acquired adaptive parenting techniques that may have strengthened the quality of the parent-child relationship as well as how they cope with stressors and how they socialize their children to manage stress. Some research has shown that church involvement also promotes positive parenting (Coakley, Cuddenback, Buehler, Cox, 2007). Given this, it is likely that participation in these organizations may have resulted in the two parent groups exhibited similar levels of parental support, thus minimizing potential differences in youth reports of parental support.

Additionally, it has been posited that youth in foster care placements receive less socialization behaviors within traditional foster care placements (Schwartz, 2007). However, other research suggests that youth in foster care may be able to receive socialization while in foster placements. Specifically, one study examined the differences between racial socialization among African American youth in kinship (relative) foster placements and non-kinship (traditional) foster placements. The findings showed that although in some cases more socialization was reported amongst youth in

kinship placements, youth were also exposed to opportunities for racial socialization by their non-relative foster caregivers because these caregivers received specialized trainings and resources from the child welfare agencies related to assisting youth with development of their cultural identity (Schwartz). These agencies also assisted caregivers with socialization efforts. As noted above, given the current families' participation in community-based support and religious agencies, their levels of socialization may be indistinguishable.

*Implications of Three Familial Predictors on Coping in Youth Involved in the Foster Care System*

As aforementioned, Kliewer and colleagues' model (1996) of determinants of coping proposes that three familial factors influence responses to stress in children and adolescents. Parental socialization of coping, modeling of parental coping, and the quality of the parent-child relationship (i.e., parental support) all impact how a child copes and what methods are utilized by the youth to cope with stressors (Kliewer, Fearnow & Miller, 1996). The current study also hypothesized that parental socialization of coping, parental modeling of coping and reports of parental support would predict coping in youth involved in the child welfare system. Findings showed that parental influences predicted coping among youth in foster care. Specifically, youth reports of socialization of engagement coping were positively associated with youth's use of engagement coping. Also, youth reports of socialization of disengagement coping were positively associated with youth disengagement coping. Further, the more socialization of coping reported the more youth coping reported. This is consistent with research

showing that parental predictors (i.e., parental support, parent modeling and socialization of coping) predict utilization of coping methods among youth (Kliewer, Fearnow & Miller). Unexpectedly, parent reports of parental influences did not impact the association between parental predictors on youth coping. An explanation for the current study's findings could be due to discrepancies in child and parent reporting and the relative importance for each report on child functioning.

Specifically, some research shows that children and parents may differ when reporting on child characteristics and factors and that child reports may be more accurate in predicting child behavioral patterns (De Los Reyes & Kazdin, 2005; Achenbach, McCounaghey & Howell, 1987). For example, one study suggests that children's accounts of their experiences of internalizing symptoms were more predictive of associations with their expressions of sadness than their parents' reports of their children's symptoms and behavioral responses (Hourigan, Goodman, & Southam-Gerow, 2011). Other studies also found that children and parents differ in their reports of parenting behaviors and their association with child outcomes. Specifically, some research found differences in parent and child reports of parental support, in that parents tended to report higher levels of perceived parental support than their children (Gaylord, Kitzmann & Coleman, 2003; Gonzales, Cance & Mason, 1996). Further, child and parent reports of parenting behavior showed different associations to child outcomes (Gaylord et al., 2003). Some research suggests that parents may be too close to their parental role to be as objective when reporting on their personal parenting behaviors, thus suggesting that child reports may be more predictive of youth outcomes given less

opportunity for subjectivity regarding parenting behaviors (Gonzales, Cance & Mason, 1996). Also, children and parents may attribute different meaning to specific parental behaviors based on their own perspective (Brooks, Whiteman, Gordon, Brenden, & Jinishian, 1980). Further, children's perceptions of parents' behavior may be more important for determining how they respond to the behavior or their subsequent functioning (Dunn, 1993). This would be reflected in stronger associations between child reports of parenting and child functioning than between parents self-reports of parenting and child functioning. Overall, this information suggests that children's perceptions of parental behavior may be more salient for their subsequent functioning than parental perceptions. Thus, the focus is not on the accuracy of each reporter, but rather on the relative importance for influencing outcomes. Given this, it is likely that child reports of parental behavior could be more influential in predicting youth coping than parent reports of the same behavior.

Another explanation for this finding could be methodological. Specifically, the findings may be due to shared method variance. Shared method variance suggests that when the same method is used to assess a particular construct, the significant associations may not be related to the impact of a predictor variable on outcomes, but it may be related to other factors such as respondent characteristics (Williams, Cote, & Bote, 1989; Hawker & Boulton, 2002). To explain, youth in the current study were asked to report on parental predictors of their coping behaviors, as well as self-reports of their coping behavior. It is possible that there was shared variance between the predictor and outcome variables for child reports, thus inflating associations between the predictor and

dependent variables as a result of the youth reporting on both predictor and dependent variables. When other informants (i.e. caregivers) report on predictor and youth outcomes, shared variance is less likely to occur. In the case of the current study, this provides a possible explanation why parent reports did not predict youth coping while child reports were significant predictors of youth coping.

*Supplemental analysis.* Due to the small sample size, supplemental analyses were conducted with each parental predictor and its association with youth coping (i.e., only one parental predictor in the regression model). Results showed that child reports of parental support (APQ) predicted youth engagement coping in children and adolescents in foster care and not disengagement coping which is consistent with research which states that the more children and adolescents perceive warmth and acceptance from their caregivers, the more they engaged in adaptive responses to stress, such as active or approach coping strategies (McIntyre & Dusek, 1995; Dusek & Danko, 1994; Bynum & Brody, 2005; Wolfradt, Hempel & Miles, 2003; Herman & McHale, 1993). Conversely, the current study's findings demonstrated that the other support measure (IPPA) did not predict coping of youth in foster care overall, which is inconsistent with research. One possible explanation for this finding could be that the IPPA measure is more of a measure of attachment that assesses the quality of the parent/child relationship (Armsden & Greenberg, 1987), whereas the items on the APQ support factor represented parental involvement and positive parenting practices (Shelton, Frick and Wootton, 1996). Research has demonstrated problems with attachment in the foster care/adoptive youth population (Dozier & Brick, 2007; Tarren-Sweeney & Hazell, 2006; Ellermann, 2007).

Attachment develops over time and some of the youth may have a short stay with their current caregiver, thus impacting their perceived attachment to the caregiver. Given this, it is likely that the responses are more reflective of the youth's attachment to the current caregiver rather than how much support they perceive from the parental figure.

Parent reports of modeling did not predict engagement and disengagement coping in youth. Inconsistent with research that suggests parents' modeling of coping behavior to be a predictor of specific coping behaviors in youth (Gil, Williams, Thompson, & Kinney, 1991; Kliewer et al., 1996), it is possible that due to the age of the youth in the current sample, parental modeling may not serve as an impactful influence. Research suggests that youth in the preadolescent and adolescent ages are highly influenced by their peers (Rubin, Coplan, Nelson, Cheah, & Lagace-Seguin, 1999). In an effort to fit in, youth often engage in behaviors and activities that their friends are also participating in (Rubin, et al., 1999). Given this, it is probable that one way coping methods are acquired is through patterning peer coping. Future research may benefit from also including peer or friend reports of coping to assess influences on youth coping.

Consistent with research that parental socialization of coping would impact utilization of youth coping strategies, youth reports of socialization of coping predicted both youth engagement and disengagement coping (Stevenson, Cameron, Herrero-Taylor & Davis, 2002; Kliewer, Fearnow, & Miller, 1996; Bowman & Howard, 1985; Thornton, Chatters, Taylor & Allen, 1990). However, parent reports of socialization of coping did not predict child and adolescent coping. An explanation for this finding could be a result of parental perceptions of their own parenting. Specifically, when compared to children,



parents may be more likely to provide responses that they perceive more socially desirable or that present them in a more positive light. This may be in direct contrast with their actual socialization behaviors (Morsbach & Prinz, 2006). As a result, it is possible that parents may give responses to items that they deem more acceptable rather than providing information that accurately reflects their socialization practices, whereas children are more likely to provide more accurate accounts or responses (Morsbach & Prinz). In the current sample, means of parent reports of socialization of engagement coping were higher than child reports of socialization of engagement coping.

In addition, parent reports of parental support did not predict youth engagement and disengagement coping. As previously mentioned, one reason why this measure did not predict youth engagement or disengagement coping is that there were possibly discrepancies in parent and child reports. Research has demonstrated discrepancies in child reports and parent reports measuring child behavior and experiences (De Los Reyes & Kazdin, 2005; Achenbach, McCounaghey & Howell, 1987). Moreover, some research found differences in parent and child reports of parental support (Gaylord, Kitzmann & Coleman, 2003; Gonzales, Cance & Mason, 1996). The research showed that parents tended to report higher levels of perceived parental support than their children. Again, this research suggests that youth reports about their experiences may be more salient when predicting outcomes than caregiver reports. This may be due to items on the measures tapping into more subjective information than objective. In other words, the measures are assessing youth and parents perceptions of parental behaviors and practices. As previously mentioned parents may not be as objective in regards to reporting on their

own parenting behavior, thus possibly impacting results. Further, this information may explain child reports of parental support predicting youth coping and not parent reports in the current study.

### *The Moderating Influence of Family Structure*

The current research study also examined the impact of family structure (i.e., child welfare system involvement versus biological parental residence) on the parental predictors' (i.e., parental socialization of coping, modeling of coping and parental support) association with youth coping. Research demonstrates the importance of family structure in outcomes in children and adolescents (Carlson & Corcoran, 2001; Hilton & Desrochers, 2002; Jaffe, Moffitt, Caspi, & Taylor, 2003; Manning & Lamb, 2003). Based on this research, it was hypothesized that family structure would also impact coping in that it would moderate the association between the parental predictors and youth coping. Inconsistent with research, family structure did not moderate the association between child reports of the parental factors and youth coping, nor did family structure moderate the association between parent reports of the parental factors and youth coping. As aforementioned, one explanation for these findings could be related to specific characteristics of the sample population. As previously mentioned, the sample was recruited from family support community-based agencies and a supportive religious institution. Research has established support for the effectiveness of specific programs that target developing and enhancing parenting skills (Thomlison & Craig, 2005; Sanders et al., 2004). It is possible that the foster parents as well as the parents raising their own children in the current study have obtained parenting skills through the family support

agencies and religious institution that may promote adaptive family characteristics and functioning including parental support, modeling of coping, and socialization of coping to manage stress (Coakley, Cuddenback, Buehler, Cox, 2007). In turn, participation in these supportive agencies and institutions may increase similarities between foster families and biological families, thus impacting differential findings amongst the family structures. Additionally, parents who are more engaged with their children, regardless of family structure, may be more likely to seek out community resources for their families which could also improve the parental predictors.

#### *Exploratory Research Questions*

Research has shown that the utilization of coping strategies differs among youth in foster care than youth residing with their biological parent (Ellermann, 2007; Browne, 2002). For example, youth in foster care are more likely to engage in more maladaptive coping methods than other youth groups (Browne, 2002). The current study addressed exploratory inquiries to help further the research on coping in African American children. The first exploratory question examined the difference in the utilization of engagement and disengagement coping in youth based on their family structure classification (i.e. child welfare system versus residing with a biological parent). Results did not detect a difference in the use of youth coping strategies as a function of family structure.

Finally, the study also conducted another exploratory analysis that examined the impact of parental support and family structure on the association between socialization of youth coping, modeling of coping and youth coping. There was no significant main effect for the moderators on the association between the parental predictors and youth

coping. Again, these findings may be a function of the sample population being recruited from family-support agencies and a religious institution. As previously mentioned, it is possible that these families may not differ due to the support they receive from these facilities. It is possible that support for the hypothesis could have been found if the sample were a more typical representation of youth from foster care placements and those residing with at least one biological parent.

#### *Limitations of the Current Study*

One limitation of the current study is the small sample size. Specifically, for Hypothesis 4 examining the moderation of family structure on the association of child reports of parental predictors and youth coping, to achieve adequate power, the sample needed 346 participants (i.e.  $R^2 = .01$ ). The current sample yielded only 28% power (i.e.  $R^2 \geq .04$ ). Using parent reports of parental predictors for Hypothesis 4, 701 participants are needed to yield adequate power (i.e.  $R^2 = .01$ ). The current sample yielded only 17% power (i.e.  $R^2 \geq .08$ ). For the exploratory analyses looking at the moderation of family structure and parental support on the association between youth reports of socialization of coping and parental modeling of coping and youth coping, 356 participants were needed to yield adequate power (i.e.  $R^2 = .01$ ); however the current sample yielded only 28% (i.e.  $R^2 \geq .04$ ). For the parent reports of parental predictors for the exploratory analyses, the current study yielded 30% of power (i.e.  $R^2 \geq .04$ ) and 332 participants are needed to achieve adequate power (i.e.  $R^2 = .01$ ). In summary, the current sample size did not yield sufficient power, thus potentially impacting findings of the current study. Additionally, the number of participants needed to obtain sufficient power was prohibitively large

given the study's constraints. More extensive research resources are required to obtain adequate sample sizes.

The current study presents another limitation in that the utility of some of the measures used in the study for African American youth and their families is unclear. Specifically, the majority of the instruments used in the current study were developed using White, middle to upper-middle class youth/families and not African Americans, thus the measures may not be tapping into constructs that are unique to African Americans. In addition, another limitation of the current study is related to the IPPA measure. To explain, the IPPA measure was created using an adolescent population ages 16 – 20 years of age. The average age of the sample in the current study was 11 years old. Given this, it is possible that the measure may not be generalizable to a pre-adolescent population, thus impacting results. The way in which coping was measured for youth and caregivers was also a limitation to the current study. Specifically, youth were asked to report on a specific stressor, while caregivers reported on their general coping behaviors. Assessing general coping in parents may reflect coping as more of a general trait, unlike the assessment of coping in youth which measured more specific coping methods based on specific stressors. It is likely that the coping assessments for youth and parents were measuring two different constructs of coping yielding a mismatch in coping assessments. Because of this, it is likely this could have impacted findings of the current study.

Another limitation for the current study is related to limited demographic information about the foster families. The limited demographic information included: 1)

limited knowledge of the amount of foster placements for youth while in the child welfare system; 2) limited information on the length of stay in foster placements of youth; and 3) the type of foster placements of youth (i.e. kinship and traditional placements). Demographics of these foster families may have potentially impacted coping socialization of youth and could provide further details on the processes of coping within these families. Another limitation of the study could have included a more general sample of the population of foster and biological families. Specifically, the participants for the current study were recruited from family support agencies and religious institutions and may not be representative of the general population of African American foster and adoptive families, thus impacting the generalizability of the interpretations.

An additional limitation for the current study includes issues of social desirability for both youth and caregivers. Specifically, youth in foster care may be reporting on parental behaviors of their foster care givers more positively rather than on actual behaviors due to possible consequences related to their status as wards of the state. This includes being removed from their current placement. To explain, youth in foster care are aware that being involved in the child welfare system means to be under frequent observation. Information is less confidential and shared with various agencies within the child welfare system. Given this, it is likely that youth may report based on concerns of their information being shared with caregivers and other child welfare personnel. In addition, as previously mentioned, parents may be more likely to provide responses that they perceive more socially desirable or that present them in a more positive light. As a result, it is possible that parents may give responses to items that they deem more

acceptable rather than providing information that accurately reflects their socialization practices. Both issues of social desirability have the potential of impacting findings of the current study.

Finally, another limitation of the current study is related to the gender make-up of the caregivers in the sample. Most of the respondents in the current study were females. Research has demonstrated discrepancies in reports of mothers and fathers regarding their child's behavior or other symptoms (Schroeder, Hood, & Hughes, 2010). Given this, it is unclear whether findings of the current study would have been impacted if there were more male respondents included in the sample. The inclusion of more fathers or male caregivers should be considered for future research.

#### *Strengths of the Current Study*

There are several strengths of the current study. One strength is that it adds to the research on youth coping. Specifically, this study and its content are among a very small body of literature that assessed influences of coping, rather than focusing on outcomes of coping. Identifying predictors of coping is critical when examining the processes of how a youth chooses to manage the consequences of a stressful situation or event. Another strength of the current study is its addition to the paucity of research on coping among African American youth. As previously mentioned, much of the research on coping has been conducted on White middle to upper-middle class youth, which has significant limitations to generalizability to other youth groups, particularly diverse groups (Compas et al., 2001). The current study will provide more information specifically on how

African American youth manage stressors. The study will also contribute to the limited research on the management of stressors in children and adolescents involved in the child welfare system. Little research has been conducted on the processes and influences of coping as well as the patterns of coping among children and adolescents in foster care (Ellerman, 2007). Given that youth in foster care experience various taxing and stressful situations and events, information on how they deal with the outcomes of these experiences would lend to developing interventions to assist youth with the positive management of these obstacles. Finally, a methodological strength of the current study is the use of both child and parent reports of parenting and socialization of coping. Child and parent reports usually differ on factors such as behaviors, mental health symptomology and outcomes (Hawley & Weisz, 2003). Since the current study collected child and parent reports, similarities between these reporters may demonstrate robust findings, whereas differences found among the various reports makes the case for consideration when selecting reporters.

#### *Future Directions and Summary*

Although there are limitations, results from the current study serve as an important contribution to the paucity of research on the development and utilization of coping strategies among African American children and adolescents as well as the influence of family structure on these processes. These findings suggest that specific factors should be considered when developing and implementing prevention and intervention programs geared to promoting positive well-being in children in foster care. One aspect that could be potentially impactful is familial factors. Interventions and

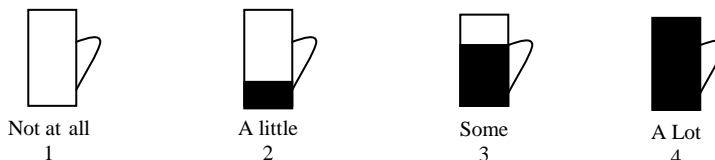


psychological methods designed to improve stress adaptation in youth may benefit from the inclusion of parents. Specifically, it appears that socialization methods may influence the way in which a child manages stressors. Programming that focuses on parent training around exposing and teaching children coping strategies may influence the development of coping skills in youth. Another recommendation would be to encourage the building of the parent-child relationship. Some of the results from the current study, along with existing research in this area, suggest that parent-child relationships may be important factors to consider when attempting to understand how youth adapt to stress. Family-support curriculum that focus on enhancing the relationship between the youth and their caregiver could translate into perceived parental support by youth, thus potentially influencing the way in which coping strategies are acquired and ultimately used. Finally, it is recommended that research continue in the area of the processes and determinants of coping in youth. Although the current research has added to the paucity of research, more work is needed in order to understand other contributors of the development and utilization of coping techniques. As aforementioned, this is critical given the unique stressors and distressing events often experienced by some youth involved in the child welfare system. Further, the documented strengths of African American families particularly youth in foster care may buffer some of the risk factors associated with foster families, further supporting the significance of examining the role of the family in the developmental processes of childhood and adolescence.

APPENDIX A  
YOUTH MEASURES

## RESPONSE TO STRESS QUESTIONNAIRE

Parents suggest many different things to their children to help them deal with to upsetting or stressful situations. This list of questions asks you how much your parent suggests or tells you to do the following things to deal with stressful or upsetting situations. For each item on the list below, circle one number from 1 (not at all) to 4 (a lot) that shows how much your parents tell you to do the following things.



1. Try not to feel anything. 1    2    3    4

2. Try to think of different ways to change the problem or fix the situation. 1    2    3    4

**Write one plan they suggested:** \_\_\_\_\_  
\_\_\_\_\_

3. Wish that I were stronger, smarter, or more popular so that things would be different. 1    2    3    4

4. Let someone or something know how I feel. (Remember to circle a number.) -----1    2    3    4

**Check all your parent/caregiver suggested you talk to:**

Parent <input type="checkbox"/>	Friend <input type="checkbox"/>	Brother/Sister <input type="checkbox"/>	Pet <input type="checkbox"/>
Teacher <input type="checkbox"/>	God <input type="checkbox"/>	Stuffed Animal <input type="checkbox"/>	None of these <input type="checkbox"/>

5. Decide I'm okay the way I am, even though I'm not perfect. 1    2    3    4

6. When I'm around other people I act like the problems never happened. 1    2    3    4

7. Deal with the problem by wishing it would just go away, that everything would work itself out. 1    2    3    4

8. Realize that I just have to live with things the way they are. 1    2    3    4

9. Try not to think about it, to forget all about it. 1    2    3    4

10. Ask other people for help or for ideas about how to make the problem better. -----1    2    3    4

**Check all your parent/caregiver suggested you ask for help:** (Remember to circle a number.)

Parent <input type="checkbox"/>	Friend <input type="checkbox"/>	Brother/sister <input type="checkbox"/>
Teacher <input type="checkbox"/>	God <input type="checkbox"/>	None of these <input type="checkbox"/>

11. Tell myself that I can get through this, or that I'll do better next time. 1    2    3    4

12. Let my feelings out. (Remember to circle a number.) -----1    2    3    4

**Do this by: (Check all that you did.)**

Writing in my journal/diary <input type="checkbox"/>	Drawing/painting <input type="checkbox"/>
Complaining to let off steam <input type="checkbox"/>	Being sarcastic/making fun <input type="checkbox"/>
Listening to music <input type="checkbox"/>	Punching a pillow <input type="checkbox"/>
Exercising <input type="checkbox"/>	Yelling <input type="checkbox"/>
Crying <input type="checkbox"/>	None of these <input type="checkbox"/>

13. Get help from other people when I'm trying to figure out how to deal with my feelings. -----> 1    2    3    4

**Check all your parent/caregiver suggested you get help from:**

Parent <input type="checkbox"/>	Friend <input type="checkbox"/>	Brother/sister <input type="checkbox"/>	Pet <input type="checkbox"/>
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Teacher	<input type="checkbox"/>	God	<input type="checkbox"/>	Stuffed animal	<input type="checkbox"/>	None of these	<input type="checkbox"/>		
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14. Wish that someone would just come and get me out of the mess. 1 2 3 4

15. Do something to try to fix the problem or take action to change things. 1 2 3 4

**Write one thing your parent/caregiver suggested:** \_\_\_\_\_  
\_\_\_\_\_

16. **Try** to stay away from people and things that make me feel upset or remind me of the problem. 1 2 3 4

17. Just take things as they are, I go with the flow. 1 2 3 4

18. Think about happy things to take my mind off the problem or how I'm feeling. 1 2 3 4

19. Get sympathy, understanding, or support from someone. (Remember to circle a number.) -----1 2 3 4

**Check all your parent/caregiver suggested you go to:**  
 Parent  Friend  Brother/sister  Teacher   
 None of these

20. Tell myself that things could be worse. 1 2 3 4

21. Tell myself that it doesn't matter, that it isn't a big deal. 1 2 3 4

22. Think about the things I'm learning from the situation, or something good that will come from it. 1 2 3 4

23. When something goes wrong, say to myself, "This isn't real." 1 2 3 4

24. Keep my mind off troubles by: (Remember to circle a number.) ----- 1 2 3 4

**Check all that your parent/caregiver suggested you do:**  
 Exercising  Seeing friends  Watching TV   
 Playing video games  Doing a hobby  None of these

25. Do something to calm myself down when I am having troubles. ----- 1 2 3 4  
 (Remember to circle a number.)

**Check all that your parent/caregiver suggested you do:**  
 Take deep breaths  Pray  Walk   
 Listen to music  Take a break  Meditate  None of these

26. Keep my feelings under control when I have to, then let them out when they won't make things worse. 1 2 3 4

27. Tell myself that everything will be all right. 1 2 3 4

28. Think of ways to laugh about it so that it won't seem so bad. 1 2 3 4

1. Imagine something really fun or exciting happening in my life. 1 2 3 4

2. Try to believe it never happened. 1 2 3 4



## INVENTORY OF PARENT AND PEER ATTACHMENT (IPPA)

This questionnaire asks about your relationships with important people in your life. Please read the directions to each part carefully.

Some of the following statements ask about your feelings about your mother or the person who has acted as your mother. If you have more than one person acting as your mother (e.g. a natural mother and a step-mother) answer the questions for the one you feel has most influenced you.

Please read each statement and circle the ONE number that tells how true the statement is for you now.



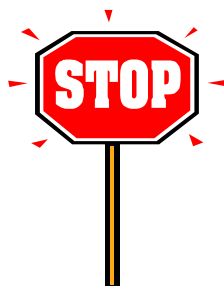
	Almost Never or Never True	Not Very Often True	Sometimes True	Often True	Almost Always or Always True
1. My mother respects my feelings.	1	2	3	4	5
2. I feel my mother does a good job my mother.	1	2	3	4	5
3. I wish I had a different mother.	1	2	3	4	5
4. My mother accepts me as I am.	1	2	3	4	5
5. I like to get my mother's point of view on things I'm concerned about.	1	2	3	4	5
6. I feel it's no use letting my feelings show around my mother.	1	2	3	4	5
7. My mother can tell when I'm upset about something.	1	2	3	4	5
8. Talking over my problems with my mother makes me feel ashamed or foolish.	1	2	3	4	5

9. My mother expects too much from me.	1	2	3	4	5
----------------------------------------	---	---	---	---	---

	Almost Never or Never True	Not Very Often True	Sometimes True	Often True	Almost Always or Always True
10. I get upset easily around my mother.	1	2	3	4	5
11. I get upset a lot more than my mother knows about.	1	2	3	4	5
12. When we discuss things, my mother cares about my point of view.	1	2	3	4	5
13. My mother trusts my judgment.	1	2	3	4	5
14. My mother has her own problems, so I don't bother her with mine.	1	2	3	4	5
15. My mother helps me to understand myself better.	1	2	3	4	5
16. I tell my mother about my problems and troubles.	1	2	3	4	5
17. I feel angry with my mother.	1	2	3	4	5
18. I don't get much attention from my mother.	1	2	3	4	5
19. My mother helps me to talk about my difficulties.	1	2	3	4	5
20. My mother understands me.	1	2	3	4	5

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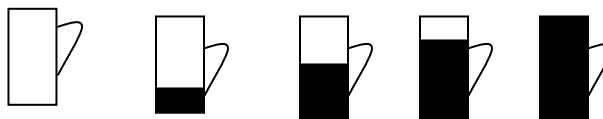
	Almost Never or Never True	Not Very Often True	Sometimes True	Often True	Almost Always or Always True
21. When I am angry about something, my mother tries to be understanding.	1	2	3	4	5
22. I trust my mother.	1	2	3	4	5
23. My mother doesn't understand what I'm going through these days.	1	2	3	4	5
24. I can count on my mother when I need to get something off my chest.	1	2	3	4	5
25. If my mother knows something is bothering me, she asks me about it.	1	2	3	4	5



## INVENTORY OF PARENT AND PEER ATTACHMENT (IPPA)

Some of the following statements asks about your feelings about your father or the person who has acted as your father. If you have more than one person acting as your father (e.g. a natural father and a step-father) answer the questions for the one you feel has most influenced you.

Please read each statement and circle the ONE number that tells how true the statement is for you now.



	Almost Never or Never True	Not Very Often True	Sometimes True	Often True	Almost Always or Always True
1. My father respects my feelings.	1	2	3	4	5
2. I feel my father does a good job as my father.	1	2	3	4	5
3. I wish I had a different father.	1	2	3	4	5
4. My father accepts me as I am.	1	2	3	4	5
5. I like to get my father's point of view on things I'm concerned about.	1	2	3	4	5
6. I feel it's no use letting my feelings show around my father.	1	2	3	4	5
7. My father can tell when I'm upset about something.	1	2	3	4	5
8. Talking over my problems with my father makes me feel ashamed or foolish.	1	2	3	4	5
9. My father expects too much from me.	1	2	3	4	5



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	Almost Never or Never True	Not Very Often True	Sometimes True	Often True	Almost Always or Always True
10. I get upset easily around my father.	1	2	3	4	5
11. I get upset a lot more than my father knows about.	1	2	3	4	5
12. When we discuss things, my father cares about my point of view.	1	2	3	4	5
13. My father trusts my judgment.	1	2	3	4	5
14. My father has her own problems, so I don't bother him with mine.	1	2	3	4	5
15. My father helps me to understand myself better.	1	2	3	4	5
16. I tell my father about my problems and troubles.	1	2	3	4	5
17. I feel angry with my father.	1	2	3	4	5
18. I don't get much attention from my father.	1	2	3	4	5
19. My father helps me to talk about my difficulties.	1	2	3	4	5
20. My father understands me.	1	2	3	4	5

**PLEASE GO TO THE NEXT PAGE**

	Almost Never or Never True	Not Very Often True	Sometimes True	Often True	Almost Always or Always True
21. When I am angry about something, my father tries to be understanding.	1	2	3	4	5
22. I trust my father.	1	2	3	4	5
23. My father doesn't understand what I'm going through these days.	1	2	3	4	5
24. I can count on my father when I need to get something off my chest.	1	2	3	4	5
25. If my father knows something is bothering me, he asks me about it.	1	2	3	4	5



**The University of New Orleans**  
**Alabama Parenting Questionnaire (APQ)**  
**(Child Form)**

Instructions: The following are a number of statements about your family. Please rate each item as to how often it USUALLY occurs or has occurred in your home **during the past year**. The possible answers are Never (1), Almost Never (2), Sometimes (3), Often (4), Always (5).



		Never	Almost Never	Some- times	Often	Always
1.	You have a friendly talk with your parent.	1	2	3	4	5
2.	Your parent(s) tell you that you are doing a good job.	1	2	3	4	5
3.	Your parent(s) threaten to punish you and then do not do it.	1	2	3	4	5
4.	Your parent helps with some of your special activities (such as sports, boy/girl scouts, church youth groups).	1	2	3	4	5
5.	Your parent(s) reward or give something extra to you for behaving well.	1	2	3	4	5
6.	You fail to leave a note or let your parent(s) know where you are going.	1	2	3	4	5
7.	You play games or do other fun things with your parent.	1	2	3	4	5
8.	You talk your parent(s) out of punishing you after you have done something wrong.	1	2	3	4	5
9.	Your parent asks you about your day in school.	1	2	3	4	5
10.	You stay out in the evening past the time you are supposed to be home.	1	2	3	4	5
11.	Your parent helps you with your homework.	1	2	3	4	5
12.	Your parent(s) give up trying to get you to obey them because it's too much trouble.	1	2	3	4	5
13.	Your parent(s) compliment you when you have done something well.	1	2	3	4	5
14.	Your parent asks you what your plans are for the coming day.	1	2	3	4	5
15.	Your parent drives you to a special activity.	1	2	3	4	5
16.	Your parent(s) praise you for behaving well.	1	2	3	4	5
17.	Your parents do not know the friends you are with.	1	2	3	4	5

18.	Your parent(s) hug or kiss you at least once a day.	1	2	3	4	5
19.	You go out without a set time to be home.	1	2	3	4	5
		Never	Almost Never	Some-times	Often	Always
20.	Your parent talks to you about your friends.	1	2	3	4	5
21.	You go out after dark without an adult with you.	1	2	3	4	5
22.	Your parent(s) let you out of a punishment early (like lift restrictions earlier than they originally said).	1	2	3	4	5
23.	You help plan family activities.	1	2	3	4	5
24.	Your parent(s) get so busy that they forget where you are and what you are doing.	1	2	3	4	5
25.	Your parent(s) do not punish you when you have done something wrong.	1	2	3	4	5
26.	Your parent goes to a meeting at school, like a PTA meeting or parent/teacher conference.	1	2	3	4	5
27.	Your parent(s) tell you that they like it when you help out around the house.	1	2	3	4	5
28.	You stay out later than you are supposed to and your parent(s) don't know it.	1	2	3	4	5
29.	Your parent(s) leave the house and don't tell you where they are going.	1	2	3	4	5
30.	You come home from school more than an hour past the time your parents expect you to be home, and they do not respond.	1	2	3	4	5
31.	The punishment your parent(s) give depends on their mood.	1	2	3	4	5
32.	You are at home without an adult being with you.	1	2	3	4	5
34.	You can count on your parent(s) paying attention to you, regardless of what you are doing.	1	2	3	4	5
36.	Your parent(s) take away a privilege or money from you as a punishment.	1	2	3	4	5
37.	Your parent(s) send you to your room as punishment.	1	2	3	4	5
39.	Your parent(s) yell or scream at you when you have done something wrong.	1	2	3	4	5
40.	Your parent(s) calmly explain to you why your behavior was wrong after you misbehave.	1	2	3	4	5
41.	Your parent(s) use time out (makes you sit or stand in a corner) as a punishment.	1	2	3	4	5
42.	Your parent(s) give you extra chores as a punishment.	1	2	3	4	5



APPENDIX B  
PARENT MEASURES

## RESPONSES TO STRESS SOCIALIZATION QUESTIONNAIRE

**How much have you typically discouraged or encouraged (child) to do the following things when he/she is upset about problems?**

	Not at all	A little	Some	A lot
1. Try not to feel anything.	1	2	3	4
2. Try to think of different ways to change the problem or fix the situation. <b>Write one plan you suggested:</b> _____ _____	1	2	3	4
3. Wish that he/she were stronger, smarter, or more popular so that things would be different.	1	2	3	4
4. Let someone or something know how he/she feels. (Remember to circle a number.) -----	1	2	3	4
<b>Check all you suggested that your child talk to:</b>				
Parent <input type="checkbox"/>	Friend <input type="checkbox"/>	Brother/Sister <input type="checkbox"/>	Pet <input type="checkbox"/>	
Teacher <input type="checkbox"/>	God <input type="checkbox"/>	Stuffed Animal <input type="checkbox"/>	None of these <input type="checkbox"/>	
5. Decide he/she is okay the way he/she is, even though he/she is not perfect.	1	2	3	4
6. When he/she is around other people, act like the problems never happened.	1	2	3	4
7. Deal with the problem by wishing it would just go away, that everything would work itself out.	1	2	3	4
8. Realize that he/she just has to live with things the way they are.	1	2	3	4
9. Try not to think about it, to forget all about it.	1	2	3	4
10. Ask other people for help or for ideas about how to make the problem better. -----	1	2	3	4
<b>Check all you suggested that your child ask for help:</b> <span style="float: right; font-size: small;">(Remember to circle a number.)</span>				
Parent <input type="checkbox"/>	Friend <input type="checkbox"/>	Brother/sister <input type="checkbox"/>		
Teacher <input type="checkbox"/>	God <input type="checkbox"/>	None of these <input type="checkbox"/>		
11. Tell him/herself that he or she can get through this, or that he/she will do better next time. -----	1	2	3	4
12. Let his/her feelings out. (Remember to circle a number.) -----	1	2	3	4
<b>He/she should do this by: (Check all that you suggested.)</b>				
Writing in journal/diary <input type="checkbox"/>	Drawing/painting <input type="checkbox"/>			
Complaining to let off steam <input type="checkbox"/>	Being sarcastic/making fun <input type="checkbox"/>			
Listening to music <input type="checkbox"/>	Punching a pillow <input type="checkbox"/>			
Exercising <input type="checkbox"/>	Yelling <input type="checkbox"/>			
Crying <input type="checkbox"/>	None of these <input type="checkbox"/>			
13. Get help from other people when he/she is trying to figure out how to deal with his/her feelings.	1	2	3	4
<b>Check all you suggested that your child get help from:</b>				
Parent <input type="checkbox"/>	Friend <input type="checkbox"/>	Brother/sister <input type="checkbox"/>	Pet <input type="checkbox"/>	
Teacher <input type="checkbox"/>	God <input type="checkbox"/>	Stuffed animal <input type="checkbox"/>	None of these <input type="checkbox"/>	
14. Wish that someone would just come and get him/her out of the mess.	1	2	3	4
15. Do something to try to fix the problem or take action to change things.	1	2	3	4

Write one thing you suggested: \_\_\_\_\_  
 \_\_\_\_\_

16. Try to stay away from people and things that make him/her feel upset or remind him/her of the problem. 1 2 3 4
17. Just take things as they are, go with the flow. 1 2 3 4
18. Think about happy things to take his/her mind off the problem or how he/she is feeling. 1 2 3 4
19. Get sympathy, understanding, or support from someone. (Remember to circle a number.) -----1 2 3 4
- Check all you suggested your child to go to:**  
 Parent  Friend  Brother/sister  Teacher   
 None of these
20. Tell him/herself that things could be worse. 1 2 3 4
21. Tell him/herself that it doesn't matter, that it isn't a big deal. 1 2 3 4
22. Think about the things he/she is learning from the situation, or something good that will come from it. 1 2 3 4
23. When something goes wrong, he/she says to him/herself, "This isn't real." 1 2 3 4
24. Keep my mind off troubles by: (Remember to circle a number.) -----> 1 2 3 4
- Check all that you suggested your child do:**  
 Exercising  Seeing friends  Watching TV   
 Playing video games  Doing a hobby  None of these
25. Do something to calm him/herself down when he/she is having troubles. ----- 1 2 3 4  
 (Remember to circle a number.)
- Check all that you suggested your child do:**  
 Take deep breaths  Pray  Walk  Listen to music   
 Take a break  Meditate  None of these
26. Keep his/her feelings under control when he/she has to, then let them out when they won't make things worse. 1 2 3 4
27. Tell him/herself that everything will be all right. 1 2 3 4
28. Think of ways to laugh about it so that it won't seem so bad. 1 2 3 4
29. Imagine something really fun or exciting happening in his/her life. 1 2 3 4
30. Try to believe it never happened. 1 2 3 4



**The University of New Orleans**  
**Alabama Parenting Questionnaire (APQ)**  
**(Parent Form)**

Instructions: The following are a number of statements about your family. Please rate each item as to how often it **USUALLY** occurs or has occurred in your home **during the past year**. The possible answers are Never (1), Almost Never (2), Sometimes (3), Often (4), Always (5). PLEASE ANSWER ALL ITEMS

		Never	Almost Never	Some- times	Often	Always
1.	You have a friendly talk with your child.	1	2	3	4	5
2.	You let your child know when he/she is doing a good job with something.	1	2	3	4	5
3.	You threaten to punish your child and then do not actually punish him/her.	1	2	3	4	5
4.	You volunteer to help with special activities that your child is involved in (such as sports, boy/girl scouts, church youth groups).	1	2	3	4	5
5.	You reward or give something extra to your child for obeying you or behaving well.	1	2	3	4	5
6.	Your child fails to leave a note or to let you know where he/she is going.	1	2	3	4	5
7.	You play games or do other fun things with your child.	1	2	3	4	5
8.	Your child talks you out of being punished after he/she has done something wrong.	1	2	3	4	5
9.	You ask your child about his/her day in school.	1	2	3	4	5
10.	Your child stays out in the evening past the time he/she is supposed to be done.	1	2	3	4	5
11.	You help your child with his/her homework.	1	2	3	4	5
12.	You feel that getting your child to obey you is more trouble than it's worth.	1	2	3	4	5
13.	You compliment your child when he/she does something well.	1	2	3	4	5
14.	You ask your child what his/her plans are for the coming day.	1	2	3	4	5
15.	You drive your child to a special activity.	1	2	3	4	5
16.	You praise your child if he/she behaves well.	1	2	3	4	5
17.	Your child is out with friends you do not know.	1	2	3	4	5

		Never	Almost Never	Some- times	Often	Always
18.	You hug or kiss your child when he/she has done something well.	1	2	3	4	5
19.	You child goes out without a set time to go home.	1	2	3	4	5
20.	You talk to your child about his/her friends.	1	2	3	4	5
21.	Your child is out after dark without an adult with him/her.	1	2	3	4	5
22.	You let your child out of a punishment early (like lift restrictions earlier than you originally said).	1	2	3	4	5
23.	Your child helps plan family activities.	1	2	3	4	5
24.	You get so busy that you forget where your child is and what he/she is doing.	1	2	3	4	5
25.	Your child is not punished when he/she has done something wrong.	1	2	3	4	5
26.	You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school.	1	2	3	4	5
27.	You tell your child that you like it when he/she helps out around the house.	1	2	3	4	5
28.	You don't check that your child comes home at the time she/he was supposed to.	1	2	3	4	5
29.	You don't tell your child where you are going.	1	2	3	4	5
30.	Your child comes home from school more than an hour past the time you expect him/her.	1	2	3	4	5
31.	The punishment you give your child depends on your mood.	1	2	3	4	5
32.	Your child is at home without adult supervision.	1	2	3	4	5
34.	You ignore your child when he/she has done something wrong.	1	2	3	4	5
36.	You take away privileges or money from your child as a punishment.	1	2	3	4	5

**PLEASE GO TO THE NEXT PAGE**

		Never	Almost Never	Some- times	Often	Always
37.	You send your child to his/her room as a punishment.	1	2	3	4	5
39.	You yell or scream at your child when he/she has done something wrong.	1	2	3	4	5
40.	You calmly explain to your child why his/her behavior was wrong when he/she misbehaves.	1	2	3	4	5
41.	You use time out (make him/her sit or stand in a corner) as a punishment.	1	2	3	4	5
42.	You give your child extra chores as a punishment.	1	2	3	4	5

		Strongly Disagree	Disagree	Agree	Strongly Agree
43.	Parents should expect kids my child's age to do some work around the house.	1	2	3	4
44.	Kids my child's age should call home if they think they might be late.	1	2	3	4
45.	Kids my child's age should clean up for themselves without having to be told.	1	2	3	4

## COPE Inventory

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Then respond to each of the following items by blackening one number on your answer sheet for each, using the response choices listed just below. Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. There are no "right" or "wrong" answers, so choose the most accurate answer for YOU--not what you think "most people" would say or do. Indicate what YOU usually do when YOU experience a stressful event.

- 1 = I usually don't do this at all
- 2 = I usually do this a little bit
- 3 = I usually do this a medium amount
- 4 = I usually do this a lot

1.	I try to grow as a person as a result of the experience.	1	2	3	4
2.	I turn to work or other substitute activities to take my mind off things.	1	2	3	4
3.	I get upset and let my emotions out.	1	2	3	4
4.	I try to get advice from someone about what to do.	1	2	3	4
5.	I concentrate my efforts on doing something about it.	1	2	3	4
6.	I say to myself "this isn't real."	1	2	3	4
7.	I put my trust in God.	1	2	3	4
8.	I laugh about the situation.	1	2	3	4
9.	I admit to myself that I can't deal with it, and quit trying.	1	2	3	4
10.	I restrain myself from doing anything too quickly.	1	2	3	4
11.	I discuss my feelings with someone.	1	2	3	4
12.	I use alcohol or drugs to make myself feel better.	1	2	3	4
13.	I get used to the idea that it happened.	1	2	3	4
14.	I talk to someone to find out more about the situation.	1	2	3	4
15.	I keep myself from getting distracted by other thoughts or activities.	1	2	3	4
16.	I daydream about things other than this.	1	2	3	4
17.	I get upset, and am really aware of it.	1	2	3	4
18.	I seek God's help.	1	2	3	4
19.	I make a plan of action.	1	2	3	4
20.	I make jokes about it.	1	2	3	4

- 1 = I usually don't do this at all  
 2 = I usually do this a little bit  
 3 = I usually do this a medium amount  
 4 = I usually do this a lot

21. I accept that this has happened and that it can't be changed.	1	2	3	4
22. I hold off doing anything about it until the situation permits.	1	2	3	4
23. I try to get emotional support from friends or relatives.	1	2	3	4
24. I just give up trying to reach my goal.	1	2	3	4
25. I take additional action to try to get rid of the problem.	1	2	3	4
26. I try to lose myself for a while by drinking alcohol or taking drugs.	1	2	3	4
27. I refuse to believe that it has happened.	1	2	3	4
28. I let my feelings out.	1	2	3	4
29. I try to see it in a different light, to make it seem more positive.	1	2	3	4
30. I talk to someone who could do something concrete about the problem.	1	2	3	4
31. I sleep more than usual.	1	2	3	4
32. I try to come up with a strategy about what to do.	1	2	3	4
33. I focus on dealing with this problem, and if necessary let other things slide a little.	1	2	3	4
34. I get sympathy and understanding from someone.	1	2	3	4
35. I drink alcohol or take drugs, in order to think about it less.	1	2	3	4
36. I kid around about it.	1	2	3	4
37. I give up the attempt to get what I want.	1	2	3	4
38. I look for something good in what is happening.	1	2	3	4
39. I think about how I might best handle the problem.	1	2	3	4
40. I pretend that it hasn't really happened.	1	2	3	4

**PLEASE GO TO THE NEXT PAGE**

- 1 = I usually don't do this at all  
 2 = I usually do this a little bit  
 3 = I usually do this a medium amount  
 4 = I usually do this a lot

41. I make sure not to make matters worse by acting too soon.	1	2	3	4
42. I try hard to prevent other things from interfering with my efforts at dealing with this.	1	2	3	4
43. I go to movies or watch TV, to think about it less.	1	2	3	4
44. I accept the reality of the fact that it happened.	1	2	3	4
45. I ask people who have had similar experiences what they did.	1	2	3	4
46. I feel a lot of emotional distress and I find myself expressing those feelings a lot.	1	2	3	4
47. I take direct action to get around the problem.	1	2	3	4
48. I try to find comfort in my religion.	1	2	3	4
49. I force myself to wait for the right time to do something.	1	2	3	4
50. I make fun of the situation.	1	2	3	4
51. I reduce the amount of effort I'm putting into solving the problem.	1	2	3	4
52. I talk to someone about how I feel.	1	2	3	4
53. I use alcohol or drugs to help me get through it.	1	2	3	4
54. I learn to live with it.	1	2	3	4
55. I put aside other activities in order to concentrate on this.	1	2	3	4
56. I think hard about what steps to take.	1	2	3	4
57. I act as though it hasn't even happened.	1	2	3	4
58. I do what has to be done, one step at a time.	1	2	3	4
59. I learn something from the experience.	1	2	3	4
60. I pray more than usual.	1	2	3	4

Family Demographic Form

**Please respond to the following questions about your relationship to the CHILD.**

Are you the child's legal guardian? Yes  
No

Are you the child's FOSTER PARENT or ADOPTED PARENT? (*please circle one*)

How long has the child been living with you? \_\_\_\_\_

Are you related to the child (biologically, blood relative)? Yes  
No

If yes, what is your relationship to the child? (e.g. aunt, cousin) \_\_\_\_\_

**Please respond to the following questions as they relate to YOU.**

Date of birth: \_\_\_\_\_

Gender: Male  
Female

What is your ethnicity? American Indian or Alaskan Native  
Asian  
Black or African American  
Hispanic or Latino  
Native Hawaiian or other Pacific Islander  
White  
Other (*please specify*): \_\_\_\_\_

What is your primary language? \_\_\_\_\_  
secondary language? \_\_\_\_\_

Please rate your English speaking ability: Very well  
Well  
Not well  
Not at all

What is your marital status? Single

- Co-habiting
- Married
- Separated
- Divorced
- Widowed

What is your primary occupational status? *(Mark only one)*

- Full-time (more than 34 hours per week)
- Part-time (less than 34 hours per week)
- Job training program with salary
- Job training program without salary
- Unemployed
- In school and employed
- In school and unemployed
- Homemaker
- Retired
- Unable to work due to disability
- Other
- Not applicable

If working, what date did you start at the job? \_\_\_\_\_

What is the highest level of education you have completed? \_\_\_\_\_

What is the date that you completed your education? \_\_\_\_\_

**Please list each person that lives in the child’s home and indicate his or her relationship to the child:**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_

**Please indicate the Annual Family Income** *(circle only one)*

- Less than \$10,000
- \$10,001 - \$20,000
- \$20,001 – \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 - \$70,000
- \$70,001 - \$80,000
- Above \$80,000







APPENDIX C  
RECRUITMENT LETTER

Spring 2007

Dear Parent/Guardian:

You and your child are invited to participate in a research project being conducted at Family Focus Evanston. We are interested in learning more about the types of strategies that children use to cope with everyday problems, how strategies by parents and caretakers help children cope with problems, and how child and parent strategies support children's well-being. We are inviting all 4<sup>th</sup> through 8<sup>th</sup> grade students and their families to meet with researchers from Loyola University to fill out a packet of surveys. Your child will complete the surveys with help from a researcher from Loyola University. You have the option of completing the surveys at home and returning them to researchers or completing them on site at the Family Focus center. The surveys will take approximately 2 hours to complete. You will have the opportunity to view all of the questions on the survey **before** you sign the consent form or you or your child participates. If you are reading this letter at Family Focus and wish to view the surveys, please ask the researcher who is recruiting you and direct any questions to this person. If you are reading this letter at home and wish to view the surveys, please call Professor Gaylord-Harden at the number below and she will arrange a time for a researcher to meet with you at Family Focus to review the surveys. You and your child do not have to complete any parts of the surveys that you do not wish to complete.

Ms. Sandra Hill, Director of Family Focus Evanston, has approved this project. You and your child's participation are completely voluntary and there will be no penalty should you or your child decide to withdraw or not to finish. **Please read the information on the following pages carefully.** This information fully describes the research project. **If you are interested in allowing your child to participate, please sign the last page and return the entire form to the researcher or to the staff at Family Focus Evanston.** The form may be returned to Family Focus by you or your child. When you meet with the researchers to complete the surveys, you will be given a copy of the form for your records. In two-parent families, only one parent needs to sign the form.

If you have any questions, please call us at (773) 508-2986 and ask to speak to Professor Noni Gaylord-Harden. We are excited about working with families at Family Focus Evanston, and we greatly appreciate your support!

Sincerely,

Noni Gaylord-Harden, Ph.D.  
Professor, Loyola University Chicago

APPENDIX D  
CONSENT FORM

## **FAMILY FOCUS EVANSTON PROJECT PARENT CONSENT FORM**

### **WHY IS THIS STUDY BEING DONE?**

You and your child are invited to participate in a research project aimed at understanding how African American and Latino youth cope with the problems that youth their age commonly face, how parent strategies may help youth cope these problems, and how parent and youth strategies may be related to more positive behavior in youth. This project is being conducted by Professors Noni Gaylord-Harden, Suzette Speight, and Anita Thomas of Loyola University Chicago. We ask that you carefully read through the following information before agreeing to have you and your child be a part of this research project.

### **WHAT WILL MY CHILD AND I BE ASKED TO DO?**

- Children who have been given parental permission will complete a packet of seven surveys (4<sup>th</sup> and 5<sup>th</sup> grade participants) or a packet of nine surveys (6<sup>th</sup> – 8<sup>th</sup> grade participants) in individual sessions at the Family Focus Evanston facility. All child and adolescent participants (4<sup>th</sup> – 8<sup>th</sup> grade) will complete the surveys in two one-hour sessions. Children will complete surveys with a research assistant in a space designated by the Family Focus staff.
- Parents will complete a packet of surveys containing nine measures. Parents will be contacted by a research assistant from Loyola University and informed of scheduled group data collection sessions. If you are unable to attend a scheduled group session, we will schedule an individual session. Parents will meet with the research assistants at the Family Focus Evanston facility (2010 Dewey Avenue) or a satellite Family Focus center. The parent surveys will take approximately 2 hours to complete. Parent surveys will be scheduled to be administered in one session; however, you have the option completing your surveys in two one-hour sessions. Surveys can also be completed at home and returned to researchers or to the Family Focus center.
- There will be no right or wrong answers to the surveys.
- We will be asking you to answer questions about your parenting strategies (e.g., discipline and monitoring your child), how you cope with stress, how you help your child cope with stress, your racial identity, how you talk to your child about race issues, conflicts between you and your significant other (if relevant), and your child's behavior. We will ask your child to answer questions about stress that they experience at home, school, and in the community, conflicts between you and your significant other (if relevant), what strategies they use to cope with stress, how they believe you help them cope with stress, their view of your parenting strategies (e.g., support, discipline, monitoring), their racial identity, how you talk with them about race issues, and their behavior.

### **WHAT ARE THE POSSIBLE RISKS OR SIDE EFFECTS (BAD THINGS) OF THE STUDY?**

Although risks are minimal, some of the coping and stress questions may bring up unpleasant thoughts or feelings. Please note that the some of the questions ask about sensitive issues such as

peer pressure, sex, exposure to violence, racism, and drugs. Questions about sex will not be asked to 4<sup>th</sup> and 5<sup>th</sup> grade participants. You may request to view all of the questions on the survey before you or your child participates. If you are reading this form at Family Focus and wish to view the surveys, please ask the researcher who is recruiting you and direct any questions to this person. If you are reading this form at home and wish to view the surveys, please call Professor Gaylord-Harden at the number below and she will arrange a time for a researcher to meet with you at Family Focus to review the surveys. You and your child do not have to complete any parts of the surveys that you do not wish to complete.

If you or your child is having some uncomfortable thoughts and/or feelings, the research assistants are available to answer questions or address concerns. If we feel that additional attention is needed, we will ask you or your child to meet with one of the counselors at Family Focus Evanston. If you have questions or concerns, you can call Professor Noni Gaylord-Harden at (773) 508-2986. You and your child are not required to discuss anything they are not comfortable discussing. There will be *no* penalty should you decide to withdraw or not to finish.

### **ARE THERE BENEFITS (GOOD THINGS) TO TAKING PART IN THE STUDY?**

There is no direct benefit to participants. The research project is being conducted to help us learn more about the types of strategies that children use to cope with everyday problems, how strategies by parents and caretakers help children cope with problems, and how child and parent strategies support children's well-being. This information can then help in the design of intervention programs to support African American and Latino youth's use of positive coping skills. Therefore, we hope that with the involvement of families in the project, the future research and interventions will be the best they can be.

### **WHAT WILL WE RECEIVE FOR PARTICIPATING?**

Your family will receive a \$15 Jewel-Osco card for completion of the surveys and will be automatically entered in a raffle for a \$100 gift card from Jewel-Osco. Your child will participate in a pizza party at Family Focus Evanston and receive a Loyola University Chicago pencil and certificate.

### **WHO WILL KNOW ABOUT WHAT WE DID IN THE STUDY OR HAVE ACCESS TO OUR PRIVATE INFORMATION?**

We will protect the privacy of those who participate in the research study. No identifying information will be shared with anyone who is not connected with the research project. Your family will be assigned a code number for the surveys. Only the researchers will have the lists of code numbers and participants' names and we will keep these lists separate. No parent or child will ever be identified by name in any of the information recorded in writing. No information about any child or parent will be made available to any staff member at Family Focus. Information presented at conferences or for publication will not identify any individuals who participated. Due to confidentiality issues, parents will not be allowed to view their children's responses to questions. As stated above, parents are encouraged to view a list of the questions that will be asked to children and talk with their children at home about any questions that they are concerned about.

**ARE THERE SITUATIONS IN WHICH OUR INFORMATION MAY BE RELEASED?**

If it becomes apparent to us during the meetings that your child is experiencing physical or sexual abuse, we are required by law to report such instances to Child Protective Services in the best interest of your child. Also, if you or your child provides information during the program that suggests he or she is in current danger to him/herself or other people, we are mandated by law to contact the appropriate agencies. If these potential situations arise, we will first talk with your child privately. If additional attention is needed, we will then ask your child to speak with a Family Focus counselor or psychologist and accompany them to a counselor's office. Parents/caregivers will then be contacted by phone and informed of the situation. Finally, the appropriate agency will be contacted or appropriate referral call will be made. All calls will be made on-site from the Family Focus center.

**WHAT ARE MY RIGHTS AND MY CHILD'S RIGHTS AS RESEARCH PARTICIPANTS?**

You and your child's participation in the research project are voluntary. By signing this consent form, you agree to have you and your child take part in this study. You may cancel your consent or take yourself or your child out of this study at any time without penalty.

If you have any questions at any time, please contact Professor Noni Gaylord-Harden at (773) 508-2986. Or if you would like to find out more about your rights as a research participant in this study, you can contact:

Compliance Manager  
Office of University Research Services  
Loyola University Chicago  
(773) 508-2686

**PLEASE SIGN BELOW AND RETURN THE ENTIRE FORM TO FAMILY FOCUS  
EVANSTON (2010 Dewey Avenue)**

I agree to allow my family to participate in this research project. I have read and understand the above information. I have had an opportunity to ask questions and all of my questions have been answered.

\_\_\_\_\_  
**Name of Child (PLEASE PRINT)**

\_\_\_\_\_  
**Child's Age and Grade**

\_\_\_\_\_  
**Name of Parent/Guardian (PLEASE PRINT)**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



APPENDIX E  
ASSENT FORM

**FAMILY FOCUS EVANSTON PROJECT  
YOUTH ASSENT FORM**

**WHAT IS THIS STUDY ABOUT?** You and your parent(s) are being asked to be in a research project at Family Focus. This project wants to know how African American and Latino youth your age deal with the problems that they face everyday, how parents help you deal with these problems, and how these problems affect your behavior. Three professors from Loyola University Chicago are in charge of this project: Noni Gaylord-Harden, Suzette Speight, and Anita Thomas. You and your parent(s) decide whether or not you want to be in the study and you may stop participating at any time. We would like to explain how the project works below.

**WHAT WILL I BE ASKED TO DO?** When your parents give you permission to be in the project, you will meet with students from Loyola University. You will complete nine surveys with help from the students. There will be no right or wrong answers to the surveys. Your parents will complete their surveys at a different time at Family Focus. It will take about 2 hours to finish all of the surveys. Because two hours is a long time to work, you will meet with us two times. The first time we will meet for one hour to complete half of the surveys, and the second time we will meet for an hour to finish the rest of the surveys.

**WHAT ARE THE RISKS (BAD THINGS) OF THE STUDY?** Some of the questions about coping and stress may cause you to have unhappy thoughts or feelings. If anything makes you feel worried, angry, or sad, we will talk to you alone to answer any questions. If needed, we will ask you to meet with one of the counselors at Family Focus. If you have questions, you can call Professor Noni Gaylord-Harden at (773) 508-2986.

You do not have to answer anything that you do not want to answer. There will be *no* penalty if you decide that you do not want to finish the questions.

**WHAT ARE THE BENEFITS (GOOD THINGS) TO TAKING PART IN THE STUDY?** The research project is being done to help us learn more about how people your age handle everyday problems, how your parents help you deal with problems, and how the problems affect your behavior. What we learn can help us create programs to help African American and Latino youth to use positive ways to deal with problems. Therefore, we hope that with the help of the families like yours, the future programs will be the best they can be.

**WHAT WILL I GET FOR PARTICIPATING?** Your family will received \$15 for completing the surveys and will be entered in a raffle for a \$100 gift card from Jewel-Osco. You will also have a pizza party at Family Focus Evanston and receive a Loyola University Chicago pencil.

**WHO WILL KNOW ABOUT WHAT I DID OR SAID IN THE STUDY?** We will protect your privacy. No personal information (such as your name) will be given to counselors, teachers, or anyone who is not working on the project. None of your answers or other information about you will be shared with parents, teachers, counselors or anyone who is not working on the project. Your family will be given a special code number for the research project that only we will see. You and your parents will never be mentioned by name in anything we write about the project.

If you tell us that you are in danger because someone else is hurting you, or that you are a danger because you are hurting yourself or other people, the law requires us to tell the right person or agency. First, we will talk with you alone. Next, we may ask you to talk to a counselor at Family Focus. We will go with you when you talk to the counselor. Next, if we feel that we need to call an agency, we will call your parents first, and then call the agency.

If you have any questions at any time, please contact Professor Noni Gaylord-Harden at (773) 508-2986.

Or if you would like to find out more about your rights as a participant in this study, you can contact:

Compliance Manager  
Office of University Research Services  
Loyola University Chicago  
(773) 508-2686

**PLEASE SIGN BELOW AND RETURN THE ENTIRE FORM TO THE RESEARCHER**

I agree to participate in this research project. I have read and understand how this study works and what I will be asked to do. I have had a chance to ask questions and all of my questions have been answered.

\_\_\_\_\_  
Print Your Name

Girl or Boy  
(circle one)

\_\_\_\_\_  
Sign Your Name (write in cursive)

\_\_\_\_\_  
Write today's date

\_\_\_\_\_  
Write your age

APPENDIX F  
INSTRUCTIONS FOR DATA COLLECTION

### **Introduction and Instructions for Data Collection with Children and Adolescents**

“Hi, my name is \_\_\_\_\_ and the other people here today are \_\_\_\_\_. We are from Loyola University and the first thing we want you to know is that we appreciate your help. I want to tell you a little about what we will be doing today. We are interested in how African American and Latino youth your age deal with the problems that they face everyday, how parents help you deal with these problems, and how these problems affect your behavior. To do this, we are going to ask you to answer some questions. You and your parents signed our form and agreed that it is okay for you to participate in this project, but if you do not want to answer our questions, you do not have to.”

*Note: child also refers to adolescent below.*

*If a child declines to participate at this time or decides to terminate participate at any other point during the study, say, "That's fine. You can return to your classroom."*

*If a child does not decline to participate at this time, continue with the instructions below.*

“Again, we will ask you to answer some questions for us. There are no right or wrong answers to our questions; we just want to know what you think and how you feel. Not everyone will have the same answers. Also, your answers to our questions will not be seen by anybody else at Family Focus or your parents. If you want, you can talk about it with your parents at home.”

“I am here to help you if you need help as you answer the questions. If you want to read the questions yourself, you can do that. If you want me to read the questions to you, I will do that. Would you like to read the questions yourself or would you like me to read them to you?”

*If the child tells you that he or she will read the question himself or herself, proceed to the next statement.*

“Okay, each time you start a new set of questions, I will read the directions to you and show you how to answer them. Then, you can continue reading and answering the questions on your own. Each set of questions ends with a stop sign. When you see a stop sign, stop and wait for me before you continue. I will read the directions to the next set of questions. If you have trouble reading any of the questions or answer choices, please let me know and I will the question aloud. If you have trouble figuring out a certain word, please let me know and I will read the word aloud. If you do not feel comfortable answering a question, please write ‘skip’ next to the question so we know that you did not accidentally skip it.”

*If the child tells you that he or she wants you to read the questions, proceed to the next statement.*

“Okay, I will read the questions to you. Each time we start a new set of questions, I will read the directions to you and show you how to answer them. Then, I will read each question and you will answer it. Each set of questions ends with a stop sign. When we get to a stop sign, we will stop, and I will read the directions to the next set of questions.”  
 “Are you ready? Let’s begin.”

*During the administration of surveys:*

*If a child tells you that he or she cannot read a question, say “That’s fine; I will read the question aloud.” Then, read the question to them.*

*If a child tells you that he or she cannot read certain word, say “That’s fine; I will read the word aloud.” Then, read the word to them.*

*If a child tells you that he or she does not understand a question after **he or she** has read it to himself or herself, first read the question to him or her. If the child still does not understand, respond by saying, “Okay, you can either give an answer that you think works best or you can skip the question.” If the child elects to skip the question, please write “skip” next to the question.*

*If a child tells you that he or she does not understand a question after **you** read the question, respond by reading the question again. If the child still does not understand, respond by saying, “Okay, you can either give an answer that you think works best or you can skip the question.” If the child elects to skip the question, please write “skip” next to the question.*

*If a child tells you that he or she does not want to answer a question or does not feel comfortable answering a question say, “That’s fine, we can go to the next question.” If the child elects to skip the question, please write “skip” next to the question.*

*If a child tells you that he or she does not want to complete a particular questionnaire or does not feel comfortable completing a particular questionnaire say, “That’s fine, we can go to the next set of questions.” If the child elects to skip a questionnaire, please write “skip survey” at the top of the first page of the form.*

*If a child requests to take a break for bathroom or water, say, “Okay, let’s take a short break about 5 or 10 minutes. I’ll walk with you.” Do not allow the child to leave the room alone. Walk with the child to the bathroom or water fountain and wait until they are finished. Then, walk with the child back to the data collection room.*

*If a child becomes visibly upset or distress (e.g., crying or withdrawn) during the data collection session, completion of questionnaires should be stopped immediately. “I*

notice that you seem upset. Let's stop the questions and you can tell me more about how you are feeling." *After the child finishes talking about his or her feelings, ask them if they would like to talk more about this with a Family Focus counselor. If they say yes, accompany them to the counselor's office and remain with the child until the situation subsides or the counselor indicates that it is okay for you to leave..*

*If a child openly reports information about a plan for suicide or homicide, or openly reports being abused or neglected, inform the child that you will need to stop the questions for a few minutes. If Drs. Gaylord-Harden, Speight, and Thomas are not onsite, call one of them: Dr. Gaylord-Harden (773-538-4350 or 312-342-2846), Dr. Suzette Speight (312-915-6937 or 847-328-2685), or Dr. Anita Thomas (312-915-7403 or 847-404-4168). If they are onsite, inform them of the situation.*

### **Alabama Parenting Questionnaire (APQ)**

**"Now we want you to describe some of your experiences with your parents or caregivers that you live with now. Some kids may live with only their mom, and some kids with only their dad, some kids with their mom and dad. Some kids may live with their grandmother or an aunt. We want you to answer questions about the person you live with that takes care of you. The sentence at the top of the page, says "I am answering these questions about my \_\_\_\_\_." Okay, the following are a number of statements about your family. Please answer each item as to how often it USUALLY occurs or has occurred in your home during the past year. The possible answers are Never (1), Almost Never (2), Sometimes (3), Often (4), Always (5). Now, see the glass with nothing in it? It has Never under it. See the cup that is half full? It has Sometimes under it. See the cup that is full? It has Always under it. You can use the cups to help you answer the questions. Remember, there are no right or wrong answers. Just be honest. If none of the choices seem to fit, just pick the best one."**

### **Inventory of Parent and Peer Attachment (IPPA)**

**"This set of questions asks about your relationship with the people who take care of you. The following statements ask about your feelings about your mother or the person who has acted as your mother. If you have more than one person acting as your mother (e.g., a natural mother and a step-mother) answer the questions for the one you feel has most influenced you. Please read each statement and circle the one number that tells how true the statement is for you. Now, see the glass with nothing in it? It has Almost Never or Never True under it. See the cup that is half full? It has Sometimes True under it. See the cup that is full? It has Almost Always or Always True under it. You can use the cups to help you answer the questions.**

**Remember, there are no right or wrong answers. If none of the choices seem to fit, just pick the best one.”**

*Use the same instructions for the father form if necessary. Do not ask participants if their father is present. Begin reading the instructions for the measure and the participants will inform you if it is not relevant.*

### **Responses to Stress Questionnaire (RSQ)**

*Note: Some of these questions have two components. Question #3 is an example of a two-part question. Participants should answer the first part of the question by rating how often they use a particular coping strategy. Next, if they answered “a little,” “some,” or “a lot,” for the first part, then they should answer the second part of the questions.*

“Even when things are going well, almost every person has worries or problems now and then at school, with peers, at home, or in the community/neighborhood. So that I can find out how things have been going for you lately, please think about a thing at school, with peers, at home, or in your community that has been a problem for you.”

*Ask them to write a problem on the line after you read the instructions above.*

“This is a list of things that people sometimes do, think, or feel when something stressful happens. Everybody deals with problems in their own way—some people do a lot of the things on this list or have a bunch of feelings, other people just do or think a few things. Think of the situation that has been a problem for you. For each item on the list below, circle one number from 1 (not at all) to 4 (a lot) that shows how much you do or feel these things when you have problems. Again, see the glass with nothing in it? It has Not at all under it. See the cup that is full? It has A Lot under it. You can use the cups to help you answer the questions. Please let us know about everything you do, think, and feel, even if you don’t think it helps make things better. Remember, there are no right or wrong answers. ”

### **Socialization of Responses to Stress Questionnaire (RSQ)**

“Parents suggest many different things to their children to help them deal to with upsetting or stressful situations. This list of questions asks you how much your parent suggests or tells you to do the following things to deal with stressful or upsetting situations. For each item on the list below, circle one number from 1 (not at all) to 4 (a lot) that shows how much your parents tell you to do the following things. Again, see the glass with nothing in it? It has Not at all under it. See the cup that is full? It has A Lot under it. You can use the cups to help you answer the questions. Remember, there are no right or wrong answers.”



**After measures are completed:**

“We are finished! Thank you so much for all your hard work. Please wait for a moment while I make sure that we/you did not accidentally skip any questions.”

*Check to see that every item has been completed, with the exception of those that the child requested to skip. If the child read the questionnaires to him or herself and an item was left blank, ask the child, “I noticed that this item is blank. Did you accidentally skip this item or did you skip it on purpose?” If the child indicated that he or she skipped the item on purpose, write skip next to the item.*

*When you finish checking the questionnaires, ask the child if they have any questions for you, thank the child again, tell him or her that he or she did a great job, and present him or her with the Loyola University pencil and certificate of appreciation.*

## Introduction and Instructions for Data Collection with Parents

“Hi, my name is \_\_\_\_\_ and the other people here today are \_\_\_\_\_. We are from the Loyola University and the first thing we want you to know is that we appreciate your help today. I want to tell you a little about what we will be doing today. We are interested in learning more about the types of strategies that children use to cope with everyday problems, how strategies by parents and caretakers help children cope with problems, and how child and parent strategies support children’s well-being. We are going to ask you to answer some questions for us today. If you decide that you do not want to answer our questions, you do not have to. Just let us know that you do not want to participate.”

*If a parent declines to participate at this time or decides to terminate participate at any other point during the study, say, "That's fine. Thank you for your time."*

*If a parent does not decline to participate at this time, continue with the instructions below.*

“I am (or we are) here to help you if you need help as you answer the questions. If you have a question, just ask. If you want to read the questions yourself, you can do that. If you want me (one of us) to read the questions to you, I (we) will do that. Just let me know what you prefer.”

*If a parent tells you that he or she will read the question himself or herself, proceed to the next statement.*

“Okay. Are you ready? Let’s begin. There are nine surveys in this packet. Each survey has a set of instructions at the top. Please read each set of instructions before completing the survey. If you have any questions about how to complete the survey, please feel free to ask me. If you decide that you do not want to answer a question, please write the word ‘skip’ next to the question, so we know that you did not accidentally skip it.”

*If a parent tells you that he or she wants you to read the questions, proceed to the next statement.*

“Okay, I will read the questions for you. Each time we start a new set of questions, I will read the directions to you and show you how to answer them. Then, I will read each question and you will answer it. When we get to a new survey, we will stop, and I will read the directions to the next set of questions.”

*During the administration of surveys:*

*If a parent tells you that he or she cannot read a question, say “That’s fine; I will read the question aloud.” Then, read the question to them.*

*If a parent tells you that he or she cannot read certain word, say “That’s fine; I will read the word aloud.” Then, read the word to them.*

*If a parent tells you that he or she does not understand a question after **he or she** has read it to himself or herself, first read the question to him or her. If the parent still does not understand, respond by saying, “Okay, you can either give an answer that you think works best or you can skip the question.” If the parent elects to skip the question, please write “skip” next to the question.*

*If a parent tells you that he or she does not understand a question after **you** read the question, respond by reading the question again. If the parent still does not understand, respond by saying, “Okay, you can either give an answer that you think works best or you can skip the question.” If the parent elects to skip the question, please write “skip” next to the question.*

*If a parent tells you that he or she does not want to answer a question or does not feel comfortable answering a question say, “That’s fine, we can go to the next question.” If the parent elects to skip the question, please write “skip” next to the question.*

*If a parent tells you that he or she does not want to complete a particular questionnaire or does not feel comfortable completing a particular questionnaire say, “That’s fine, we can go to the next set of questions.” If the parent elects to skip a questionnaire, please write “skip survey” at the top of the first page of the form.*

*If a parent requests to take a break for bathroom or water, say, “Sure, I’ll wait here in the room for you.”*

*If a parent becomes visibly upset or distress (e.g., crying or withdrawn) during the data collection session, completion of questionnaires should be stopped immediately. “I notice that you seem upset. Let’s stop the questions and you can tell me more about how you are feeling.” After the parent finishes talking about his or her feelings, ask them if they would like to talk more about this with a Family Focus counselor. If they say yes, accompany them to the counselor’s office and remain with the parent until the situation subsides or the counselor indicates that it is okay for you to leave.*

**After measures are completed:**

“We are finished! Thank you so much for all your hard work. Please wait for a moment while I make sure that we/you did not accidentally skip any questions.”

*Check to see that every item has been completed, with the exception of those that the parent requested to skip. If the parent read the questionnaires to him or herself and an item was left blank, ask the parent, “I noticed that this item is blank. Did you*

accidentally skip this item or did you skip it on purpose?" *If the parent indicated that he or she skipped the item on purpose, write skip next to the item.*

*When you finish checking the questionnaires, ask the parent if they have any questions for you, thank the parent again, and give him or her with the gift card. Inform them that are automatically entered in a raffle for a \$100 gift card to Jewel-Osco. If they win, we will contact them with the number listed on the consent form.*

APPENDIX G  
COMPENSATION RECEIPT

**Loyola University Chicago  
Family Focus Project  
Research Participant Receipt for Compensation**

Participant Name

---

Amount of Compensation

---

Date of Compensation

---

Signature of Participant

---

Signature of Witness

---

*Please keep this form in research lab with parental consent forms.*

## REFERENCE LIST

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## VITA

Cynthia L. Campbell received her Bachelor of Arts degree in Psychology from Southwestern University in Georgetown, Texas in 2000. She received her Masters degree in Clinical Psychology in 2008 from Loyola University Chicago where she is currently a doctoral student in the Clinical Psychology Ph.D. program.

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Cynthia's current research interests include examining the development and utilization of coping strategies among minority children and adolescents from various family structures including single parent and two-parent families. Cynthia is also interested in the mental health of children and adolescents involved in the child welfare system.

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