

## ABSTRACT

Title of Thesis: ADAPTIVE COPING IN AFRICAN AMERICAN ADOLESCENTS: THE ROLE OF MOTHER-ADOLESCENT RELATIONSHIP QUALITY, PARENTAL MONITORING, AND RACIAL SOCIALIZATION

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Adolescence can be a stressful stage of development for adolescents and their families; however, it is particularly stressful for African American adolescents who also have to deal with additional stressors such as racial discrimination, which can be detrimental to one's mental health. The purpose of this study is to examine how: (a) adolescents' perception of mother-adolescent relationship quality, (b) adolescents' perception of parental monitoring from their parents, and (c) adolescents' perception of racial socialization (e.g., cultural coping with antagonism) messages, predicts adaptive coping strategies. The sample included 111 African American adolescents (55% female), ranging from ages 14 to 17 (mean age = 15.50), residing in the Washington, DC metropolitan area between 2010 and 2011. The median household income for this sample is \$60,000-69,999. Results showed that adolescents' perception of positive mother-adolescent relationship quality and receiving racial socialization messages, specifically cultural coping with antagonism messages, were significant predictors of adaptive coping.

ADAPTIVE COPING IN AFRICAN AMERICAN ADOLESCENTS: THE ROLE OF  
MOTHER-ADOLESCENT RELATIONSHIP QUALITY, PARENTAL MONITORING, AND  
RACIAL SOCIALIZATION

by

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## Literature Review

### Introduction

Adolescence is a pivotal developmental period of the human lifespan (McElhaney, Allen, Stephenson, & Hare, 2009; Susman & Dorn, 2009). During this stage, adolescents are faced with many developmental tasks such as identity development and developing independence, which can make adolescence a particularly stressful stage of life (Compas, 1987; Crosby, Santelli, & DiClemente, 2009; Erikson, 1950). This stage is especially stressful for African American adolescents who also have to deal with several issues involved in being a member of a stigmatized racial group (Copeland-Linder, Lambert, Chen, & Ialongo, 2011). Examples include racial discrimination, confronting racial stereotypes, and navigating spaces and institutions in which they are in the extreme minority (Clark, Anderson, Clark, & Williams, 1999; Gaylord-Harden & Cunningham, 2009; Sellers, Copeland-Linder, Martin, & Lewis, 2006).

African American adolescents are also at an increased risk for being exposed to community violence, traumatic events, and living in poverty (Hunt, Martens, & Belcher, 2011; Jenkins, Wang, & Turner, 2009; Morrison, Gutman, McLoyd, & Tokoyawa, 2005). These exposures can be detrimental to adolescent mental health (García-Coll et al., 1996; Williams & Mohammed, 2009) and psychosocial adjustment in general (Clarke, 2006; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Fields & Prinz, 1997; Grych & Fincham, 1997). Exposure to acute and chronic stressors and adversity is one of the most powerful risk factors for psychopathology during childhood and adolescence (Evans, Li, & Whipple; 2013; Grant et al., 2003; Kusher, 2015). Therefore, practicing adaptive coping strategies during adolescence is crucial to healthy development.

Along with coping strategies, historically, the African American family has been

considered a protective factor against stressors and other risk factors that African Americans face and it has been characterized as being resourceful and adaptive (Hill, 1971; Hood, Brevard, Nguyen, & Belgrave, 2013). African American families that are marked by a sense of cohesion (i.e., sense of shared affection, support, and caring; Moos & Moos, 1976) cultivate more positive developmental outcomes for adolescents such as: high academic achievement (Stanard, Belgrave, Corneille, Wilson, & Owens, 2010), less anxiety and depression (Street, Harris-Britt, & Walker-Barnes, 2009), and less aggressive behaviors (Gorman-Smith, Henry, & Tolan, 2004). The family can also provide monitoring which is linked to a decrease in engagement in antisocial behaviors and involvement with risky peers (Barber, 1997; DiClemente et al., 2001; Borawski et al., 2003). In particular, parents' role in teaching African American children how to navigate a racialized world and cope with racial discrimination has been demonstrated to benefit their psychological development (Boykin & Toms, 1985; Hughes et al., 2006).

Due to the protective nature of the African American family, the current study asserts that this is a resource for adaptive coping in African American adolescents. The purpose of the proposed research is to examine the role of three specific family factors, mother-adolescent relationship quality, parental monitoring, and racial socialization, specifically cultural coping with antagonism messages, as perceived by the adolescent, in predicting positive or adaptive coping in African American adolescents. Though present research on the topic is limited, positive coping strategies likely can serve as a buffer against the negative impacts of racism and other stressors that African American adolescents face.

The proposed research defines adaptive coping as intentional cognitive and behavioral efforts in order to actively manage stress or one's emotions in response to the stressor and adapt to the source of stress. Adaptive coping consists of problem solving, self-reliance, cognitive

reappraisal and acceptance, and support-seeking strategies (Ayers, Sandier, West, & Roosa, 1996; Bynum & Brody, 2005; Compas, Forsythe, & Wagner, 1988; Compas et al., 2001; Ebata & Moos 1991). The current study focuses on adaptive coping because it incorporates a variety of positive coping strategies and allows for flexibility in one's choice of coping strategies based on the stressor or the event. This is particularly important for African American adolescents, who have been characterized as "Complex Copers"—that is a reliance on a variety of coping skills, both active and passive, based on the stressor (Lewis, Byrd, & Ollwindick, 2012; Tolan, Gorman-Smith, Henry, Chung, & Hunt, 2002). According to the current coping literature, avoidant coping strategies and support-seeking strategies are the most commonly used strategies by African American adolescents and have been associated with more positive psychosocial outcomes. However, the current coping literature on African American adolescents focuses on those living in high violence or low-income neighborhoods, young adults in college, or how adolescents cope specifically with racial discrimination. Research has yet to examine adaptive coping in African American youth from a variety of neighborhood contexts or income levels or generally positive coping strategies that can be utilized for various daily life stressors. The proposed research would help illuminate the specific ways that family factors relate to use of positive or adaptive strategies for dealing with stress.

Furthermore, adaptive coping can be construed as an important part of healthy psychosocial development in adolescence, which determines an adolescent's ability to manage the developmental tasks of this stage (Tyler, 1978). The coping styles used during the adolescent years also predict the coping styles that they will use as an adult (Valliant, 1977). Failure to develop adequate coping skills during adolescence could place adolescents at risk for serious consequences, such as depression and anxiety (Konopka, 1980). Moreover, with a limited

repertoire of coping, stress can have detrimental impacts on the developing brain (Shonkoff et al., 2015). Chronic stress can cause long-term changes in the parts of the brain that manage behavioral control and emotional wellness. This limits the brain's ability to respond effectively to threats or challenges which can lead to depression, anxiety disorder, substance abuse, and cardiovascular disease in adulthood. Therefore, it is pertinent that researchers explore how families foster the development of adaptive coping strategies.

### **Theoretical Model**

The proposed research will rely upon a combination of selected aspects of the ABC-X Model (Hill, 1949) and the Mundane Extreme Environmental Stress Model (Carroll, 1998) as the framework for understanding relationships between adolescents' perceived relationship quality with their mother, adolescents' perception of parental monitoring and limit setting from their parents, adolescent reported racial socialization messages from parents, and adaptive coping. The ABC-X model provides a framework for understanding and analyzing family stress and coping. The "A" in the ABC-X model represents the provoking or stressful event that results in some change in the family. This includes anything that may cause some change in the family system such as boundaries, goals, processes, roles, or values. "B" represents the family's resources and strengths, which can buffer or moderate the impact of the stressor on the family. These resources can be traits, characteristics, or abilities of: individual family members (e.g., financial, educational, health, or psychological), the family system (e.g., family cohesion or adaptability), or community resources, such as people or institutions outside of the family that provide some form of support. "C" represents the definition or meaning that is attached to the event by the family, which produces "X," the stress, crisis, or mental health outcome.

The Mundane Extreme Environmental Stress Model will also be used as a supporting

framework for the current study and will be represented as “A” within the ABC-X model. The Mundane Extreme Environmental Stress Model posits that African Americans live in a mundane extreme environment where racism and oppression are omnipresent, continuous, and mundane (Carroll, 1998). African Americans must deal with daily minor acts of discrimination and racism such as being ignored for service or being treated poorly due to one’s race, being singled out for being different, or being treated as a second-class citizen (Carroll, 1998). These stressors are labeled as mundane because they are so common and part of the daily experience of most African Americans. They are labeled extreme due to potential negative mental health outcomes like lower self-esteem (Nadal, Wong, Griffin, Davidoff, Sriken, 2014), self-doubt, frustration, and isolation (Solórzano et al., 2000), and depressive symptoms (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014).

The proposed will focus on the relationship between A, B and X, positing that African Americans face daily stressors due to minority status (A) mother-adolescent relationship quality, parental monitoring, racial socialization, as family resources and strengths (B) and adaptive coping skills as a mental health outcome (X). These family factors are being presented as buffers against daily life stressors and other stressors, which will predict more adaptive coping skills in response to these stressors.

### **A Brief Review of Coping Research**

The coping literature is extensive and has garnered significant research attention over the years as a predictor and outcome variable (Compas, 1987; Compas et al., 2001; Herman-Stahl, Stemmler, & Petersen, 1995; Kliewer et al., 1996; Skinner & Zimmer-Gembeck; 2007). Several theories of coping are present in the literature to date, some of which deal specifically with child and adolescent coping, (Compas et al., 2001; Garmezy & Rutter, 1983; Lazarus & Folkman,

1984; Skinner, 1999; Wolchik & Sandler, 1997). The most widely known is Lazarus and Folkman's (1984) model of stress and coping. They define coping as: "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). Lazarus and Folkman separate coping into different categories: problem-focused (or approach coping) and emotion-focused or (avoidant coping). Problem-focused coping can be defined as efforts to resolve the source of stress, while emotion-focused coping is used to alleviate one's emotions (Lazarus & Folkman, 1984).

Compas and colleagues (2001) define coping as, "conscious and volitional efforts to regulate emotion, cognition, behavior, physiology, and the environment in response to stressful events or circumstances" (p. 81). They separate coping into three different categories: primary control coping, secondary control coping, and disengagement coping. Primary control coping (or active coping) is defined as "coping intended to influence objective events or conditions" this includes problem solving, emotional modulation, and emotional expression (Compas et al., 2001, p. 88). Secondary control coping (or accommodative coping) is defined as "coping aimed at maximizing one's fit to current conditions" (Compas et al., 2001, p. 88). Finally, disengagement coping is "efforts to orient away from the source of stress or one's emotions, including avoidance and denial" (Compas et al., 2017, p. 3).

Lazarus and Folkman's (1984) seminal theory of coping was conceptualized based on the constantly changing cognitive and behavioral efforts to manage stressors, which is an ability that is strictly available to adults, making this a theory that specifically applies to adult coping (Lazarus & Folkman, 1984; Skinner & Zimmer-Gembeck, 2007). Both Lazarus and Folkman (1984) and Compas and colleagues' theory of coping defines it as a response to stress and a

conscious, purposeful action (Compas et al., 2017). The major difference between the two is that Lazarus and Folkman (1984) emphasize cognitive appraisal as a determinant of a coping response, or whether or not one perceives an event as stressful. Conversely, Compas et al. (2001) focuses objectively on the stressful event or the context of the event as the determinant of coping responses. Therefore, Compas and colleagues' coping theory, is more focused on regulation under stress which is more flexible and adaptable to children and adolescents theory (Compas et al., 1997, 2001; Eisenberg et al., 1997; Rossman, 1992; Skinner, 1999). In addition, Compas and colleagues (2017) conducted a quantitative meta-analysis of 212 studies that measured the associations between coping and emotion regulation with symptoms of internalizing and externalizing psychopathology, where they found that the most consistent evidence was found for primary control coping and secondary control coping as compared to problem-focused and emotion-focused coping. Specifically, they found that primary and secondary control coping were significantly negatively associated with both internalizing and externalizing symptoms. Therefore, primary and secondary control coping are the best predictors for positive mental health outcomes as compared to problem-focused and emotion-focused coping. Thus, the present study uses primary and secondary control coping as a template for adaptive coping.

Zimmer-Gembeck and Skinner (2011) conducted a meta-analysis of 58 studies of coping. The authors identified 5 major shifts in the development of coping strategies: (1) *infancy to toddlerhood* (about age 2); (2) *middle childhood* (about ages 5 to 7); (3) *late childhood to early adolescence* (about ages 10 to 12); (4) *early to middle adolescence* (about ages 14 to 16); and (5) *middle to late adolescence* (about ages 18 to 22). During these developmental shifts, there are also major changes in cognitive and emotional development and changes in children's ability to regulate themselves; moreover, older children and adolescents have the capacity to cope more

effectively than younger children.

Additionally, Zimmer-Gembeck and Skinner (2007) used their developmental framework to organize children's coping behavior into 12 groupings of *families of coping* based on each aged period. Informed by their previous theoretical and empirical analyses (Skinner et al., 2003; Skinner & Zimmer-Gembeck, 2007), they demonstrated that how children respond to stress is embedded in a family of coping strategies that are linked to the developmental stage that they fit into. They found that children and adolescents most commonly rely on problem-solving, distraction, support-seeking, and escape. Accommodation and self-reliance were also used commonly, but it depended on the age of the participant and the nature of the stressor.

Furthermore, Zimmer-Gembeck and Skinner (2007) also provided an overview of the research on each family of coping and how people's use of them develops over each age stage. Early to middle adolescence is marked by an increase in flexibility and efficacy of coping strategies in comparison to earlier years in childhood (Skinner & Zimmer-Gembeck, 2007, 2010; Thompson & Goodman, 2010; Zimmer-Gembeck & Skinner, 2011, 2016). This includes an increase in the use of problem-solving coping techniques. Additionally, problem-solving becomes the most common strategy used during the adolescent years (Zimmer-Gembeck & Skinner, 2011). Furthermore, adolescents also tend to use a variety of distraction tactics that include both behavioral and cognitive strategies, in comparison to children, who are generally only able to use behavioral strategies (Skinner & Zimmer-Gembeck, 2007; Zimmer-Gembeck & Skinner, 2011). In times of extreme or uncontrollable stress, adolescents are more likely to draw upon earlier behavioral forms of coping, which include behavioral coping strategies (e.g., behavioral distraction or behavioral withdrawal; Sorgen & Manne, 2002).

With the development of more sophisticated executive functioning skills, adolescents are

able to use more self-reliant coping strategies, which allows for an increased ability to regulate one's emotions in the face of stressors (Compas et al., 2017; Frydenberg & Lewis, 2000; Thompson & Goodman, 2010). This includes adolescents' ability to use other helpful strategies such as positive self-talk and intentional self-regulation of emotion. When adolescents do seek support from others, they are able to effectively select different sources of social support depending on the stressor (Skinner & Zimmer-Gembeck, 2007). Support seeking also becomes more of a "back up system" and is used if independent coping strategies fail or the stressor is perceived as uncontrollable (Skinner & Zimmer-Gembeck, 2010, p. 19). While support seeking is considered more of a "back up system" for adolescents and there is a decrease in usage from childhood, direct seeking of emotional support is still considered high during this developmental stage (Zimmer-Gembeck & Skinner, 2011). Conversely, seeking information from adults may increase during adolescence. Help-seeking and information-seeking become more organized, flexible, and specific to the problem. Adolescents also have an increased ability to match coping efforts to the perceived characteristics of the stressor in an appropriate manner (Compas et al., 2001). Thus, adolescence can be characterized as a period where individuals are able to utilize more sophisticated coping skills such as problem-solving, self-reliance, and support seeking when necessary.

**Gender and coping.** Research has identified a few gender differences as it relates to the types of coping strategies used. Within the general population, girls tend to use more social support coping than boys (Eschenbeck, Kohlmann, Lohaus, 2007; Seiffge-Krenke, 2011). Similarly, African American girls tend to use higher levels of support-seeking coping than African American boys use (Chandra & Batada, 2006; Gaylord-Harden et al., 2008; Tolan et al., 2002). Other findings suggest that boys tend to use more problem-focused coping strategies than

girls, who tend to use more emotion-focused strategies (Kort-Butler, 2009; Seiffge-Krenke, 2011).

**Coping behavior and adolescent's psychosocial outcomes.** Research has shown that approach/problem-focused coping strategies are associated with healthier psychological outcomes than avoidant coping and emotion-focused coping (Ayers, Sandier, West, & Roosa, 1996; Compas, Forsythe, & Wagner, 1988; Ebata & Moos 1991). Higher uses of adaptive, problem-solving coping strategies have been linked with better self-regulation and better adjustment (Bynum & Brody, 2005). Therefore, in general, approach/problem-solving coping strategies tend to lead to healthier psychosocial outcomes. In comparison, avoidant/disengagement coping strategies, generally lead to more detrimental outcomes for adolescents.

Avoidant/disengagement coping strategies, also referred to as emotion-focused coping, are the most common maladaptive coping strategies in adults. However, 8 studies revealed that other maladaptive coping strategies such as more use of verbal aggression, venting, and other oppositional strategies are more commonly seen in adolescence (Eschenbeck, Kohlmann, & Lohaus, 2007; Griffith, Dubow, & Ippolito, 2000; Hampel & Petermann, 2006; Hoffman, Levy-Shiff, Sohlberg, & Zarizki, 1992; Roecker, Dubow, & Donaldson, 1996; Ryan, 1989; Seiffge-Krenke, Aunola, & Nurmi, 2009; Spirito et al., 1991). In a meta-analysis of 212 studies that measured the relationship between coping and emotion regulation with symptoms of internalizing and externalizing psychopathology, Compas and colleagues (2017) found that disengagement coping was positively associated with both internalizing and externalizing symptoms. Disengagement coping and avoidance coping were also found to be positively related to internalizing and externalizing symptoms in longitudinal studies. For example, Herman-Stahl

and colleagues (1995) conducted a longitudinal study with a sample of predominantly White (84%) 6<sup>th</sup> to 11<sup>th</sup> graders on the relationship between coping strategies and depressive symptoms in adolescents which revealed that continued reliance on avoidance coping strategies over time predicted higher depressive symptoms. Therefore, within the majority population, avoidant/disengagement coping is associated with detrimental outcomes.

Emotion-focused coping strategies can also lead to more rumination, which refers to the tendency to have persistent and recurring thoughts about the causes, situational factors, and consequence of one's negative emotions (Nolen-Hoeksema, 1991). However, in more extreme forms of stress, these more primitive coping strategies (e.g., mental withdrawal and behavior distraction), may be more effective, and older children and adolescents may continue to use these coping strategies when necessary (Zimmer-Gembeck & Skinner, 2011). These behaviors have also been found to be more effective during times when one is dealing with life-threatening or uncontrollable events. These forms of maladaptive coping have been linked with high levels of psychological distress, such as symptoms of anxiety and depression in adolescents (Jaser et al., 2005; Marcks & Woods, 2005). While approach/problem-focused coping strategies are associated with healthier psychological outcomes than avoidant coping and emotion-focused coping (Ayers, Sandier, West, & Roosa, 1996; Compas, Forsythe, & Wagner, 1988; Ebata & Moos 1991) within the general population, these results have not always held true for research on the African American adolescent population.

**Research on coping in African American adolescents.** The literature on coping in African American children and adolescents is limited generally to coping with certain types of stressors. For instance, studies generally focus on adolescents living in poverty or high crime neighborhoods (Carlson & Grant, 2008; Sanchez, Lambert, & Cooley-Strickland, 2013) or

adolescents coping with racism and discrimination (Scott, 2003; Seaton, Upton, Gilbert, & Volpe, 2014). A critical mass of studies also focuses on coping processes in African American young adults (e.g., college students; Hoggard, Byrd, & Sellers, 2012; Payne & Suddler, 2014). These studies tend to address how African American college students cope with racism and minority-related stressors (Brown et al., 2011; Greer & Brown, 2011; Greer & Chwalisz, 2007; Hoggard et al., 2012; Payne & Suddler, 2014).

In contrast to studies that examine coping processes in youth generally, problem-focused or approach coping strategies may not be the most effective adaptive coping strategies for African American youth dealing with high, chronic levels of stress or traumatic events. For youth who reside in dangerous settings, avoidant coping may be a more effective coping strategy than problem-focused or approach coping because problem-focused approaches could lead to more negative consequences, such as increased exposure to violence (Dempsey, 2002; Dempsey, Overstreet, & Moely, 2000; Edlynn, Gaylord-Harden, Miller, & Richards, 2006; Grant et al., 2000; Tolan Gorman-Smith, Henry, Chung, & Hunt, 2002). Furthermore, in more uncontrollable situations (Compas et al., 2001), such as living in poverty or dealing with racism and discrimination, or when one is dealing with extreme stressors, avoidant coping strategies could be less detrimental (Gonzales, Tein, Sandler, & Friedman, 2001).

***Coping with poverty and violence exposure.*** Several studies have investigated the coping strategies of African American adolescents that live in poverty and/or high-crime neighborhoods (Dempsey, 2002; Edlynn, Gaylord-Harden, Richards, & Miller, 2008; Gaylord-Harden & Cunningham, 2008; Gaylord-Harden, Gipson, Mance, Grant, 2008; Sanchez, Lambert, & Cooley-Strickland, 2013). These studies suggest that the approach/problem-focused coping strategies may not be the best method of coping for adolescents living in poverty or high-

crime neighborhoods as they may lead to more internalizing and externalizing symptoms and other negative mental health outcomes. Adolescents living in under-resourced environments face distinct stressors such as being exposed to or a victim of violence (Gladstein, Rusonis, & Heald, 1992), environmental inadequacy (e.g., exposure to lead, vermin, overcrowding, etc.) (Evans, Kliewer, & Martin, 1991; Wachs, 1992), and risk of psychosocial stressors (e.g., interpersonal conflict within one's family, marital separation or divorce; Compas, 1987; Gore & Eckenrode, 1996; Rutter & Sandberg, 1992). By their nature, these stressors are often more chronic in nature and represent situations that adolescents are unable to escape (Copeland-Linder, Lambert, Chen, & Ialongo, 2011).

In one such study, Tolan and colleagues' (2002) examined the methods and styles of coping in an urban predominantly ethnic minority sample of youth and their relation to stress levels, internalizing and externalizing symptoms. The authors used a sample of 372, 12 to 16-year-old adolescents (67% African American and 24.4% Hispanic) who attended schools in urban neighborhoods. Using cluster analysis, they identified 5 different coping styles. Support and Guidance Seekers (25.8% of African American participants) were described as relying on support from family and others and low use of venting. Minimal Copers (14.2% of African American participants) used avoidance as a coping strategy. Emotional Substance Users (17.8% of African American participants) relied heavily on avoidance of the problem by using illicit substances and on venting emotions. Emotion-Focused Copers (20% of African American participants) used an array of coping strategies that reflect emotional expression. Complex Copers (22.2% of African American participants) used high levels of coping across methods except substance use. Along with cluster analysis, Tolan and colleagues (2012) conducted ANOVA comparisons to identify the reliance of different coping methods by ethnicity, age, and

gender.

Results also linked coping style to internalizing and externalizing problems (Tolan et al., 2012). Support and Guidance Seekers and Minimal Copers had lower internalizing scores and Emotional Substance Users and Emotion-Focused Copers had higher externalizing scores. These findings suggest that social support and avoidant coping strategies were most effective for adolescents in this sample. Furthermore, based on their findings, African American youth used more social-support coping strategies than their European American and Latino peers. These findings highlight the importance of family in the context of coping for African American adolescents. Furthermore, the majority of the African American sample classified as Complex Copers, which is consistent with other studies demonstrating that African American children and adolescents use a wide range of coping strategies (Ryan-Wenger & Copeland, 1994), and significantly wider range of strategies than their White peers (Halstead, Johnson, & Cunningham, 1993; Jose et al., 1994). Results from this study suggest that adolescents who live in poverty benefit from using a wide range of coping strategies, namely guidance and support seeking and avoidant coping strategies.

Using a community sample of 353 urban, low-income, African American youth, early adolescents, Sanchez and colleagues (2013) examined whether the type of life event experienced or the type of coping strategies used accounted for the variability of youth's responses to life event stress as measured by internalizing and externalizing symptoms. The authors found that violent life events, such as being threatened with a weapon, having someone break into one's home or damage it, and/or being threatened by someone who is not in one's family, were associated with externalizing behaviors, while discrimination and economic stress were associated with internalizing behavior. Coping is measured in various ways, this study uses the

Adolescent Coping for Problem Experiences (A-COPE; Patterson & McCubbin, 1987) self-report measure. For this study, they used 3 of the 12 subscales: Avoiding Problems, Seeking Diversions, and Ventilating Feelings, which are emotion-focused and disengaged strategies. Sanchez and colleagues found that two strategies, avoiding problems (e.g., try to stay away from home as much as possible) and ventilating feelings (e.g., letting off steam to friends by complaining to friends) were negatively correlated with internalizing and externalizing symptoms. Seeking diversions (e.g., reading) was not significantly correlated to either internalizing or externalizing behaviors. Based on these results, avoidance and using ventilating coping strategies were more adaptive coping strategies for youth in this context.

***Coping with racism and discrimination.*** Similar to stressors common to life in economically distressed neighborhoods and communities, racial discrimination and racism are also uncontrollable life stressors that African American adolescents often face (Scott & House, 2005; Tolan et al., 1997). In one nationally representative study, over 80% of African American adolescents reported experiencing at least one incident of racial discrimination in their lifetime (Seaton, Caldwell, Sellers, & Jackson, 2008). Racial discrimination has multiple manifestations; however, daily “micro aggressions” may be most detrimental to African American adolescent’s well-being (Harrell, 2000), as supported by the Mundane Extreme Environmental Stress Model (Carroll, 1998). Perceptions of racial discrimination have been linked to lower life satisfaction, decreased self-esteem, increased depressive symptoms, as well as increased anger and anxiety among African American adolescents (Gaylord-Harden & Cunningham, 2009; Prelow, Danoff-Burg, Swenson, & Pulgiano, 2004; Seaton, Caldwell, Sellers, & Jackson, 2008). Longitudinal research suggests that these relationships hold up over time (Brody et al., 2006; Gibbons et al, 2007; Greene, Way, & Pahl, 2006; Neblett et al., 2008). Furthermore, exposure to racial

discrimination restricts parents' and communities' capacity to provide the support that promotes resiliency and healthy development (Sanders-Phillips, 2009).

Based on the coping literature on African American adolescents dealing with issues of racism and racial discrimination, avoidance can be an effective coping strategy (Scott & House, 2005; Seaton, Upton, Gilbert, & Volpe, 2014). Scott and House (2005) found that racial discrimination distress was related to greater use of avoidant coping strategies. However, adolescents who reported more self-control in response to racial discrimination were more likely to use active and support-seeking coping strategies. These results suggest that when adolescents appraise a stressor as being more uncontrollable, avoidant coping strategies may be the most effective.

As stated previously, approach (or active) coping strategies where adolescents actively engage their stressors in an attempt to solve them are generally associated with more positive outcomes (Moos, 2002). In support of this, Scott's (2003) study of 71 African American adolescents from grades 9-11 (mean age = 15.6) indicated additional evidence that racial socialization messages foster adaptive coping as measured by self-reliance and problem solving in response to racial discrimination. However, due to the ambiguity, unpredictability, and uncontrollability associated with discriminatory acts, it is difficult to say which coping strategies are most effective in such situations (Harrell, 2000; Outlaw, 1993). Moreover, other developmental factors such as one's racial identity, the type of racial socialization received, and adolescent's emotional and stress response to the discriminatory act also moderate the impacts that the experience has on one's mental health outcomes (Harrell, 2000).

In conclusion, the current research on coping for African American adolescents posits that avoidant coping strategies are associated with more positive outcomes when adolescents are

faced with uncontrollable situations such as living in poverty, dealing with racism and discrimination, or living in a dangerous neighborhood (Compas et al., 2001; Edlynn, Gaylor-Harden, Miller, & Richards, 2006; Gonzales, Tein, Sandler, & Friendman, 2001). Furthermore, African American adolescents have been characterized as Complex Copers, relying on a wide-range of coping strategies, such as support and guidance seekers and emotion-focused coping (e.g., ventilating feelings; Tolan et al., 2002), significantly more than their White peers (Halstead, Johnson, & Cunningham, 1993; Jose et al., 1994). Thus avoidant coping strategies may be useful in times of extreme and/or uncontrollable stress; however, African American adolescents are Complex Copers who use other strategies as well when they are faced with more common, daily life stressors, that have not yet been explored. Therefore, there is not a clear picture of what coping strategies are generally positive for African American adolescents. Due to the complex and variable nature of African Americans' coping strategies, measures of coping that have been used in the current literature may not accurately capture exactly what positive, adaptive coping strategies look like in African American adolescents. Thus, this study relies on its own definition of adaptive coping suitable for adolescents that allows flexibility across various stressors and events.

### **Family Predictors of Adaptive Coping**

The proposed research will examine three factors that are posited to be linked to the development of adaptive coping: parental monitoring, mother-adolescent relationship quality, and racial socialization. The primary theoretical model guiding this research is a modified version of the ABC-X Model (Hill, 1949). Positive parent-child relationship quality (Allen, Porter, McFarland, Marsh, & McElhaney, 2005), high levels of parental monitoring (Brook, Whiteman, Czeisler, Shapiro, & Cohen, 1997), and parent's use of cultural coping with

antagonism (a type of racial socialization; Brown, 2008) have all been found to have positive impacts on adolescent development. According to the ABC-X Model, these family predictors can be considered resources and strengths, which can buffer or moderate the impact of a stressor (e.g., racial discrimination or racism) on the family's stress level and buffer against negative mental health outcomes; thus allowing for African American youth to better utilize adaptive coping skills. Furthermore, more than any other ethnic group, African Americans utilize social support coping; thus, it is pertinent that the family contexts where they are seeking this support are explored (Tolan et al., 2012).

**Mother-adolescent relationship quality as a predictor of adaptive coping.** Parent-child relationship quality is a broad category and is defined and assessed in many different ways. This includes parent-child attachment, children's perception of parental behavior (acceptance, psychological control, and firm control), and parenting styles (warmth and control). The current study assesses parent-child relationship quality based on the quality of communication in the parent-child relationship and the degree of mutual trust within the relationship (Armsden & Greensberg, 1987). During adolescence, this relationship becomes a more sophisticated and goal-directed partnership, characterized by an integration of the goals and behaviors of the adolescent and that of his or her attachment figure (Bowlby, 1982). Within a secure parent-child relationship, the adolescent increases independence from his or her parents, while still maintaining contact with his or her parents through open communication and discussion of needs (Kobak & Duemmler, 1994). Secure attachment has generally been linked to positive outcomes in adolescents including: higher levels of social adaptation and preference-based popularity, higher capacity for intimacy in friendships and romantic relationships, more adaptive ways of coping, and a greater sense of self efficacy (Allen, Porter, McFarland, Marsh, & McElhaney,

2005; Scharf, Mayselless, & Kivenson-Baron, 2004). Moreover, one's attachment style in adolescence is likely to carry into adulthood and shape how individuals cope with stressful situations (Seiffge-Krenke & Beyers, 2005). Therefore, it is important that adolescents develop adaptive coping skills during this developmental period.

Securely attached individuals are likely to have the ability to utilize cognitive strategies to reappraise a situation as less threatening and thus utilize more adaptive and effective coping strategies (Mikulincer & Shaver, 2008). These strategies include the ability to openly communicate distress, mobilize problem-solving strategies, and seek social support, which securely attached individuals are able to utilize more than those who are insecurely attached (Mikulincer, Florian, & Weller, 1993; Mikulincer & Shaver, 2007, 2008). In a sample of 70 African American adolescents, Clark and colleagues (2002) found that perceptions of supportive parental involvement and autonomy granting were related to adolescents choosing more active coping strategies such as being humorous, seeking spiritual support, and developing social support. Gaylord-Harden and colleagues (2010) explored the effects of maternal parenting behavior on coping strategies in 200 low-income African American children (mean age = 10.41). The authors found that maternal support was positively related to active coping and support-seeking coping.

Conversely, poor parent-child relationship quality can have various detrimental impacts on adolescent development. Longitudinal studies have shown that adolescents with poor parent-child relationship quality are more likely to exhibit unproductive coping strategies, using support seeking coping strategies in tandem with withdrawal coping; or negative, ineffective emotional coping (Schmidt, Nachtigall, Wuethrich-Martone, & Strauss, 2002; Seiffge-Krenke, 2006). Moreover, dismissing attached individuals utilized emotion-minimizing and repressive coping

strategies such as socially disconnecting, avoidance coping, and diversion strategies (Diamond, Hicks, & Otter-Henderson, 2006; Larose & Bernier, 2001; Schmidt et al., 2002). In a study of 184 adolescents (58% White, 29% African American, 13% mixed or other ethnic group), Dawson and colleagues (2014) found that an adolescent's preoccupied and dismissing attachment at age 14 predicted the likelihood of young adults use of maladaptive coping strategies at age 22. Examples of maladaptive coping strategies were focusing on and venting of emotions (e.g., "I get upset and let my emotions out"), mental disengagement (e.g., I go to the movies or watch TV, to think about it less"), denial (e.g. "I refuse to believe that it has happened"), behavioral disengagement (e.g., "I admit to myself that I can't deal with it, and quit trying"), and substance abuse ("I use drugs or alcohol to make myself feel better").

**Monitoring as a predictor of adaptive coping.** In the proposed research, parental monitoring is defined as "parenting behaviors involving attention to and track of the child's whereabouts, activities, and adaptations" (Dishion & McMahon, 1998, p. 61). There are some discrepancies in the monitoring literature due to some measures of parental monitoring actually measuring parental knowledge about adolescents' activities whereas other measures assess specific behaviors a parent engages in to monitor the adolescent. Monitoring behavior includes parental attention to children's social network, such as knowledge of the adolescent's friends and friend's parents, and it also includes disciplinary practices such as strict guidelines of acceptable behaviors and rule follow-up (Dishion & McMahon, 1998; Patterson et al., 1989). In a review of 46 "parental monitoring" studies, only seven of the 46 studies correctly label their measures as assessments of parental monitoring behaviors (Racz & McMahon, 2011). Of the 46 studies, some actually measured direct supervision, knowledge of the child's whereabouts, telephone contact between the parent and child, and rules about the child's activities.

Parental monitoring has been found to be effective in preventing youth from engaging in problem behavior, including sexual activity, drug/alcohol use, school dropouts, depressive symptoms, and delinquency (Brook, Whiteman, Czeisler, Shapiro, & Cohen, 1997; Chassin, Curran, Hussong, & Colder, 1996; Patterson & Stouthamer-Loeber, 1984; Resnick et al., 1997; Weintraub & Gold, 1991; Xiaoping, Stanton, & Feigelman, 2000). Greater levels of parental monitoring have also been linked positively to academic outcomes among minority youth, such as promotion of academic achievement, school engagement, and academic motivation (Gonzalez et al., 1996; Henry et al., 2011). A high level of perceived parental monitoring is associated with less boredom during free time, which is a risk factor for substance use (Caldwell & Darling, 1999; Caldwell & Smith, 1995; National Center on Addiction and Substance Use, 2003; Osgood et al., 1996).

Research on monitoring and African American adolescents has focused on how those residing in disadvantaged neighborhoods benefit from consistent parental monitoring (Dodge, McLoyd & Lansford, 2005; Furstenberg, Cook, Eccles, Elder & Sameroff, 1999; Gonzales, Cauce, Friedman & Mason, 1996). In a study of 339 urban African American students from 9<sup>th</sup> to 11<sup>th</sup> grade (median age of 14.8 years), using a moderated mediation model, Lopez-Tomayo and colleagues (2016) found that greater parental monitoring predicted lower externalizing behavior. In addition, they found that lower externalizing behavior predicted better academic outcomes.

Similarly, in an urban, low-income sample of 138 African American adolescents, Chillenski and colleagues (2015) examined the associations between parental monitoring, support of autonomy and control, and adolescent amotivation, ability to restructure, and planning and decision-making skills in free time with substance use, delinquency, school attachment, and academic achievement. The authors found that greater parental monitoring was correlated with

less adolescent amotivation during free time. Greater parental monitoring was also associated with planning and decision-making, which predicted less substance use. Lastly, greater parental monitoring was also associated with greater ability to restructure a boring situation, which predicted fewer conduct disorder behaviors and greater school adjustment.

Though generally unexplored in the literature to date, parental monitoring behaviors may provide a context for children and adolescents to develop adaptive coping. Though not the primary focus of their research, Romero and Ruiz (2007), demonstrated preliminary evidence of a link between parental monitoring and coping behavior in a sample of 56 adolescents (ages 11-15), consisting of a predominantly Mexican American sample (82%). They found that more parental monitoring at Time 1, and more parental monitoring at Time 2 were related to less coping involving risky behaviors at Time 2.

Thus far, these issues have not been explored in research on African American youth. Based on the ABC-X model and positive implications of adequate parental monitoring, it is predicted that high levels of parental monitoring predict more adaptive coping skills. Furthermore, it is reasonable to assume that parental monitoring creates a context for adolescents to explore more positive coping strategies as they are less likely to rely on more maladaptive strategies such as substance use.

**Cultural coping with antagonism as a predictor of adaptive coping.** By its nature, racial socialization provides a context for adaptive coping. Over the years there have been various theories of racial socialization and there are a variety of ways that it has been conceptualized (Bowman & Howard, 1985; Marshall, 1995; Peters, 1985; Stevenson, 1994, 1995; Thornton, Chatters, Taylor, & Allen, 1990). Racial socialization is comprised of: (a) the behaviors, communications, and interactions between parents and children, (b) the direct and

indirect messages, and (c) purposeful and unintended messages given to children about race and how to manage race-related stress (Hughes et al., 2006; Stevenson, Cameron, Herrero-Taylor, & Davis, 2002). The goal of racial socialization is to provide youth of color with tools to develop effective coping skills and resilience against the potential negative impacts that discrimination can have on one's self-concept and psychosocial development (Hughes et al., 2006). It has been found to be a significant protective factor for positive development for African American youth (Bynum, Burton, Best, 2007; Caughy, Nettles, O'Campo, & Lohrfink, 2006; Harris-Britt, Valrie, Kurtz-Costes, & Rowley, 2006; Hughes et al., 2006; Neblett, Rivas-Drake, & Umaña-Taylor, 2012).

The current study will use Thornton and colleagues' (1990) definition, adopted by Hughes and Chen (1999) which defines racial socialization as "specific messages and practices that are relevant to and provide information concerning the nature of race of status" (p. 401). Within this definition of racial socialization, there are four areas of racial socialization messages that parents deliver to their children. The first is *cultural socialization*, defined as messages emphasizing cultural pride and history. *Preparation for bias* is defined as messages about discrimination and prejudice. The third area is *socialization of mistrust*, cautions or warnings about other groups. The fourth area, *egalitarianism and/or silence about race* is defined as exposing children to various cultures, histories, and traditions, and/or no discussion of race at all (Hughes & Chen, 1999).

Each racial socialization message type has been linked to various developmental outcomes in distinct ways. Cultural socialization has been linked with more positive outcomes such as it serves as a protection against symptoms of anxiety (Bannon et al., 2009), anger (Stevenson, 1997), and depressive symptoms (Neblett et al., 2008). However, egalitarianism and

promotion of mistrust have been linked to more negative outcomes such as inability to cope with experiences involving racial bias and lower SAT scores (Hughes & Chen, 1999). Preparation for bias has more mixed findings in that it is associated with less perceived stress (Bynum et al., 2012), more Afrocentric racial attitudes and preferences (Spencer, 1983), and higher grades in school (Bowman & Howard, 1985). However, it has also been found to be related to lower self-esteem and more antisocial behavior (Hughes, Witherspoon, Rivas-Drake, & West-Bey, 2009). Hughes and Chen (1999) and Hughes and colleagues (2006) posit that preparation for bias messages are more effective when they are aimed at instilling racial pride into children and preparing them with adaptive coping skills, rather than emphasizing group differences.

Cultural coping with antagonism will be the specific type of racial socialization that will be examined in this study. Cultural coping with antagonism is a strategy that blends cultural socialization with preparation for bias directed at African American youth that emphasizes use of Black culture as a resource for coping with discrimination. Thus, cultural coping with antagonism messages support racial pride, but also prepare African American children for the discrimination that they may experience due to their minority status. Specifically, it includes messages about the importance of struggling successfully through racial hostilities and the role of spirituality and religion in that coping (Stevenson, Cameron, Herrero-Taylor, & Davis, 2002). Therefore, it is meant to prepare children to cope with prejudice and discrimination and also protect children from threats to their self-esteem and well-being (Hughes & Chen, 1999; Spencer 1983).

Currently, there is limited research involving cultural coping with antagonism and developmental outcomes. In the studies that have been done, it has shown to be beneficial for adolescent and young adult development. For instance, one study of 154 African American

adolescents, Brown (2008) found that participants who reported receiving more frequent messages focused on cultural coping with antagonism also reported higher scores on resiliency, an adolescent's ability to adapt to change and accept failure (Connor & Davidson, 2003). Furthermore, in a sample of 247 African American college freshman, ages 18 or 19, Bynum and colleagues (2007) found that perception of parental messages among African American college students that emphasized the use of cultural coping with antagonism reduced the impact of racism on psychological distress. Conversely, using a sample of 106 African American adolescents, ages 14-17, Lambert and colleagues (2015) found that in the context of high anger and alienation in the mother-adolescent relationship, there is a positive relationship between cultural coping with antagonism messages and depressive symptoms. Thus, mother-adolescent relationship quality seems to play a role in adolescents' receptiveness of cultural coping with antagonism messages.

### **The Proposed Research**

The proposed research will examine the relationship between 3 aspects of parenting and adaptive coping among African American adolescents. To that end, goals are to explore: perceived mother-adolescent relationship quality, adolescents' perception of parental monitoring and limit setting, perceived racial socialization, specifically cultural coping with antagonism messages, and their relationship to adolescents' use of adaptive coping. The data used for this study came from a secondary data set focused on understanding the ways African American mothers and their adolescent children cope with everyday issues that African American families face. The project focused on African American parenting, parent-adolescent relationships, and how parents talk to their children about race.

## **Hypotheses**

The proposed research will examine 3 hypotheses:

1. Adolescents' perceptions of mother-adolescent relationship quality will be positively associated with the adolescents' use of adaptive coping.
2. Adolescents' perceptions of their parent's level of monitoring will be positively associated with the adolescents' use of adaptive coping.
3. Adolescents' perceptions of their parent's use of racial socialization (e.g., cultural coping with antagonism) will be positively associated with adolescents' use of adaptive coping.

## **Method**

### **Sample**

Data from 111 African American female caregivers and their adolescent children provided the data source for the proposed research. The families resided in a metropolitan area in the Mid-Atlantic region during the data collection period, 2010-2011. The majority of the caregivers (94%) were biological mothers and ranged in age from 29 to 64 (mean age = 44.18; SD = 6.49). Almost 40% of the caregivers were married, 32.4% never married, 20.7% divorced, 3.6% separated, and 2.7% widowed. Level of caregiver education ranged, 21.6% had a high school diploma or less, 37.8% had some college or an associate's degree, 15.3% had a bachelor's degree, and 24.3% some graduate school or higher. About 32% of the caregivers reported incomes of \$39,999 or less (median income = \$60,000-69,999). About 33% of the caregivers reported incomes of \$90,000 or above.

Adolescents in the sample ranged from 14 to 17 years of age (mean age = 15.50; SD = 1.02). A total of 55% identified as female and one participant did not report a gender. Most of

the adolescent sample (90%) identified as African American. Almost 5% of the sample identified as Biracial/Multiracial, 3% identified as Afro-Caribbean, and 1% identified as Black South American.

Three cases were eliminated from the analyses. One family was eliminated because the child did not meet the age criterion. One interview was terminated before it was completed due to concerns about respondents' understanding of informed consent. A third case was removed due to the family repeating the study twice. Only their initial interview data were included in the analyses.

## **Procedure**

The research team placed advertisements in a free regional newspaper and other publications aimed specifically at parents living in the target recruitment areas. The advertisements were created to appeal to African American mothers and other female caregivers. Those who were interested in participating in the completed a screening process via email or telephone to ensure that they met the criteria to participate in the study. If the criteria were met, the family scheduled an interview and reviewed the informed consent.

Self-report data were collected in the homes of the participants. Questionnaires addressed a variety of topics focused on parenting, family life, as well as psychological functioning in parents and adolescents (e.g., parenting, parent-child relationship quality, racial socialization, discrimination experiences, racial identity, coping, psychological functioning, demographic information). The data were collected by a research team which was over 80% African American. Two interviewers collected data in each family's home. In each case, at least one interviewer in each pair was African American. The interviewers completed the consent process with both the mother and the adolescent separately to reduce the possibility of coercion. After

informed consent was obtained, participants completed a packet of self-report questionnaires. At the end of the study procedures, the interviewers completed debriefing procedures with each family and paid the family \$50 cash for participating.

## **Measures**

**Adaptive coping.** A modified version of the Adolescent-Coping Orientation for Problem Experiences (A-COPE) was used to measure adaptive coping (Patterson & McCubbin, 1986). The original A-COPE is a 54-item self-report measure comprised of 12 subscales that are designed to record the behaviors that adolescents find helpful in managing problems or difficult situations. The 12 subscales distinguish between 12 different coping behaviors: ventilating feelings, seeking diversions, developing self-reliance and optimism, developing social support, solving family problems, avoiding problems, seeking spiritual support, investing in close friends, seeking professional support, engaging in strenuous activity, being humorous, and relaxing. Participants' responses are recorded on a 5-point Likert-type scale ranging from 1 (*Never*) to 5 (*Most of the time*).

The A-COPE was validated on a sample very different than the current study. The sample consisted of 709 adolescents (96% White), who adolescents were enrolled in a large health maintenance organization in Midwestern city. Among the adolescents in the sample, 8 percent were 11 years old, 58% were 12 or 13 years old, and 34% was between the ages of 14 and 18. The adolescents were from families of relatively high economic status. Test-retest reliability and validity have not been reported. For the subscales, the alpha coefficients range from .60 to .76.

For the current sample, items were reviewed on the A-COPE with the goal of selecting items that reflected positive coping strategies (Ayers, Sandier, West, & Roosa, 1996; Bynum & Brody, 2005; Compas, Forsythe, & Wagner, 1988; Ebata & Moos 1991; Moos, 2002) to create

an index of positive or adaptive coping on a variety of stressful circumstances. Our review of items from the A-COPE revealed 16-items that reflected positive coping strategies. To test the viability of this construct a correlation matrix and Cronbach's alpha were computed and evaluated. The Cronbach's alpha for the adaptive coping scale in the present sample is .89.

Topics addressed include: problem solving and self-reliance (e.g., *organize your life and what you have to do, work hard on school work or other projects get more involved in activities at school, work hard on schoolwork or school projects*), cognitive reappraisal and acceptance (e.g., *try to think of the good things in your life, try and see the good things in a difficult situation*), and support-seeking strategies (e.g. *do things with your family, be close with someone you care about*). As stated previously, African American adolescents are complex copers, so this measure includes a variety of coping strategies that capture different ways of coping which include both active coping skills to influence the event or stressor and those to help one adjust to adjust to the stressor or event.

**Mother-adolescent relationship quality.** The Total Attachment Scale from the Inventory of Parent and Peer Attachment (IPPA) was used to measure mother-adolescent relationship quality in this study (Armsden & Greenberg, 1987). The IPPA is a 28-item questionnaire that assesses youth's perception of the quality of his/her maternal relationship. The IPPA also has a 25-item questionnaire that assesses attachment to peers; however the current study focuses on assessment of mother-adolescent relationships. Scores from each subscale, the trust subscale, which assesses the adolescent's trust that attachment figures understand and respect, are responsive to, and will respond his/her needs and desires, the communication subscale, which assesses the perceived quality of communication between the parent and adolescent, and the alienation subscale, which assesses anger toward or emotional detachment

from attachment figures, are added together in order to obtain a total attachment score. Example items include: “I can count on her when I need to get something off my chest,” “She understands me,” and “I don’t get much attention when I’m with her” Participants’ responses are recorded on a 5-point Likert-type scale ranging from 1 (*Almost Never or Never True*) to 5 (*Almost Always or Always True*), responses for the Alienation subscale were reverse coded. The IPPA was tested with 2 samples of 179 undergraduate students from ages 16 – 20 years, where it had a Cronbach’s alpha of .83. The current sample, uses a 32 item questionnaire, with the original items in addition to 2 peer attachment items that were altered to address the mother-adolescent relationship, and Cronbach’s alpha for the present sample was .70.

**Monitoring.** The My Free Time scale was used to measure adolescent perceptions parental monitoring in this study (Steinberg, Lamborn, Darling, Mounts, & Dornbusch, 1994). The My Free Time scale is a 9-item self-report measure completed by the adolescent, that assesses both parental monitoring and limit setting. The scale includes items that assess adolescents’ curfew on school nights and on the weekend (2 items), parents’ knowledge of adolescent whereabouts (1 item, *yes* or *no* response), parents’ attempts at knowing the whereabouts of their adolescent (3 items, 3 response items *Didn’t Try*, *Tried a Little*, *Tried A Lot*), and the accuracy of parent’s knowledge of the adolescents’ whereabouts (3 items, 3 response items: *Didn’t Know*, *Knew a Little*, *Knew a Lot*). This scale was developed with a sample of students from 9 high schools from various economic backgrounds, ethnicities, family structures, and communities, where it had a Cronbach’s alpha of .76. For the current study, the My Free Time scale had a Cronbach’s alpha of .53.

**Cultural coping with antagonism.** One aspect of racial socialization, cultural coping with antagonism, was assessed in this study (Stevenson et al., 2002). Cultural Coping with

Antagonism (CCA) is defined as a form of preparation for bias, where parents provide messages about managing race related stressors such as racism and racial discrimination. CCA was measured by the subscale of the Teenager Experience of Racial Socialization (TERS; Stevenson et al., 2002). CCA includes 13 items that represent messages about the importance of struggling successfully through racial hostilities and the role of spirituality and religion in that coping. Examples include: “Families who talk about religion or God are helping their children to grow” and “Schools should teach Black history.” Participants’ responses are recorded on a 3-point Likert scale ranging from 1 (*Never*) to 3 (*Lots of times*).

The full TERS scale was validated on a sample of 260 African American youth. The authors validated the scale through a principal components analysis (Stevenson, Cameron, Herrero-Taylor, Davis, 2002). Results supported a five-factor solution that explained 43% of the variance in participants’ responses. The Cronbach’s alpha for the validation sample was .85, while the Cronbach’s alpha for the current sample is .91. This measure has been used successfully in previous studies with African American adolescents and young adults (Bynum, Burton, & Best, 2007; Davis et al., 2017; Davis & Stevenson, 2006; Henry, Lambert, & Smith Bynum, 2015).

**Control variables.** The demographic questionnaire contains a variety of different question types in order to gather demographic information such adolescent gender, adolescent age, mother’s education, and household income which were used as control variables in the current study.

**Adolescent gender.** Adolescents provided information about their gender on a questionnaire requesting demographic information. Adolescent gender was coded as follows: “1” for *male* and “2” for *female*.

**Mother's education level.** Mother's report of education level was measured with an item on the demographic background questionnaire. Mother's indicated the highest level of education completed. Possible responses ranged from "1" for *Grade School* to "12" for *Doctoral Degree*. The mean for mother's education was approximately a "7," *Associate Degree in College*. Mothers' reported highest level of education from grade school to a doctoral degree.

**Household income.** Mother's report of household income was also measured with an item on the demographic background questionnaire. Mother's indicated the total income of their households per year. Possible responses ranged from "1" for *less than \$5,000* to "12" for *\$100,000 or higher*. The median household income for the sample was \$60,000-\$69,000. The annual household income ranged from less than \$5,000 to \$100,000 or higher.

## Results

### Univariate Analyses

Data analysis began with univariate analysis of all study variables (e.g., means, standard deviations). Table 1 presents means, standard deviations, minimum and maximum values for the control variables (i.e., adolescent gender, age, mother's education, and household income), independent variables (i.e., mother-adolescent relationship quality, cultural coping with antagonism, and monitoring), and the dependent variable, adaptive coping.

Descriptive statistics are presented for the control variables, adolescent gender, age, mother's education, and household income. As noted in the Sample description, the mean age of participants was 15.5 ( $SD = 1.02$ ). The mean for mother's education was 7, which is approximately equivalent to an Associate Degree in college ( $SD = 2.21$ ). As a whole, mothers' education represented the full range of educational levels, with participants endorsing grade school to graduate degree. The most frequently endorsed response is being ("some college").

Next, descriptive statistics are presented for the predictor variables mother-adolescent relationship quality, cultural coping with antagonism, and monitoring. The total mother-child relationship quality scores were slightly negatively skewed. The mean for mother-child relationship quality was 102.90 ( $SD = 11.23$ ), with a range of scores from 71 to 135. Examination of the distribution for racial socialization yielded a mean of 26.74 ( $SD = 5.90$ ). The scores ranging from 14 to 38. Scores for monitoring yielded a mean score of 14.80 ( $SD = 4.08$ ), with scores ranging from 5 to 24. A review of adaptive coping scores also indicates that responses were normally distributed. The mean score for adaptive coping was 3.31 ( $SD = .73$ ), with scores ranging from 1 to 4.93. An examination of all of the main study variables revealed that the degree of skewness and kurtosis revealed both to be low levels and within the appropriate range to meet the assumption of normality (George & Mallery, 2010).

With the exception of household income, all study variables demonstrated low rates of skewness and kurtosis of  $\pm 2$ . Collectively, these scores along with an inspection of the histograms and other indicators of central tendency demonstrate evidence that the variables were normally distributed.

### **Bivariate Analyses**

In order to examine the bivariate pattern of relationships among study variables, correlations were conducted on control, independent, and dependent variables. Table 2 presents all correlations among control, independent, and dependent variables. Unless indicated, all correlations reported were significant at the .05 level or lower. Mother's income and education were the only control variables that were significantly correlated with one another ( $r = .47$ ), indicating that a higher level of education was positively correlated with higher income. Correlational analysis, among the control variables and independent variables indicated that,

adolescent gender was positively correlated with parental monitoring ( $r = .19$ ). Specifically, this indicated that girls perceived more parental monitoring than boys. Older adolescents receive less monitoring from parents ( $r = -.20$ ). There were no correlations detected between adolescent's age ( $r = -.13$ ), adolescents' gender ( $r = .00$ ), or mothers' education and adaptive coping.

Parental monitoring was positively correlated with mother-adolescent relationship quality ( $r = .29$ ), indicating that adolescents who perceived a more positive relationship quality with their mothers also reported more monitoring. Racial socialization demonstrated a small positive correlation with mother-adolescent relationship quality ( $r = .20$ ), indicating that adolescents who reported more attachment to their mothers also reported receiving more messages about coping successfully through racially hostile situations and the importance of relying on religion and spirituality in the process.

Both mother-adolescent relationship quality ( $r = .38$ ) and racial socialization ( $r = .35$ ) were positively correlated with adaptive coping. This indicates that children who are more attached to their parent are more likely to utilize more adaptive coping strategies and adolescents who receive more cultural coping with antagonism messages from parents are more likely to utilize more adaptive coping strategies.

## **Main Analysis**

An inspection of central tendency scores and histograms for the various study variables indicated that the variables for the planned model met the assumptions of multiple regression. Multiple regression was used to test all of the study hypotheses. Control variables (e.g., adolescent age, adolescent gender, mother's education) were entered at Step 1. The main study variables (e.g., mother-adolescent relationship quality, parental monitoring, racial socialization) were entered at step 2.

Full model results (See Table 3) indicated that older adolescents reported lower levels of adaptive coping ( $\beta = -.18, p < .05$ ). There was a trend for adolescent gender indicating that boys were more likely to use adaptive coping than girls ( $\beta = -.18, p = .053$ ). There was no relationship between mothers' level of education and adolescents' report of adaptive coping.

Consistent with hypothesis 1, mother-adolescent relationship quality was a positive predictor of adaptive coping ( $\beta = .35, p < .001$ ). Hypothesis 2 stated that adolescent's perception of their parent's level of monitoring would be positively associated with the adolescent's use of adaptive coping. Against predictions, results indicated that parental monitoring was not a statistically significant predictor of adaptive coping ( $\beta = .06$ ). Hypothesis 3 stated that adolescent's perception of parent's messages focused on racial socialization would predict more frequent use of adaptive coping. Results were consistent with hypothesis 3 ( $\beta = .30, p \leq .001$ ).

Though model results indicated that the full model was statistically significant, the case diagnostics command indicated that 1 case functioned as an outlier. The respondent was the only case that had a score of 1 on adaptive coping, and this score was the lowest score of all respondents. Additionally, the respondent reported a much lower level of adaptive coping than would have been predicted based on the scores on the predictor variables (residual = -2.31). A check of the hard copy records indicated that the respondent answered all questions systematically rather than randomly. Additionally, all data were scored and entered properly.

Despite the accuracy of the records, the pattern of relationships between two of the control variables and the outcome variable in the original model signaled a potential detrimental impact of the outlier on the entire model. To address this, two scatterplots were completed: (1) adolescent age and adaptive coping and (2) adolescent gender and adaptive coping examine the impact of the outlier on the data visually. The graphs indicated that the outlier appeared to affect

the correlation between the aforementioned predictors and the outcome variables. For these reasons, the case was deleted from the dataset and analyses were repeated with the outlier removed.

These actions seemed to improve the model fit slightly. Importantly, the negative relationship between adolescent age and adaptive coping was no longer significant (See Table 4). In the revised model, adolescent age ( $\beta = -.14, n. s.$ ) and adolescent gender ( $\beta = -.15, n. s.$ ) were nonsignificant predictors of adaptive coping, mirroring the pattern detected in the correlational analyses. Mothers' level of education remained a nonsignificant predictor of adaptive coping. In the revised model, the Beta weights for mother-adolescent relationship quality ( $\beta = .37, p < .0001$ ) and racial socialization ( $\beta = .30, p \leq .001$ ) were both somewhat stronger. The full model explained 30% of the variance in adaptive coping,  $F(6, 109) = 7.37, p < .0001$ .

## Discussion

The present study sought to explore the relationship between mother-adolescent relationship quality, parental monitoring, and racial socialization as predictors for adaptive coping in African American adolescents. Three predictors were tested in this study. It was predicted that all three family factors would be positively associated with adolescents' adaptive coping. Underlying these hypotheses is the notion that, the African American family has been considered a protective factor against stressors and other risk factors that African Americans face, thus the African American family is a hub for developing adaptive coping in and of itself (Hill, 1971; Hood, Brevard, Nguyen, & Belgrave, 2013). Additionally, this study is consistent with the ABC-X theoretical model, which posits that family resources (e.g., "B") are an important factor for how a stressor will be managed (Hill, 1949). Specifically, maternal-

adolescent relationship quality and cultural coping with antagonism (e.g., racial socialization) are important resources for coping in African American adolescents.

This study adds to the current literature with its focus on African American adolescents from a variety of income levels in a metropolitan area and a variety of neighborhood contexts. The majority of the mothers in the sample had some college education, another distinctive factor of this study. Previous studies on coping in African American adolescents have mostly looked at those living in low-income/violent contexts (Edlynn, Miller, Gaylord-Harden, Richards, 2008; Tolan et al., 2002) or how African American adolescents cope with racism and discrimination (Gaylord-Harden & Cunningham, 2009; Seaton, Upton, Gilbert, Volpe, 2014). Moreover, this study looks at general coping strategies that can be applied to a variety of everyday stressors, while previous studies have looked at African American adolescents' coping responses to specific stressors such as living in poverty, living in a neighborhood with high violence, or coping with discrimination. Thus, adaptive coping strategies which can be utilized across different stressful situations have not yet been explored in this population.

Results did not show that gender played a role in the pattern of findings in this study. According to the literature, girls tend to use more support seeking coping when compared to boys and boys tend to use more problem-focused coping strategies than girls (Eschenbeck et al., 2007; Moodley et al., 2014; Seiffge-Krenke, 2011). Moreover, girls tend to use more emotion-focused coping strategies (Kort-Butler, 2009; Seiffge-Krenke, 2011). The current study's definition of coping combines these two strategies, with a focus on strategies that are generally viewed as positive ways to respond to stress. Distinctions between conceptualizations of coping in other studies and the current study may be responsible for the absence of gender-related findings detected here.

It was predicted that adolescent's perceptions of mother-adolescent relationship quality would be positively associated with their levels of adaptive coping. Results supported the hypothesis. Adolescents who reported a positive relationship with their mothers also reported greater use of adaptive coping. These findings are consistent with the general literature in that secure attachment has been linked to more adaptive ways of coping (Allen, Porter, McFarland, Marsh, & McElhane, 2005; Scharf, Mayseless, & Kivenson-Baron, 2004). Moreover, parental involvement has been linked to more active coping strategies such as support-seeking coping, including both social and spiritual support (Clark et al., 2002; Gaylord-Harden et al., 2010). The current study's findings are supported by the literature, and also, add to the literature because of the unique nature of the study's sample. This is a sample of African American adolescents that are normally excluded from the literature; thus, these results add to the salience of positive mother-adolescent relationship quality. Furthermore, it shows that positive mother-adolescent relationships support coping strategies in a variety of contexts for African American adolescents.

The second research question examined the relationship between adolescent's perceptions of their parent's level of monitoring and adolescent's use of adaptive coping. Results indicated that the relationship between monitoring and coping was not significant. These findings suggest that parental monitoring is not predictive of adaptive coping skills in African American adolescents. This relationship has not yet been explored within the African American population and thus this relationship has not yet been represented in the literature. It was hypothesized that monitoring would support adaptive coping strategies due to the protective nature of monitoring and the negative relationship between parental monitoring and risky coping behaviors (Romero & Ruiz, 2007). According to these findings, while monitoring may not be related to adaptive coping strategies, it could be helpful to explore whether or not monitoring

was negatively correlated with more maladaptive coping strategies which were not explored in the current study.

Third, it was predicted that adolescents who perceived more frequent parental messages focused on use of cultural coping with antagonism would also use more adaptive coping strategies. Consistent with predictions, results indicated a significant positive relationship between cultural coping with antagonism messages and adaptive coping. Research on the role of cultural coping with antagonism or other forms of racial socialization have not been explored in the coping literature to date, thus, making this study among the first. These findings add to the current literature in demonstrating that when adolescents receive more messages about the importance of struggling successfully through racial hostilities and the importance of religion and spirituality in coping, they are able to utilize more adaptive coping skills. Thus, cultural coping with antagonism intrinsically supports adaptive coping. Furthermore, connecting this back to the Mundane Extreme Environmental Stress Model, this is a necessary part of African American's coping repertoire. Stressors associated with discrimination and racism plague the daily lives of African American, and it is pertinent that African Americans learn how to cope with these stressors in order to avoid negative mental health outcomes (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014; Nadal, Wong, Griffin, Davidoff, Sriken, 2014; Solórzano et al., 2000).

With its focus on adaptive coping, this study highlights a new coping construct that has not yet been explored within the literature, adaptive coping. In this study, adaptive coping is defined as intentional cognitive and behavioral efforts in order to actively manage stress or one's emotions in response to the stressor and adapt to the source of stress (Compas et al., 2001). Adaptive coping consists of (a) problem solving and self-reliance (e.g., use of good organizing skills, working hard, pursuing positive activities), (b) cognitive reappraisal and acceptance (e.g.,

positive thinking about life and difficult situations), and (c) support-seeking strategies (e.g., reaching out to family members and other loved ones for support; Ayers, Sandier, West, & Roosa, 1996; Bynum & Brody, 2005; Compas, Forsythe, & Wagner, 1988; Compas et al., 2001; Ebata & Moos 1991). This construct reflects positive coping strategies that can be used with a variety of stressors, rather than just those that are extreme and uncontrollable (Ayers, Sandier, West, & Roosa, 1996; Bynum & Brody, 2005; Compas, Forsythe, & Wagner, 1988; Ebata & Moos 1991; Moos, 2002). As many studies on coping behavior in African American youth focus on coping responses to overwhelming stressors (e.g., Edlynn, Miller, Gaylord-Harden, Richards, 2008; Sanchez, Lambert, Cooley-Strickland, 2013), the present work helps extend focus beyond the current narrative that emphasizes the benefits of avoidant coping for African American youth. These are also coping strategies that have been found to be beneficial for the entire adolescent population, and not just African American adolescents.

### **Limitations**

Despite its contributions, this study is not without limitations. One limitation of this study is the limited statistical power due to the small sample size. Thus the capacity to pick up gender differences or income differences was limited. Furthermore, while this study assessed the contributions of parents and other caregivers to monitoring and cultural coping with antagonism messages, it only assessed relationship quality for mothers. It is possible that the relationship between adolescents and their fathers and/or other caregivers contribute to adolescents' use of adaptive coping strategies in distinct ways not assessed here. Additionally, this study relied solely on adolescent report data and did not measure the "C" of the ABC-X model, which represents the family's perception of the stressor. Future studies should explore this factor and see how a family's view of a stressor may impact adolescents' coping abilities. Nonetheless,

adolescents' perceptions of their family relations are still useful in understanding how they develop their coping skills (Bynum, Burton, & Best, 2007).

### **Suggestions for Future Research**

Future research should explore coping among African American adolescents in the full array of contexts that African Americans face (Allison et al., 1999; Gaylor-Harden, Gipson, Mance, & Grant, 2008). Research on positive coping strategies that are generally used by African American adolescents on a day-to-day basis is lacking in the current literature. Moreover, it would be important to explore how adaptive coping relates to mental health outcomes in adolescents such as anxiety and depression given the importance of coping to children's mental health more generally (Edlynn, Gaylord-Harden, Richards, & Miller, 2008; Herman-Stahl, Stemmler, & Peterson, 1995). Lastly, future research should include information on fathers and other caregivers (e.g., grandmothers) in order to gain a full understanding of the family context and how it impacts adolescents (Salem, Zimmerman, & Notaro, 1998). Collectively, such studies would help researchers and clinicians have a full portrait of the ways families help African American adolescents acquire skill sets to help them cope with stress effectively.

### **Clinical Implications**

This study has several clinical applications in helping to ensure that African American adolescents can access positive coping strategies. First, this study highlights the importance of family resources in the coping of African American adolescents, particularly the role the quality of adolescents' relationships with their mothers. It is likely that mothers model adaptive coping for their adolescent children and share advice on healthy coping strategies in the context of the parent-child relationship. Clinicians should look for opportunities in session to highlight

mothers' capacity to convey positive coping strategies to their children (Mikulincer & Shaver, 2008). This also highlights the importance of mothers having adaptive coping skills of their own, which therapists can help mothers to develop, preferably before children reach the adolescent stage. Moreover, it should be stressed to parents that their children will likely be coming to them for support when coping with a stressor or an event and mental health professionals can help prepare parents for this task.

Furthermore, it is important for clinicians to talk directly to families about racial socialization and racial issues more generally (Brody, Murry, McNair, Chen, Gibbons, Gerrard, & Wills, 2005; Coard, Wallace, Stevenson, & Brotman, 2004). Racism and discrimination are chronic daily realities for African American families, even if these issues are not the focal reason for seeking therapy (Carroll, 1998). According to the current study's findings, parents should be educated about the benefits of focusing on messages that teach adolescents about the importance of struggling successfully through racial hostilities and messages about the role of spirituality and religion if this fits with the family. Addressing these issues directly in therapy can open up a necessary dialogue between parents and their adolescents that can be beneficial for adolescents' development of adaptive coping over time.

### **Prevention and Intervention**

Parenting practices and other family processes are important protective factors against risky coping behaviors, such as substance abuse, for African American youth (Wallace & Muroff, 2002). Programs that strengthen African American families' resources can have positive impacts of African American youth. Family-centered interventions have found to be effective in reducing problem behaviors, enhancing competencies, and improving family relationships (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004; Dishion & Stormshak, 2007; O'Connell,

Boat, & Warner, 2009). Evidence also suggests that programs that include youth and their families are more effective than those that include youth only (Foxcroft, 2006; Spoth et al., 2002). This includes that family skills training programs (Kumpfer & Alvarado, 2003) that combine individual youth skill building, parenting skills training, and family interaction training. Results from the current study provide evidence for a family skills training program that promotes adaptive coping skills for both parents and adolescents and promotes building parent-child relationship quality. There should be a community-based delivery system for these programs, which includes churches, schools, and other community organizations that African American families trust (P. Cowan, C. Cowan, M. Pruett, K. Pruett, & Wong 2009; Zand et al., 2004).

## **Conclusion**

Adaptive coping behaviors can be helpful in reducing stress and poor mental health outcomes (Ayers, Sandier, West, & Roosa, 1996; Compas, Forsythe & Wagner, 1988; Ebata & Moos, 1991). This study provides a useful strategy for assessing healthy coping in adolescents who are facing a variety of stressful situations. The findings in this study are consistent with the Mundane Extreme Environmental Stress Model and the ABC-X Model providing evidence that specific aspects of African American families serve as a source of protection for African American youth (Carroll, 1998; Hill, 1949). Clinical intervention and policies that help bolster relationships between adolescents and their mothers and that foster effective delivery of parental messages about coping with the realities of racism and discrimination will likely have benefits for the positive development of African American youth. Due to the daily stressors that African Americans face due to minority status, we must continue to explore the strengths of the African

American family and ways to build upon these strengths so that we can ensure the healthy development of African American youth.

Table 1

*Descriptive Information on Variables*

Variables	<i>M</i>	<i>SD</i>	Min	Max
1. Adolescent gender	1.55	.50	1	2
2. Adolescent age	15.50	1.02	14	17
3. Mother's education	7.0	2.21	1	12
4. Household income	2.08	.90	1	3
5. Mother-adolescent relationship quality	104.15	11.92	71	139
6. Racial socialization	26.74	5.90	14	38
7. Monitoring	14.80	4.08	5	24
8. Adaptive coping	3.31	.73	1	4.93

*Note.*  $N = 109$ .

Table 2

*Correlations Among Demographic Information, Mother Adolescent Relationship Quality, Racial Socialization, Monitoring, and Adaptive Coping*

Variables	1	2	3	4	5	6	7	8
1. Adolescent gender	_____							
2. Adolescent age	-.12	_____						
3. Mother's education	-.11	.03	_____					
4. Household income	-.18	-.05	.47**	_____				
5. Mother-adolescent relationship quality	.24*	.06	-.01	-.02	_____			
6. Racial socialization	.11	-.04	-.18	-.03	.20*	_____		
7. Monitoring	.19*	-.20*	.06	.07	.29**	.13	_____	
8. Adaptive coping	.004	-.13	-.05	.03	.38**	.35**	.17	_____

*Note.* Adolescent gender: Boys = 1. Girls = 2.

\* $p \leq .05$ . \*\* $p \leq .01$ .

Table 3

*Multiple regression of adaptive coping on family variables for the full sample (N = 109)*

Variable	<i>B</i>	<i>SE B</i>	$\beta$	<i>t</i>
Adolescent age	-.13	.06	-.18	-2.09*
Adolescent gender	-.25	.13	-.17	-1.96*
Mother's education	-.01	.03	-.02	-.23
Mother-adolescent relationship quality	.01	.01	.35	3.85*
Racial socialization	.03	.01	.27	3.14*
Parental monitoring	.01	.02	.06	.61

*Note.* Adolescent gender: Boys = 1. Girls = 2.  $F(6, 109) = 6.30, p < .0001$ .

\*  $p \leq .05$ . \*\*  $p \leq .01$ . \*\*\*  $p \leq .001$ .

Table 4

*Multiple regression of adaptive coping on family variables with the outlier removed (N = 108)*

Variable	<i>B</i>	<i>SE B</i>	$\beta$	<i>t</i>
Adolescent age	-.10	.06	-.14	-1.66
Adolescent gender	-.21	.12	-.15	-1.71
Mother's education	-.02	.03	-.06	-.68
Mother-adolescent relationship quality	-.023	.01	.37	4.23***
Racial socialization	-.04	.01	.30	3.54**
Parental monitoring	.01	.02	.04	.50

*Note.* Adolescent gender: Boys = 1. Girls = 2.  $F(6, 108) = 7.32, p < .0001$ .

\* $p \leq .05$ . \*\* $p \leq .01$ . \*\*\* $p \leq .001$ .

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