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The primary aim of this paper was to examine associations between supportive-responsive maternal/paternal–adolescent relationships and adolescents’ coping strategies and whether associations vary across adolescent gender. It was hypothesized that supportive-responsive parent–adolescent relationships (indicated by high support and knowledge and low psychological control) would predict higher levels of seeking family support, peer support, and seeking spirituality and lowered levels of anger coping and substance-use coping. Gender of parent and adolescent was considered to examine whether associations between supportive-responsive maternal/paternal and adolescent relationships would vary across boys and girls. Participants included 367 Mexican American adolescents ( $M$  age = 14.46,  $SD$  = .69; 58% female). Structural equation modeling (SEM) involving latent and manifest constructs and multigroup analyses was used to evaluate the study aims. Results generally supported the primary hypothesis in that supportive-responsive parent–adolescent relationships were associated positively with seeking support from family, peer support, and spirituality and associated negatively with anger and substance-use coping. However, some paths varied across adolescent gender indicating that the effect of parenting on adolescent coping strategies was gendered particularly for father-son adolescent relationships. These findings highlight the importance of proximal supportive and responsive relationships with mothers *and* fathers for boys’ *and* girls’ coping in Mexican American families.

THE ROLE OF PARENT–ADOLESCENT RELATIONSHIPS IN PREDICTING  
MEXICAN AMERICAN ADOLESCENTS’ COPING STRATEGIES:  
EXAMINING VARIATION ACROSS PARENT  
AND ADOLESCENT GENDER

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To my family who has been my support system and source of strength. Thank you for always believing in me and encouraging me to follow my dreams.

APPROVAL PAGE

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## **CHAPTER I**

### **INTRODUCTION**

Adolescence has been broadly defined as a period of stress and change associated with normative and nonnormative stressors. As a result, researchers have conceptualized adolescence as a period that includes the development of new vulnerabilities and requires coping (Compas et al., 2001, 2009; Frydenberg & Lewis, 1993). Moreover, the way in which adolescents cope with stressors has important implications for their future adjustment and health (Compas et al.; Seiffge-Krenke, 2000) and future coping in adulthood (Patterson & McCubbin, 1987). Thus, understanding the various coping strategies used by adolescents and the factors that influence the development of such strategies has been recognized as an important research endeavor (Compas et al.; Zimmer-Gembeck & Locke). A majority of studies, however, have focused on the associations between coping strategies and adolescent adjustment (e.g., mental health) (Seiffge-Krenke, 1995; 2000; Skinner et al., 2003), with relatively fewer studies examining predictors of adolescents' coping strategies. As such, there is limited available data to explain how or why adolescents use certain coping strategies versus others.

A promising area of research has focused on the family as a primary socializing context that influences how adolescents respond to stress (Brody et al., 2005; Clark et al., 2002; Dusek & Danko, 1994; Lucas-Thompson & Goldberg, 2011; Shulman, Seiffge

Krenke, & Samet, 1987; Seiffge-Krenke & Pakalaniskiene, 2011; Zimmer-Gembeck & Locke, 2007). Several studies have specifically focused on the role of parents and found that parental acceptance and involvement, indicative of a warm, affective parent–adolescent relationship, predicted adolescents’ ability to plan and think ahead (Brody et al.), ways of coping (Dusek & Danko; Zimmer-Gembeck & Locke), and adolescents’ anger expression (Clark et al.). Additionally, supportive and involved parenting has consistently predicted positive adolescent well-being (Call & Mortimer, 2001), academic achievement (Dumka et al., 2005), self-esteem (Supple & Small, 2006), sense of mastery and control (Brody et al., 2005; Gray & Steinberg, 1999), and lowered problem behavior (Fletcher, Steinberg, & Williams-Wheeler, 2004; Soenens et al., 2006).

Several studies also have suggested that gender may play a role in explaining associations between parenting and adolescent outcomes (Dumka et al., 2009; Russell & Saebel, 1997), such as coping abilities (Clark et al., 2002). In terms of adolescent gender, studies have indicated that girls and boys cope with stress differently (Clark et al.; Copeland & Hess, 1995; Frydenberg & Lewis, 1993) particularly within the family context (Liu, Gonzales, Fernandez, Millsap, & Dumka, 2011). Some studies also have suggested that there are differential and unique effects of maternal and paternal parenting for boys’ and girls’ outcomes (Bornstein, 1994; Dumka et al.). Meanwhile, other studies have not found these gender differences when including parent and adolescent gender (Clark et al., 2002; Laird et al., 2003); however, the examination of gender in these particular studies may have been limited due to small sample sizes and the use of one

parent (e.g., mothers) to score to represent “parenting” thereby possibly preventing these differences to emerge (Bogenschneider & Pallock, 2008; Russel & Saebel, 1997).

Taking into consideration all of these findings, this study sought to examine the ways in which supportive-responsive parent–adolescent relationships influence coping strategies used by adolescents. Due to the limited research on the role of mothers *and* fathers, particularly in relation to adolescent coping, this study contributes to the literature by examining whether gender of the parent and adolescent matter in predicting the way supportive-responsive parent–adolescent relationships influence adolescent coping strategies. Additionally, this study contributes to research by considering these questions within Mexican American families, as a majority of research on parenting and adolescent coping has mostly included European American families (Aldrige & Rosch, 2008; Compas et al., 2001; Halgunseth, Ispa, & Rudy, 2006; Hill, Bush, & Roosa, 2003). To understand the proximal nature of parent–adolescent relationships and the effect of gender on adolescent coping, this study drew upon bioecological theory and coping frameworks.

### **Theoretical Foundations: Bioecological Theory**

The overarching theoretical framework for this study will draw upon Bronfenbrenner’s bioecological theory (Bronfenbrenner & Morris, 2006). The four defining properties of the bioecological model include process, person, context, and time, as well as the complex, dynamic, and interactive relationships among each level (Bronfenbrenner & Morris). Next, I will define each component of the bioecological model within the context of the present study.

**Proximal Process.** The first defining component of the bioecological model is process. Bronfenbrenner and Morris (2006) described process as a theoretical construct that represents interactions between the person and the environment that continue over time, otherwise called proximal processes. Proximal processes are situated as the key driving force and primary mechanism in shaping development over time. More specifically defined in Proposition I, proximal processes are described as the mechanism of human development that takes place within progressively more complex reciprocal interactions and are simultaneously impacted by person characteristics, context, and time (Bronfenbrenner, 1994, Bronfenbrenner & Ceci, 1994; Bronfenbrenner & Morris, 2006). Bronfenbrenner and Morris (2006) also stated that proximal processes are effective when “occurring over a fairly regular basis, over extended periods of time” (p. 797).

In the present study, adolescents’ perceptions of parenting behaviors will be conceptualized as proximal process. This conceptualization fits with Bronfenbrenner’s ideas because the way adolescents perceive their parents’ behaviors is likely a reflection of the exceedingly complex and bidirectional exchanges between parents and adolescents, which are a key influence on adolescent behavior. In addition, adolescents’ subjective interpretations of these proximal processes with their parents also match the subjective environment of how they experience and deal with stress.

**Person.** Bronfenbrenner and Morris (2006) described person characteristics as influences on individuals’ environments and subsequent development through their ability to affect the strength and direction of proximal processes over the life span. Gender represents a key person characteristic classified as a demand characteristic in

Bronfenbrenner's model. Demand characteristics are those that are initially noticed by others (e.g., gender) that automatically alter the interaction between individuals (Bronfenbrenner & Morris). According to the bioecological model, gender can function as a main effect or a moderator. The former includes mean level differences in variables whereas the latter may impact the strength and direction of parent–adolescent proximal processes within the microsystem. In the present study, gender will be examined as a person characteristic of both the parents (main effect) and the adolescent (moderator). Previous research also has suggested that gender is a powerful demand characteristic (Cunningham, Kliewer, & Garner, 2009; Raffaelli & Ontai, 2004) that may also influence the way adolescents cope with stress (Copeland & Hess, 1995; Frydenberg & Lewis, 1993; Liu et al., 2011).

**Context.** From proximal to distal, context includes the (a) microsystem, (b) mesosystem, (c) macrosystem, and (d) chronosystem. The present study examines context specifically within the microsystem. The microsystem includes the characteristics of the individuals (e.g. parents, teachers, relatives, close friends, etc) who are situated within the immediate context and participate in the life of the adolescent over a fairly regular basis (Bronfenbrenner, 1994). Thus, the microsystem is described as the immediate setting in which the adolescent interacts with the surrounding environment by way of proximal processes. Bronfenbrenner (1977) described microsystems as settings (e.g. home, school, and workplace) in which individuals engage in particular activities in particular roles for particular periods of time. The microsystem of the present study is the parent–adolescent relationship in which proximal processes, consistent and ongoing interactions between

parents and adolescents, provide feedback that informs adolescents' perception of the microsystem. Thus, the proximal context of parent–adolescent relationships (by way of parenting behaviors) is proposed to influence the way adolescents experience and respond to stress.

**Time.** Time refers to historical time (e.g. chronosystem), the continuity and change within human development, and daily time, the frequent interactions and activities (e.g., between parents and adolescents) that occur throughout different periods of the developing person's lifespan. Moreover, time in the present study is represented by proximal processes (e.g., parent–adolescent interactions) that are situated within the key developmental period of adolescence. During this developmental period, adolescents are faced with various stressors while simultaneously developing new ways to cope (Compas et al., 1987; 2001; Skinner & Zimmer-Gembeck, 2003; 2007). Although the examination of time is limited in the present study (e.g., cross-sectional design), the focus on a period in which coping has great salience and relevance to future development and adjustment (Compas et al., 1987, 2001; Skinner & Zimmer-Gembeck, 2007; Seiffge-Krenke, 2000) allows for some discussion of time in this way. In the view of a leading group of coping theorists, coping can be considered as “an adaptive process on the scale of developmental time, an episodic process across days and months, and an interactive process in real time” (Coping Consortium, 2001; Skinner & Zimmer-Gembeck, 2007, p.137). Within the present study, coping is examined as dispositional coping or in other words the ways adolescents generally deal with problems over various episodes that

require coping. Next, I will review conceptualizations and theoretical frameworks of adolescent coping, past and more recent approaches.

### **Conceptualization of Coping**

Until the past 20 years, the conceptualization of coping largely relied upon Lazarus and Folkman's (1974) adult model of cognitive appraisal and coping (Compas et al., 2001; Skinner & Zimmer-Gembeck, 2003; 2007; Seiffge-Krenke, 1995). Lazarus and Folkman's model of cognitive appraisal and coping emphasized the role of cognitive processes in individual's appraisal of stressors and the resulting transaction between the person (inner resources) and the environment (external resources and demands). Lazarus and Folkman (1991) further elaborated on this conceptualization to include the constantly evolving and dynamic nature of appraisals and reappraisals that individuals make during and after stressful situations. In this model, coping was defined 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" (Lazarus & Folkman, 1984, p.141). This definition has been helpful in the field's understanding that coping responses are influenced by both the perceived stressfulness of a situation and the match with individual resources (e.g., supportive relationships). In this way, a supportive-responsive parent-adolescent relationship can be viewed as a resource that can influence the way adolescents' perceive and respond to stressful interactions.

Patterson & McCubbin (1987), developers of the Adolescent Coping with Problem Experiences (A-COPE) measure, attempted to build upon Lazarus and Folkman's model of individual coping by integrating the role of family guided by the

Double ABC-X Model. In this model, a coping behavior was defined as “a specific cognition and/or behavior of an individual (e.g., adolescent) or a group of individuals (e.g., family) to reduce or manage demand(s)” (p. 167). To differentiate between coping behaviors and coping resources, Patterson and McCubbin defined coping as thoughts or feelings that prompt adolescents’ behaviors whereas a resource was defined as something an individual has. The guiding tenet of this theoretical approach is that adolescents are simultaneously experiencing stressors and the need to experience balance (e.g., fit) within their environment (Patterson & McCubbin, 1987). These scholars further proposed that balance is achieved when adolescents have sufficient resources to cope with increased demands during adolescence. Thus, the first half of the model includes available coping resources and the second half is represented by the interaction between resources and demands which is proposed to predict adolescents’ coping behaviors.

However, McCubbin and Patterson’s theoretical approach does not provide theoretical links to understanding the developmental process of coping, particularly during adolescence when coping is viewed as becoming more autonomous compared to earlier periods (Compas, 1987; Skinner & Zimmer-Gembeck, 2003; 2007). Recent advancements in coping research have provided a nuanced conceptualization of coping that is guided by a developmental framework.

**Developmental Framework of Coping.** Although continued work is needed theoretically and empirically, a majority of coping theorists have reached consensus on an emerging, multi-level framework of coping (Compas et al., 2001; Skinner et al., 2003; 2007; Zimmer-Gembeck & Skinner, 2011). Broadly, this multi-level framework of



coping has been defined as conceptualizations of coping that allow for an investigation of how development of various regulatory subsystems (e.g., language, cognition, social, emotional, attentional) work together to generate coping abilities at different ages (Skinner et al.; Zimmer-Gembeck & Skinner). The major theoretical tenet of the multi-level framework is that coping represents the central, underlying component that results when multiple regulatory systems work together to manage stress that is developed early in life and is continually shaped throughout adolescence (Skinner et al.; Zimmer-Gembeck & Skinner) and over the lifespan (Aldwin, 2007). Conceptually and empirically, Skinner and colleagues have worked toward identifying theoretical constructs of coping that occur across developmental periods with the recognition that coping conceptualizations may change in form and nature but the functionality remains (e.g., infant crying—seeks comfort and demands attention from caregiver; adolescent seeks out parent for support and attention—social support seeking).

Additionally, this multi-level framework emphasizes the necessity for a bridge between regulation and coping literatures to examine coping as a developmental process (Compas et al.; Skinner et al., 2003; 2007; Zimmer-Gembeck, 2011); however, the distinctiveness and meaning of regulation (Cole, Martin, & Dennis, 2004) versus coping (Compas et al., 2009) is still debated. More specifically, one aspect of regulation; that is processes and systems that work together to control thoughts, feelings, behaviors, and actions, and reactions; is emotion regulation - broadly defined as changes associated with emotional arousal or other physiological processes related to an emotion (Cole et al.). Meanwhile, coping has been viewed as “one aspect of a broader set of processes that are

enacted in response to stress” (Compas et al., 2001, p. 89). As such, leading coping and regulation theorists have defined coping as “conscious volitional efforts to regulate emotion, cognition, behavior, physiology, and the environment in response to stressful events or circumstances” (Compas et al., p. 89), “action regulation under stress” (Skinner & Zimmer-Gembeck, 2007, p. 122), and as “involving regulatory processes in a subset of contexts—those involving stress” (Eisenberg, Fabes, & Guthrie, 1997, p. 42). Moreover, the field of coping is now moving towards a consensus that coping is best defined as “regulation under stress” (Compas et al., 2001; Eisenberg et al.; Skinner & Zimmer-Gembeck, 2003, 2007; Zimmer-Gembeck & Skinner, 2011). Scholars have drawn attention to shared conceptual overlap in that both coping and regulation “involve efforts to deal with both internal and external demands which are influenced by situational characteristics and the participation of social partners” (Zimmer-Gembeck and Skinner, 2011, p. 2).

In regard to social partners, studies have shown the powerful influence that parents play in shaping children’s coping (Kliewer et al., 1996; Power, 2004); however, relatively fewer studies have examined parents’ influences on adolescents’ coping. Theoretically, Compas and colleagues (2009) suggest that coping may become more autonomous during adolescence in that adolescents are more aware of their coping abilities and the availability (or lack) of coping resources (e.g., parents, teachers, friends). Similarly, Skinner et al. (2003) suggest that parents’ continue to influence coping through adolescence but that the effect is more direct during childhood. Specifically, Skinner and colleagues suggest that adults, through supportive and responsive interactions and

involvement with children, are able to monitor children's reactions to stress and are aware of symptoms that may signal that children's regulatory systems are overwhelmed (e.g., panic, rumination, confusion) and in turn, use this information to adjust their behavior toward the child (e.g., decrease demands and/or offer more support). Skinner and colleagues also have proposed that a theoretical, hierarchical structure for understanding coping across childhood and adolescence is essential to understanding the role of social partners in the continued development of coping that occurs throughout adolescence.

**Hierarchical Model of Coping.** The hierarchical model of coping provides a theoretical structure for understanding coping at which the highest level includes families of coping. Families of coping are defined as “a set of higher-order core categories that are based on adaptive functions coping serves and provide hierarchical organization for lower-order ways of coping” (Skinner & Zimmer-Gembeck, 2007, p.124). Ways of coping or lower-order coping strategies have been referred to as the “basic descriptive units” used to describe the infinite ways individuals respond to stress (Skinner & Zimmer-Gembeck). Approximately 12 families of coping have been agreed upon as core categories of coping whereas over 400 ways of coping have been identified (Skinner & Zimmer-Gembeck, 2003). For example, social support seeking, opposition, and escape represent 3 of the 12 categories of coping commonly studied and utilized during adolescence. Skinner and colleagues (Skinner & Edge, 1998; Skinner & Zimmer-Gembeck) proposed that the organization of these families is represented by the level of distress (threat versus challenge) and target of coping (self versus context). In this way,

Skinner and colleagues organized coping strategies within action categories which simultaneously include behavior, individuals' emotions, attentions, and goals and represent the multi-dimensional nature of each family of coping.

The family of support seeking, for example, is organized around challenges to relatedness and involves appraisals of the availability (or absence) of trusted others with the focus of coping placed on changing the context of the stressor (Skinner et al., 2003; 2007; Zimmer-Gembeck & Locke, 2011). Support seeking coping has been conceptualized as a reliance on others for emotional and instrumental support and behaviors that promote positive supportive relations that put individuals in the care of others (Skinner et al., 2003). Seeking social support is complex in nature as it can include different targets of support (e.g., parents, peers, God), kind of support sought (e.g., contact-seeking, comfort-seeking, instrumental aid, guidance), domain (e.g., medical, academic, peer, family), and means of seeking support (e.g., proximity-seeking, expressions of distress, verbal requests; Skinner & Zimmer-Gembeck, 2007).

Another family of coping referred to as opposition has been defined as lower-order coping strategies that are triggered by appraisals of threat to self-determination (autonomy) with an underlying goal and motivation to alter the context of the perceived stressor. For example, Skinner and colleagues (2003) proposed that opposition strategies may represent attempts to warn others of their encroachment on their goals. Examples of opposition coping strategies include anger, projection, venting, and blaming others (Skinner et al.).

Meanwhile, escape coping includes ways of coping triggered by appraisals of threat to control (competence) targeted at fixing the context of the stressor. Lower-order escape coping strategies include pessimism, substance-use coping, and procrastination. Previous research supports this view that individuals' appraisal of a stressor as outside of their control in combination with an exhaustion of resources results in lower perceived competence and attempts to avoid and escape from the stress (e.g., substance-use coping; Compas et al., 2001; Wills, 1986).

## **CHAPTER II**

### **LITERATURE REVIEW**

#### **Supportive-Responsive Parent–Adolescent Relationships**

Various conceptualizations and terms have been used to operationalize an overall supportive and warm affective relationship adolescents experience with their parents. Responsive and supportive parent–adolescent relationships, for example, can be characterized by acceptance, closeness, emotional and instrumental support, and involved parenting (Bogenschneider & Pallock, 2008; Brody et al., 2005). Parental responsiveness has been defined as, “the extent to which parents intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children’s special needs and demands” (Baumrind, 1991, p. 62). In addition, Steinberg (2000) and colleagues (Gray & Steinberg, 1999; Silk, Morris, Kanaya, & Steinberg, 2003) also discussed three stylistic dimensions of parenting, specifically parental warmth (support), firm control (knowledge, monitoring, limit setting), and autonomy granting, previously viewed as the opposite of controlling and intrusive parenting behaviors. Meanwhile, Barber (1996; 2001) and others (Silk et al.) clarified the distinctiveness of psychological control (parenting behaviors that are intrusive and controlling) and autonomy granting (democratic disciplinary practices and the encouragement of child expressiveness by parent) and encouraged the field to include the core qualities of each construct in future research rather than defining a construct as the lack of a certain behavior (positive or

negative). Three key parenting behaviors that overlap with Steinberg's and Barber's conceptualizations of parenting include parental support, parental knowledge, and low psychological control which have consistently predicted positive adolescent outcomes (Barber, 1996; 2001; Gray & Steinberg; Fletcher et al., 2004; Steinberg, 2000).

Therefore, these parenting behaviors (support, knowledge, and low psychological control) should be similarly associated with other normative developmental tasks such as adolescents' use of coping strategies. Subsequently, I will define the three parenting behaviors that represent the supportive-responsive parent-adolescent relationship and also provide a review and critique of previous research.

**Parental Support.** Parental support has been defined as warmth and affection shown toward the adolescent, indicated by approval, love, encouragement and value for academic achievement (Bush, Supple & Lash, 2004; Call & Mortimer, 2001; Gray & Steinberg, 1999; Pereira, Chapman, & Stein, 2006; Soenens et al., 2006). In the present study, parental support was defined as the adolescent's perception of emotional support (e.g., warmth, affection) and instrumental support (e.g., support for academic achievement) received from their mothers and fathers. A majority of research supports the claim that consistent and stable emotional connections between parents and adolescents promotes positive social and emotional adjustment during adolescence (Caples & Barrera, 2006; Cui, Conger, Bryant, & Elder, 2002; Supple & Small, 2006).

Additionally, studies consistently show that adolescents with supportive, involved, and responsive parents are better adjusted and protected against negative outcomes compared to their peer counterparts with respect to higher self-esteem, lowered

problem behaviors and association with deviant peers and internal distress, and higher academic performance (e.g., GPA) (Barber, 1996; Bogenschneider & Pallock, 2008; Fletcher, Steinberg, & Williams-Wheeler, 2004; Gray & Steinberg, 1999; Soenens et al., 2006; Steinberg, 1990). In particular, these studies highlight the importance of parental support in combination with other parental constructs such as parental knowledge.

**Parental Knowledge.** Guided by Stattin & Kerr (2000), current research has operationalized parental knowledge as the extent to which parents know about their adolescent's friends, whereabouts, and activities. Parents can gain knowledge through various avenues such as active parental solicitation (or otherwise referred to as parental monitoring), adolescent self-disclosure, asking spouses for information, or by controlling the adolescent's whereabouts to within the home (Crouter & Head, 2002; Crouter, Helms-Erikson, Updegraff, & McHale 1999; Fletcher, Steinberg, & Williams-Wheeler, 2004; Stattin & Kerr, 2000, Kerr & Stattin, 2000). Although the importance of the ways parents obtain information may be debated, the importance of clear conceptualization of parental constructs has been recognized. Past studies have often confounded associations among parental constructs (e.g., monitoring, knowledge, strictness) and adolescent outcomes by including constructs within a single measure; however, more recent studies have revealed that knowledge, monitoring, control, and adolescent self-disclosure are differentially related to adolescent outcomes (Fletcher et al; Stattin & Kerr).

Similar to parental support, parental knowledge has been associated with positive adolescent outcomes including higher self-esteem (Supple & Small, 2006), seeking out support from family and close others (e.g., peers), and lowered levels of ventilating



feelings and substance-use coping (Lotfi-Rezvani, Ferber, & Plunkett, 2011). Most notably, parental knowledge has been associated with lowered risky behaviors (Supple & Small) such as substance-use (Fletcher et al., 2004) and delinquency (Cota-Robles & Gamble, 2006). Stattin and Kerr (2000) found that adolescents who were closer to parents were more likely to divulge information to their parents, thus increasing parental knowledge. Moreover, adolescents who feel more supported and more close to their mother or father will be more likely to self-disclose about their lives, increasing parental knowledge. Similarly, Romero and Ruiz (2007) found that parental closeness and “monitoring” were associated with lowered coping with risky behaviors (e.g., substance-use, yelling/hitting).

Romero and Ruiz’s operationalization of monitoring, however, confounded several parenting constructs within an averaged measure by including items that represented monitoring (e.g., “My parents try to get to know my friends and their families”), parental knowledge (e.g., “My parents know exactly where I am when I am not in school”), and parental control (“My parents tell me what I am allowed and not allowed to do”). Thus, this measure of monitoring lacks conceptual clarity and may more accurately reflect several parental constructs within the parent–adolescent relationship rather than a singular measure of parental monitoring (Fletcher et al., 2004; Stattin & Kerr, 2000).

**Psychological Control.** Another aspect of parenting referred to as psychological control has been defined as a negative, manipulative type of control indicated by pressuring tactics such as instilling of anxiety, love withdrawal, and guilt induction

(Barber, 1996). Love withdrawal refers to behaviors such as avoiding eye contact and refusing to speak with the adolescent whereas guilt induction tactics includes parenting behaviors that instill guilt reasoning (Barber; Peterson, Rollins & Thomas, 1985). Due to the use of conditional regard and manipulation tactics by parents, psychological control is generally viewed as a negative and inappropriate parenting behavior, particularly clashing with adolescents' increased developmental need for autonomy.

Consistent with this view, research has generally shown that those who experienced feedback from parents to think, feel, and, behave in a certain way were more likely to experience lowered self-esteem and self-efficacy (Barber, 1996). Plunkett, Henry, Robinson, Behnke, and Falcon (2007) found that adolescents' perceptions of psychological control were associated with lowered self-worth and more depressive symptoms within a majority European American sample. Similarly, Plunkett, Williams, Schock, and Sands (2007) and Bean and Northup (2009) found that youths' perceptions of psychological control were associated positively with lowered self-esteem in a sample of Hispanic late-adolescents. Sher-Censor, Parke, and Coltrane (2011) also found that adolescents' perceptions of psychological control were related positively to depressive symptoms concurrently and two years later in a sample of Hispanic adolescents. Another study found that the association between adolescent perceptions of degrading parenting and adolescent internalizing problems was mediated by perceived support from mothers and adolescents' use of avoidant coping (Caples & Barrera, 2006). That is, adolescents who perceived their mothers as using more threats and controlling practices expected less

support from their mothers and also were more likely to cope with their problems through avoidance behaviors defined as distraction and wishful thinking (Caples & Barrera).

Moreover, parent–adolescent relationships indicated by high parental support, knowledge, and low psychological control may increase adolescents’ perceptions of available coping resources and outlets of support when facing stressors. Parental support, involvement, and low controlling and intrusive parenting behaviors collectively create a context (relationship) that is likely also important for predicting different types of coping strategies such as support seeking, substance-use coping, and expression of negative emotions.

### **Adolescent Coping**

Due to the recent nature of the multi-level theoretical framework, previous research has commonly used an atheoretical approach represented by orthogonal dimensions of coping that more often grouped heterogeneous coping strategies within one dimension (Skinner et al., 2003; 2007). For ease of comparison across studies, I will define these approaches and then provide a critique and review of the literature. One commonly used example is *approach* and *avoidance* coping. Approach coping includes coping strategies that encompass actively seeking solutions to stressors or doing something to alter the source of stress whereas avoidance coping includes disengaging behaviorally or mentally from the stressor and ignoring the problem (Carver, Scheier, and Weintraub, 1989; Ebata & Moos, 1994). Another commonly used distinction is *emotion-focused* and *problem-focused* coping. Emotion-focused coping includes strategies aimed at reducing or managing the emotional distress that is associated with or provoked by the

stressor whereas problem-solving coping includes coping strategies aimed at actively engaging with the stressor (Carver et al.; Lazarus, 1996; Lazarus & Folkman, 1984).

Criticism associated with these distinctions (e.g., approach, avoidance and emotion-focused and problem-focused) is the resulting oversimplification of coping dimensions that are distinguished based upon a singular coping function (e.g., focus on emotion versus on problem, orientation away or toward a stressor) when in fact coping strategies often vary in the functions they serve which can occur simultaneously (e.g., making a plan—helps to solve a problem and calm emotion; Lazarus, 1996; Skinner et al., 2003). As a result, there is a lack of conceptual clarity in understanding findings grouped within these categories (Skinner et al.). Additionally, there has been difficulty aggregating results across studies due to the great variation of conceptualizations and coping measures (and specific item pools) from which these conceptualizations are drawn (Compas et al., 2001; Seiffge-Krenke, 1995; Skinner et al.; Zimmer-Gembeck & Skinner, 2011).

In addition, the use of these dimensions has created the general view that approach or problem-focused coping represents “good coping” whereas avoidance and emotion-focused coping tends to be “bad coping.” Skinner and Zimmer-Gembeck (2007) diverge from this view by arguing that “good” and “bad” coping distinctions can not merely be assessed on the basis of the coping strategy alone, but rather must consider situational constraints and the specific stressor. For example, during childhood seeking comfort and help from others (e.g., family, peers, God) tends to occur relatively often whereas adolescents are better able to differentiate situations when social support is

needed such as during uncontrollable stressors (Skinner et al., 2003). For example, in a study of Mexican American families Liu and colleagues (2011) found that for some adolescents, and particularly for boys, the ability to cope was limited in the presence of high family stress, in that support seeking coping increased internalizing problems. For girls, social support seeking was associated with lowered internalizing problems during times of high family stress, suggesting that the perception of controllability of stressors may also vary by gender.

In addition to seeking support from others, adolescents also are beginning to learn new ways to cope that match natural advances in cognitive development. For example, adolescents begin questioning and searching for their spirituality during midadolescence (Good & Willoughby, 2008). Similar to seeking social support, studies also have found mixed evidence for religious coping. In one study of Mexican American adolescents, religious coping was linked to positive reinterpretation and growth (Vaughn & Roesch, 2003) whereas two other studies of Mexican American adolescents found that religious coping predicted negative affect (Alridge & Roesch, 2008) and internalizing problems (Liu et al., 2011).

Alternatively, adolescents may cope with stress through expressing feelings of opposition (e.g., anger coping) (Seiffge-Krenke, 1995; Skinner et al., 2003) or by using coping strategies to escape from the stress (e.g., substance-use coping; Carver et al., 1989; Skinner & Zimmer-Gembeck). In regard to the former, focusing on negative emotions can exacerbate the experienced distress and distract youth from other active coping strategies, particularly if used over a long period of time (Carver et al., 1989). In

the short term, however, opposition coping strategies such as anger coping may also create change for the adolescent within the context of their stressor by warning others of their negative feelings (Skinner et al., 2003). Using substances represents another coping mechanism more often used by adolescents experiencing stressful contexts that are perceived as a threat to their control and as a result, cope by disengaging from the stressful transaction (Carver et al., 1989; Skinner et al.). Adolescents who use more escape coping to avoid problems (e.g., substance use-coping) may be at greater risk for depressive symptoms and suicide ideation (Horowitz et al., 2011), particularly when they feel like they have limited control over the ways they can cope with stressors.

Furthermore, awareness of the triggers of various coping strategies can be helpful for detecting underlying feelings, goals, and thoughts, particularly for parents and individuals working with adolescents who may otherwise mistake certain behaviors and the expression of negative emotions as deviant or antisocial rather than viewing these behaviors as attempts to cope with stressors.

### **Associations between Parent–Adolescent Relationships and Adolescent Coping**

Previous studies have suggested that adolescent coping strategies may be proximally influenced by the quality of the parent–adolescent relationship. For example, Clark and colleagues (2002) found that parenting behaviors were associated with coping strategies and expression of anger within a sample of inner-city youth. In this study, parental involvement was associated positively with seeking out diversions (e.g., distraction coping) and parental autonomy granting; that is, perceived use of democratic disciplinary practices and the encouragement of child expressiveness by parents were

associated negatively with anger-out expression (directed feelings of anger toward others or objects). Another study examining coping in response to social conflict with close others showed that adolescents who reported greater support from mothers and fathers (combined with support from peers and teachers) were more likely to use approach coping strategies (e.g., problem solving and cognitive reappraisal) and in turn experienced more positive academic outcomes and fewer psychological symptoms than their peer counterparts. Taken together, these studies seem to suggest that supportive-responsive parenting is a strong predictor of the way adolescents cope and express their feelings; however, findings may vary by the context of the stressor (inner-city stressors versus social conflict) and the conceptualizations of social support and coping strategies measured in each study.

Also, Dusek and Danko (1994) found that adolescents who perceived their parents as warm and supportive were more likely to use “problem-focused” coping strategies. That is, adolescents who perceived their parents as high in firm control and acceptance (support) were less likely than their peers to vent their emotions to others and use avoidant coping strategies (Dusek & Danko). It should be noted that Dusek and Danko (1994) defined “problem-focused coping” as engaging in demanding activities, seeking out peers and family for support, developing self-reliance and optimism, and seeking out diversions. By including coping strategies that represent seeking social support, distraction, accommodation (e.g., developing self-reliance, optimism) within one coping category, the construct of “problem-focused coping” lacked conceptual clarity (Dusek & Danko). Collectively, these studies suggest that parents who provide support and are

actively involved in their adolescent's life create a supportive environment that encourages adolescents to actively seek information, solutions, and advice from others instead of withdrawing from problem situations.

Alternatively, adolescents with less positive parent–adolescent relationships may perceive that they have fewer social resources or outlets of support during challenging and stressful experiences (Seiffge-Krenke, 1995). For example, Ryan, La Guardia, Solky-Butzel, Chirkov, & Chirkov (2005) found that college students were less likely to rely on their parents for emotional support if they also perceived their parents to be less autonomy supportive and more controlling. Other studies have found that adolescents who perceived less support from parents and reported more conflict in their relationships with parents were more likely to engage in avoidance coping (Caples and Barrera, 2006; Ebata & Moos, 1994; Zimmer-Gembeck & Locke, 2007).

Overall, the available literature examining parenting and adolescent coping suggests that the availability of coping resources, such as the support and responsiveness in parent–adolescent relationships, affects the ways adolescents perceive and cope with stress. Based on previous literature and theory, this study proposes that supportive-responsive parent–adolescent relationships; by way of supportive, responsive, and involved parenting; leave adolescents better equipped to handle the inherent challenges of adolescence. Adolescents who share this kind of relationship with their parents are more likely to feel safe in expressing their concerns and problems and in turn may be less vulnerable to using other coping strategies that are considered antisocial and would place them at risk for maladaptive outcomes (e.g., substance-use, suppression). However,



whether supportive-responsive relationships with mothers or fathers differentially impacts boys' and girls' coping strategies remains unclear.

### **The Role of Gender**

Research suggests that gender is an important variable to consider when examining associations between parent–adolescent relationships and adolescent outcomes. For example, previous studies have examined main effects of adolescent gender and parent gender (Collins & Russel, 1991), although few have examined that interaction between parent and adolescent gender in predicting adolescent outcomes (Russel & Saebel, 1997). Subsequently, studies were reviewed in the next section to illuminate possible differences that may exist in adolescent coping for boys and girls and associations between maternal/paternal–adolescent relationships and adolescent outcomes across adolescent gender.

**Main Effects of Gender.** Previous research has pointed to the importance of examining gender differences in coping behaviors (Copeland & Hess, 1995; Frydenberg & Lewis, 1993; Horwitz, Hill, & King, 2011; Kliever et al., 1996). For example, studies have suggested that girls are more likely to seek social support and vent feelings than boys (Horwitz, Hill, & King, 2011), whereas boys have been found to use more avoidance coping than girls (Copeland & Hess, 1995). Another study also suggested that girls were more likely than boys to seek support from family, particularly from mothers (Kobus & Reyes, 2000). The mean level differences across these studies are consistent with research suggesting that girls are more likely than boys to use support seeking coping strategies whereas boys may more likely than girls to use escape or avoidance

coping strategies. However, little is known about why these main effect differences exist in coping for boys and girls.

Furthermore, examining how relationships with their mothers and fathers differentially predict boys' and girls' coping may be helpful in understanding these differences. In a previous literature review, Collins & Russel (1991) focused on the main effect of parents' gender in relation to parent–adolescent relationships and adolescent outcomes but also alluded to the need to examine variation by adolescent gender. Additionally, Collins and Russel called for more research to examine associations between maternal and paternal adolescent relationships in relation to normative developmental tasks, such as coping. Other studies have also noted the importance of examining variation by parents' gender (Gamble, Ramakumar, & Diaz, 2007; Kliwer et al., 1996) and the interaction between parent and adolescent gender (Bogenschneider & Pallock, 2008; Russel & Saebel, 1997).

**Interaction between Parent Gender and Adolescent Gender.** Of the studies that have examined parenting and adolescent coping (Dusek & Danko, 1994, Lofti-Rezvani et al., 2011; McIntyre & Dusek, 1995), no studies were found that have examined mothers and fathers in the same model. Due to a limited examination of the role of gender (parent and adolescent) in associations between parent–adolescent relationships and adolescent coping, studies were reviewed that examined the unique and differential effects of maternal and paternal parenting for adolescent outcomes more generally.

Stolz, Barber, and Olsen (2005), for example, found that compared to maternal support, paternal support was a stronger predictor of social initiative for boys and girls whereas maternal knowledge of boys' activities more strongly predicted lower levels of later antisocial behavior than did paternal parental knowledge. Dumka and colleagues (2009) also found that paternal warmth more strongly predicted boys' lowered problem classroom behavior (e.g., disruptive behaviors rated by teachers) than maternal warmth, but diverged from findings of Stolz and colleagues in that paternal knowledge more strongly predicted boys' problem peer association than maternal knowledge. Specifically, this study found that the stronger effects for fathers' parenting were evident for boys' lowered problem classroom behavior and problem peer association but not girls'. Similarly, Bornstein (1994) found that associations among parent–adolescent interactions (e.g., punishing, scolding, challenging academically) significantly differed depending on the gender of the adolescent for fathers whereas effects were generally consistent across boys and girls for mothers' interactions. Conversely, Videon (2005) reported that supportive paternal–adolescent relationships predicted lowered depressive symptoms for boys and girls concurrently and over time whereas supportive maternal–adolescent relationships predicted lowered depressive symptoms over time for girls but not boys.

Collectively, these findings suggest that positive relationships with both parents are important for psychological well-being, self-esteem, and lowered problem behavior but also that some unique effects of maternal and paternal parenting behaviors exist, particularly when examining associations between relationship variables across

adolescent outcomes. In another review of the literature on gender differences, Russel & Saebel (1997) came up with 12 possible hypotheses that can be drawn when examining associations among maternal/paternal–adolescent relationships and adolescent outcomes moderated by adolescent gender. Consequently, Russel and Saebel concluded that theoretically and empirically there is “relatively little specificity as to the particular features on which the relationships might be distinct” thereby making it difficult to hypothesize differences (p.115). Similar to Russel and Saebel, collectively these studies appear to suggest that the distinctness or importance of gender in predicting outcomes may emerge due to the examination of different outcomes or factors within the relationships that are predicting outcomes.

Meanwhile, other studies have concluded that gender matters little in understanding parenting and adolescent outcomes. For example, Caples and Barrera (2006) did not find evidence for the moderating effect of adolescent gender in the association between degrading parenting, avoidant coping, and adolescent internalizing symptoms. This study was limited, however, to mothers and a focus on one aspect of parenting (over-control and degrading parenting behaviors). In another study, the association between parental knowledge and delinquent behavior was consistent across boys and girls (Laird et al., 2003). Laird and colleagues, however, asked adolescents to report on both mothers and fathers but rather than using both scores they used the highest score to represent parental knowledge

Thus, the question of whether fathers or mothers differentially impact boys’ and girls’ coping strategies remains unclear. Moreover, the reviewed literature does not

specify whether a supportive-responsive maternal or paternal relationship is more important or a stronger predictor across all adolescent outcomes but the available literature does suggest that gender is an important variable to include when examining parent–adolescent relationships and normative developmental tasks (e.g., coping). Previous studies also have noted limitations to fully examining differences across parent and adolescent gender due to small sample sizes (Clark et al., 2002). Therefore, the current study seeks to extend previous work by examining the associations between supportive-responsive maternal/paternal relationships and adolescent coping strategies and whether these associations vary across adolescent gender.

### **Study Hypotheses and Research Questions**

A primary aim of the proposed study is to increase understanding regarding associations between maternal/paternal–adolescent relationships and adolescent coping strategies, a topic which has been understudied in previous research. This study will also contribute to the literature by examining the differential effects of maternal/paternal–adolescent relationships and whether these effects differ for girls’ versus boys’ coping. The proposed research questions and hypotheses include the following:

(a) Do supportive-responsive maternal/parent-adolescent relationships predict adolescent coping?

*Hypothesis 1:* Supportive-responsive maternal/paternal–adolescent relationships will be associated positively with seeking family support, peer support, and spirituality and associated negatively with anger coping and substance-use coping.

(b) Does the direction and strength of the association between maternal/paternal–adolescent relationships and adolescent coping vary by adolescent gender?

*Hypothesis 2:* Guided by the importance of demand characteristics within bioecological theory, gender of parent and adolescent were considered to examine whether these associations would vary across parent–adolescent dyads (mother-daughter, mother-son, father-daughter, and father-son). However, due to a lack of clear findings within the literature base specific directional hypothesis were not made.

## CHAPTER III

### METHODS

#### Participants

The sample included 367 14 to 16 year old adolescents ( $M = 14.46$ ,  $SD = .69$ ) of Mexican descent who were surveyed in high schools in a large metropolitan area in California. Adolescents were classified as of Mexican descent if they indicated that either their father or mother was born in Mexico. Among the adolescents, 58% were girls, 71% identified as Catholic, 70% were in two-parent biological families, 67% were born in the US, and the average number of years living in the US was 12 for those born outside of the U.S. Self-report surveys were administered in English (all participants spoke English).

#### Measures

**Parenting Behaviors.** The preliminary model consisted of three parenting behaviors (parental support, parental knowledge, and parental psychological control) which were defined as measured or manifest variables separately for mothers and fathers. Adolescents were asked to report on support received and parental knowledge of their mothers and fathers, respectively, using items from the Parent Behavior Measure (*PBM*; Bush, Supple & Lash, 2004). Support was assessed by 6-items regarding parental warmth, affection, and support for academic achievement. Sample items included, “my

mother/father has made me feel that she would be there if I needed her” and “makes me feel good when I get good grades.” Parental knowledge was measured by 6-items that concerned the adolescent’s perception of their parents’ awareness of their whereabouts, friends, and activities. Sample items included “my mother/father knows where I am after school” and “my mother/father knows who my friends are.” Parental psychological control assessed the adolescent’s perception that their parents attempt to constrain their individual autonomy through love withdrawal (2-items) and guilt induction (2-items) using the 4-item Parent Behavior Scale (Peterson, Rollins, & Thomas, 1985). Sample items included “avoids looking at me when I have disappointed him/her” (love withdrawal) and “tells me that someday I will be punished for my behavior” (guilt induction).

Each parenting behavior (support, knowledge, and psychological control) was defined as a mean summary score of individual scale items (separate constructs for mothers and fathers). Adolescents responded to all items using a 4-point Likert format from 1 (*strongly agree*) to 4 (*strongly disagree*). Reliability coefficients for each parenting subscale were:  $\alpha = .86$  (maternal support),  $\alpha = .90$  (paternal support),  $\alpha = .77$  (maternal knowledge),  $\alpha = .88$  (paternal knowledge),  $\alpha = .76$  (maternal psychological control), and  $\alpha = .82$  (paternal psychological control).

**Coping Strategies.** Coping strategies were measured by the frequency with which adolescents reported using behaviors to manage problems or difficult situations using Patterson’s and McCubbin’s (1987) Likert-type, Adolescent Coping Orientation for Problem Experiences (A-COPE). The original A-COPE includes a total of 54 items. The



larger study from which the current data were drawn did not use the entire 54-item questionnaire and instead used 29 items to minimize the length of the survey. Because this measurement strategy has infrequently been validated I performed an Exploratory Factor Analysis (EFA) to assess the factor structure of the 29 coping items in the present sample. A total of 11 items were identified with weak loadings (values  $< .30$  with cross loadings  $> .30$ ; Hair et al., 1998) (e.g., stay away from home as long as possible, apologize to people) and therefore, were deemed to not represent coping strategies in the present sample and were dropped resulting in 18 items. Results from the EFA indicated that there were 5 factors (Eigen values  $> 1$ ) that represented different adolescent coping strategies in the present sample indicative of seeking family support, seeking peer support, seeking spirituality, anger coping, and substance-use coping.

Adolescents were asked to answer each question in response to, “When you face difficulties or feel tense how often do you...” which assessed global coping strategies. The 4-item seeking family support subscale assessed the adolescent’s efforts to talk to a family member or engage in activities with a family member. Sample items included, “do things with your family” and “talk to your mother/father about what bothers you.” The 4-item seeking peer support subscale assessed the adolescent’s attempts to stay emotionally connected to others through expression of affect and problem solving such as talking to a friend about problems, helping others solve problems, and seeking out friendships. Sample items included, “try to keep up with friendships or make new friends” and “talk to a friend about how you feel.” The 3-item seeking spirituality subscale assessed the adolescent’s use of praying, going to church, or talking to clergy.

Sample items included, “how often do you pray” and “talk to a religious person” The 3-item anger coping subscale assessed the adolescent’s expression of negative affect and frustrations such as yelling, blaming others, and saying mean things. Sample items included “get angry and yell at people” and “blame others for what’s wrong.” The 3-item substance-use coping subscale assessed adolescents’ use of substances to avoid or escape problems. Sample items included “drink beer, wine, liquor” and “use drugs (not prescribed by a doctor)?”

For all coping subscales, response choices ranged from 1 (*never*) to 5 (*most of the time*). Items were summed and averaged for each coping subscale, with higher scores indicating higher use of coping for each subscale. Reliability coefficients for each coping subscale included:  $\alpha = .73$  (seeking family support),  $\alpha = .77$  (seeking peer support),  $\alpha = .66$  (seeking spirituality),  $\alpha = .68$  (anger coping), and  $\alpha = .84$  (substance-use coping).

## CHAPTER IV

### RESULTS

#### **Preliminary Analyses**

First, descriptive statistics of study variables were conducted that included the means, standard deviations, frequency distributions (e.g., skew and kurtosis), and correlations among key variables (see Table 1). Inspection of the distributions of scores indicated that the assumption of normality was violated. An indication of variable normality is a skew less than plus or minus 2 (Tabachnick & Fidell, 1996). All variables were normally distributed, except for two variables that were negatively (substance-use coping) and positively (maternal support) skewed (values  $> +/-2$ ). I transformed the substance-use coping subscale using a natural logarithm (LN) which decreased the skew to an acceptable value (-1.3) and maternal support by squaring maternal support which decreased the skew to less than 1.

Next, the preliminary model which consisted of three parenting behaviors (parental support, parental knowledge, and parental psychological control) defined as measured or manifest variables separately for mothers and fathers was examined. An initial examination of the main parenting constructs suggested relatively strong associations among these measures. In order to move forward in an SEM model to evaluate the main study questions, a series of preliminary analyses (using confirmatory

factor analysis, CFA) were conducted to compare alternative specifications of the parenting construct. All analyses were conducted using Amos 20. Model fit was assessed by examining several indices of fit including the model chi-square statistic, the Comparative Fit Indices (CFI), and the Root Mean Squared Error Approximation (RMSEA). A good fit is typically indicated by a nonsignificant chi-square statistic, CFI values greater than .95, and RMSEA values less than .05; however, with relatively large sample sizes, significant chi-square statistics often point to only small misspecifications in the model (Hu & Bentler, 1999). As such, in this study, the RMSEA and CFI were also used to evaluate model fit.

The first model specified six parenting constructs with no associations among them which demonstrated an extremely poor fit to these data (given the strong associations previously observed among parenting measures) ( $\chi^2(15) = 646.27, p = .00$ ; CFI = .00; RMSEA = .34). Modification indices pointed toward adding several correlated errors between the error variances associated with paternal knowledge and support, paternal knowledge and paternal psychological control, maternal knowledge and maternal support, and between paternal knowledge and maternal knowledge and paternal support and maternal support. Overall, then, modification indices pointed to the likely presence of a possible higher order factor and also overlap in reports of knowledge and support across mothers and fathers. Once these correlated errors were added the model fit improved but was still a poor fit to these data ( $\chi^2(9) = 161.10, p = .00$ ; CFI = .76; RMSEA = .22).

Based on these first two sets of result, I constructed a subsequent model specifying paternal support, knowledge, and psychological control as indicators of a single latent construct (with a similar factor for mother behaviors) (see Figure 1). Guided by theory, I expected that psychological control would load negatively onto this higher-order parenting construct and consistent with expectation, while support and knowledge demonstrated positive loadings onto an overall parenting factor, the comparable loadings for psychological control was negative . This model was also a poor fit ( $\chi^2(8) = 169.94, p = .00$ ; CFI = .74; RMSEA = .24); however, factor loadings were significant and overall very good (support and knowledge values were greater than .71 and psychological control values were greater than -.34 across mothers and fathers). Modification indices suggested that 3 correlated errors should be added between maternal support and paternal support, maternal knowledge and paternal knowledge, and maternal psychological control and paternal psychological control.

Once these correlated errors were added the model indicated an overall good fit ( $\chi^2(5) = 30.12, p = .00$ ; CFI = .96; RMSEA = .12). RMSEA was relatively high indicating a poor fit, however, this fit statistic is dependent upon the amount of degrees of freedom estimated within the model and given the small amount (5) in this model it is unlikely to achieve an RMSEA below .05. RMSEA tends to decrease as degrees of freedom increase; thus, the addition of coping variables linked to this maternal/paternal relationship variable measured across boys and girls will increase the number of sample moments which, in turn, increases the degrees of freedom, which should result in a RMSEA in the acceptable range. In this model, all factor loadings were significantly

related to the higher-order construct in the expected direction. Therefore, this final model was chosen because it provided the best fit to these data and only included theoretically meaningful modifications (reports of support from mothers and fathers are likely related).

The final measurement model included high parental support and knowledge and low psychological control specified as loading onto a latent factor reflecting supportive-responsive parent–adolescent relationships with separate factors for mothers and fathers (see Figure 1). As such, there were two latent factors specified to predict 5 adolescent coping strategies indicative of seeking family support, seeking peer support, seeking spirituality, anger coping, substance-use coping (all coping strategies estimated as manifest variables).

**Mean Differences.** Gender differences in dependent variables (coping strategies) were examined via independent *t*-tests. Only one difference emerged. Girls reported higher levels of peer coping ( $M = 4.07$ ,  $SD = .67$ ) than boys ( $M = 3.51$ ;  $SD = .80$ ), ( $t(354) = 7.11$ ,  $p = .000$ ).

### **Primary Analyses**

Structural equation modeling analyses (SEM; using Amos 20) were conducted to examine associations between maternal/paternal–adolescent relationships and adolescent coping strategies. To consider gender as a moderator of associations between maternal/paternal–adolescent relationships and adolescent coping strategies, multigroup analyses were performed to compare coefficients across boys and girls. The overall

model predicting adolescent coping from maternal/paternal–adolescent relationships fit the data well for the total sample ( $\chi^2(32) = 109.63, p = .00; CFI = .93; RMSEA = .08$ ).

Prior to considering differences in path coefficients, I considered a model where measurement weights (factor loadings of parental support, knowledge, psychological control on parent–adolescent relationship) were specified to equality across boys and girls. To the extent that measurement items demonstrate significant differences in factor loadings across gender there would be evidence of measurement bias in the latent construct comprised of the biased items and variation across gender in associations between the biased latent construct and other variables (e.g., adolescent coping strategies) could result from measurement differences and not substantively meaningful gender differences (Kline, 2011).

Measurement invariance was examined via multigroup confirmatory factor analyses (MGCFA). Two models are then compared, one with factor loadings freely estimated across gender and another model where factor loadings are constrained to equality across gender. To the extent that the two alternative models' fit statistics do not differ by a significant amount (using a  $\chi^2$  difference test), there is evidence of measurement invariance (forcing factor loadings to be equal across gender doesn't result in a significant decrement in model fit). In addition to examining  $\chi^2$  difference tests, Cheung and Rensvold (2002) also suggested that changes in the CFI should also be examined with changes that are  $< .001$  indicative that there is not a practically significant difference across the constrained and unconstrained models (Cheung & Rensvold, 2002).

Table 1

Sample Descriptives among Parenting Behaviors, Adolescent Coping Strategies, and Adolescent Gender

| Variables                 | 1       | 2       | 3       | 4       | 5       | 6       | 7      | 8       | 9    | 10     | 11  | 12 |
|---------------------------|---------|---------|---------|---------|---------|---------|--------|---------|------|--------|-----|----|
| 1. M Sup                  | –       |         |         |         |         |         |        |         |      |        |     |    |
| 2. M Know                 | .51***  | –       |         |         |         |         |        |         |      |        |     |    |
| 3. M Psysc                | -.40*** | -.33*** | –       |         |         |         |        |         |      |        |     |    |
| 4. F Sup                  | .39***  | .26***  | .21***  | –       |         |         |        |         |      |        |     |    |
| 5. F Know                 | .36***  | .52***  | -.26*** | .60***  | –       |         |        |         |      |        |     |    |
| 6. F Psysc                | -.25*** | -.25*** | .57***  | -.31*** | -.18**  | –       |        |         |      |        |     |    |
| 7. Fam Sup                | .50***  | .40***  | -.23*** | .47***  | .38***  | -.21*** | –      |         |      |        |     |    |
| 8. Peer Sup               | .19***  | .19***  | .07     | .13**   | .06     | .07     | .36*** | –       |      |        |     |    |
| 9. Spiritual              | .25***  | .16**   | -.03    | .10     | .06     | .01     | .42*** | .25***  | –    |        |     |    |
| 10. Anger                 | -.28*** | -.27*** | .27***  | -.24*** | -.29*** | .31***  | -.17** | -.07    | .00  | –      |     |    |
| 11. SU Cope               | -.27*** | -.32*** | .25***  | -.19*** | -.29*** | .16**   | -.16** | -.03    | -.02 | .40*** | –   |    |
| 12. Y Gender <sup>a</sup> | .03     | -.11*   | -.14**  | .03     | .05     | -.07    | -.05   | -.35*** | -.04 | -.03   | .07 | –  |



Table 1

Continued

| Variables | 1                  | 2    | 3    | 4    | 5    | 6    | 7    | 8                 | 9    | 10   | 11  | 12  |
|-----------|--------------------|------|------|------|------|------|------|-------------------|------|------|-----|-----|
| <i>M</i>  | 11.47 <sup>b</sup> | 3.13 | 2.11 | 3.07 | 2.71 | 2.04 | 3.29 | 3.83 <sup>c</sup> | 2.55 | 2.39 | .27 | .42 |
| <i>SD</i> | 3.50               | .54  | .64  | .77  | .79  | .74  | .97  | .78               | .94  | .89  | .43 | .49 |
| <i>N</i>  | 365                | 365  | 365  | 351  | 351  | 351  | 356  | 356               | 355  | 355  | 354 | 367 |

*Note.* M = Mother. F = Father. Sup = Support. Know = Knowledge. Psyc = Psychological Control. Fam Sup = Family Support Coping. Peer Sup = Peer Support Coping. Spiritual = Spiritual Coping. Anger = Anger Coping. SU Cope = Substance-use Coping. Y Gender = Youth Gender.

<sup>a</sup>Youth gender: 0 = *female* 1 = *male*.

<sup>b</sup>Maternal support = squared transformation to account for skew.

<sup>c</sup>Girls reported higher levels,  $p < .000$ .

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Results indicated that this model (factor loadings were constrained) also provided a good fit to these data ( $\chi^2(71) = 145.21, p = .00; CFI = .93; RMSEA = .05$ ) and moreover, there was not a significantly worsened  $\chi^2$  when comparing the free and constrained models ( $\Delta\chi^2(7) = 12.67, p = .08$ ). Based on these results I concluded that there was measurement invariance in factor loadings across measurement items for boys and girls and so factor loadings were constrained to equality for all models that examined moderating effects across adolescent gender.

Subsequently, multigroup analyses were conducted to assess if coefficients linking maternal/paternal–adolescent relationship and adolescent coping varied across male and female respondents. In these analyses, a comparison of relative fit is made between the constrained model, that is a model in which paths from parenting behaviors to coping behaviors are set to be equal across girls and boys, and an unconstrained model, that is a model in which these same associations are freely estimated across boys and girls (coefficients are allowed to vary across boys and girls). If the model fit associated with the constrained model is significantly worsened relative to the unconstrained model, then there is evidence of group differences in coefficients. In these models, the significant change in the  $\chi^2$  statistic relative to the change in degrees of freedom and a large  $\Delta CFI$  suggested that coefficients linking maternal/paternal–adolescent relationships to coping varied across gender ( $\Delta\chi^2(5) = 28.83, p = .00; \Delta CFI = .02$ ). This suggested that some paths varied across boys and girls (see Figure 1). An examination of critical ratios tests indicated that for boys, the maternal–adolescent relationship was more strongly

associated with peer coping ( $B = .18, p < .001$ ) whereas for girls the association was weaker and nonsignificant ( $B = .00, p > .05$ ); suggesting that maternal support more strongly influenced boys' reliance on peers as a means to cope with stress than did this same association for girls.

In relation to the paternal–adolescent relationships, there were 4 paths that were significantly different across girls and boys. An examination of critical ratios tests indicated that, for girls, the paternal–adolescent relationship was strongly associated with family coping ( $B = .63, p < .001$ ), whereas the association was weaker and nonsignificant for boys ( $B = .18, p > .05$ ). Conversely, for boys, the paternal–adolescent relationship was associated negatively with peer coping ( $B = -.28, p < .05$ ), whereas for girls the association was weaker and nonsignificant ( $B = .19, p > .05$ ). In terms of spiritual coping, the paternal–adolescent relationship was associated negatively to spiritual coping for boys ( $B = -.37, p < .05$ ), whereas the association was weak and nonsignificant for girls ( $B = .05, p > .05$ ). Similarly, the paternal–adolescent relationship was negatively associated to substance-use coping for boys ( $B = -.17, p < .05$ ), whereas the association was weak and nonsignificant for girls ( $B = .01, p > .05$ ). This patterning of results indicated that the paternal–adolescent relationship strongly predicted girls' use of seeking family members for support but not boys' use of family coping; however, the paternal–adolescent relationship was not significantly associated with girls' use of peer coping, spiritual coping, and substance-use coping but strongly predicted lower levels of these coping strategies for boys. With these 5 paths freed across groups and all other paths

constrained there was no longer a significant chi square change when constraining paths to equality across groups ( $\Delta\chi^2(5) = 8.15, p = .15; \Delta CFI = .003$ ) compared to the baseline model of all paths freed.

Subsequent results are presented regarding path coefficients that were not different across girls and boys. The maternal–adolescent relationship was associated positively with seeking family support ( $B = .14, p < .001$ ) and seeking spirituality ( $B = .11, p < .001$ ). Conversely, the maternal–adolescent relationship was associated negatively with anger coping ( $B = -.07, p < .01$ ) and substance-use coping ( $B = -.05, p < .001$ ). In regard to fathers, the paternal–adolescent relationship was associated negatively with anger coping ( $B = -.24, p < .05$ ).

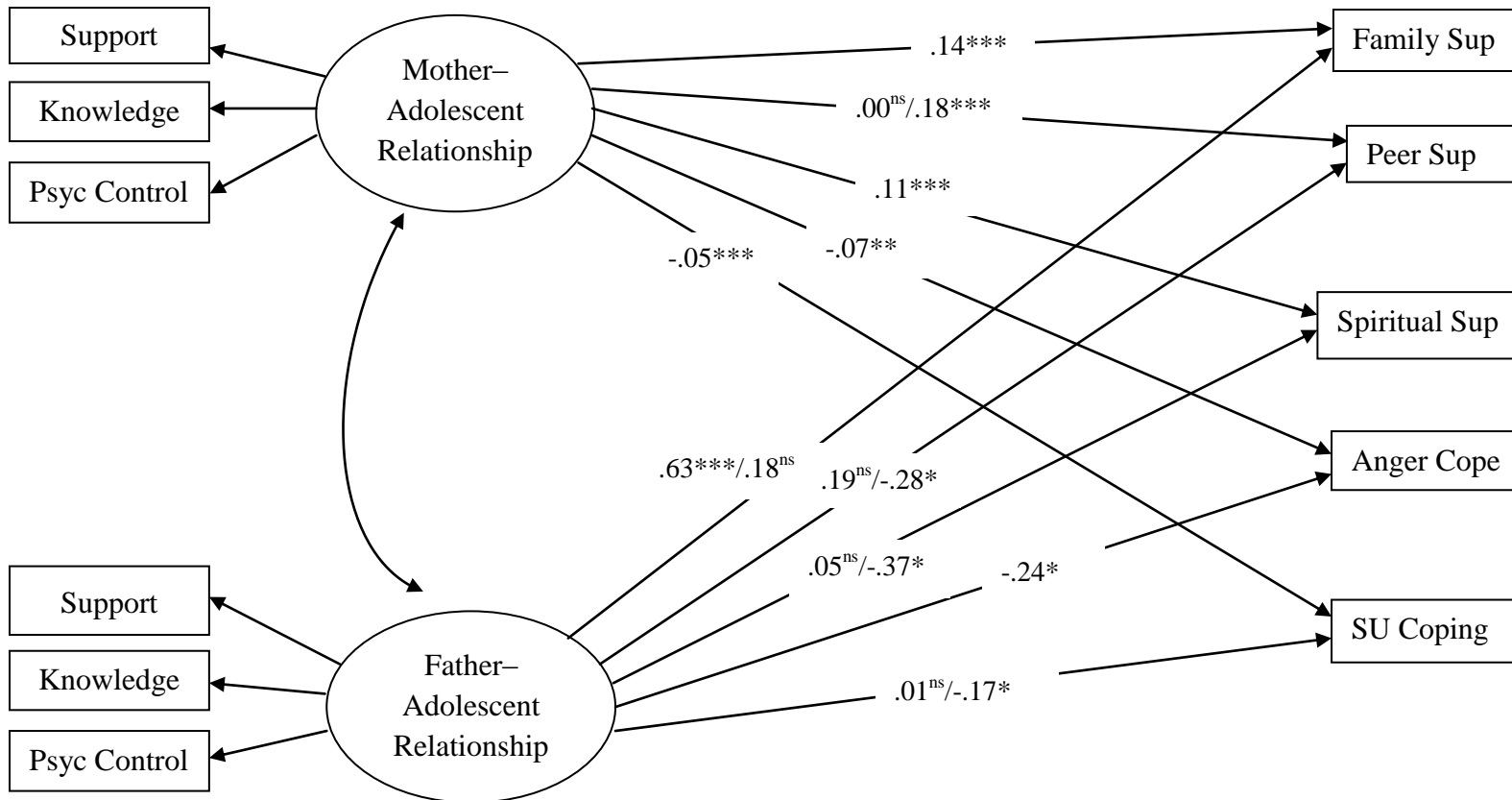


Figure 1. Maternal/Paternal-Adolescent Relationships Predicting Adolescent Coping Strategies. Final model fit =  $\chi^2(76) = 153.36, p = .00$ ; CFI = .93; RMSEA = .05. Unstandardized coefficients are presented. Path coefficients significantly different across gender are presented as girls/boys and one coefficient indicates no gender difference. Psyc = Psychological. Sup = Support. SU = Substance-use.  
 \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

## **CHAPTER V**

### **DISCUSSION**

The goal of this study was to examine the extent to which parenting influences the various ways adolescents cope with stress. Drawing on bioecological theory, coping frameworks, and research related to parenting and coping (Bronfenbrenner & Morris, 2006; Compas et al., 2009, Skinner et al., 2003) this study predicted that supportive-responsive parent–adolescent relationships would be associated positively with seeking family support, peer support, and spirituality and associated negatively with anger coping and substance-use coping. Overall, results were generally consistent with prediction in that supportive-responsive parent–adolescent relationships predicted higher levels of seeking family, peer, and spirituality support coping and lower levels of using anger and substance-use coping.

However, associations among supportive-responsive parent–adolescent relationships and coping were qualified by parent–adolescent gender interactions. In comparison to fathers, adolescents’ relationships with mothers were more consistently associated to coping strategies across boys and girls whereas adolescents’ relationships with fathers were more gendered in nature. For example, only one significant moderating effect of adolescent gender emerged for maternal supportive-responsiveness and peer coping. In particular, boys who perceived having a supportive and responsive relationship

with their mothers were significantly more likely to turn to friends to cope with stress whereas for girls, this relationship with their mothers was unrelated to their use of peers for support. In fact, girls were more likely than boys to seek out social support from peers. Previous studies also have found that girls tend to use support seeking coping more than boys (Copeland & Hess, 1995; Frydenberg & Lewis, 1993). One explanation may be that girls will seek out support from peers regardless of perceiving support from their mothers whereas for boys, this supportive-responsive relationship with their mother provides the additional encouragement for them to seek out support from their peers. Conversely, another explanation may be that girls seek out additional support from peers regardless of their relationship with their mothers because they perceive more stress than boys, particularly in relationship with peers thereby providing a good source to help cope with peer-related problems (Seiffge-Krenke, 2011). Additional research is needed that specifically examines the context of the stressor and possible variation across gender and coping resources (e.g., relationships with close others).

In terms of other coping strategies, supportive-responsive maternal–adolescent relationships were similarly related across boys and girls and consistent with expectation. For example, relationships with mothers predicted higher levels of seeking out family and spirituality for support and lowered levels of anger and substance-use coping. Similarly, two other studies of Mexican American families examining parenting practices and adolescent outcomes found few gender differences when examining mothers’ parenting compared to fathers’ (Bornstein, 1994; Dumka et al., 2009). Additionally, previous studies have found similar findings in that parental support, responsiveness, and

involvement was generally associated with higher levels of more active coping strategies such as seeking support family and spirituality for support (Dusek & Danko, 1994, Lofti-Rezvani et al., 2011), lowered levels of expression of anger (Clark et al., 2002), and lowered levels of using substances (Gray & Steinberg, 1999; Fletcher et al., 2004).

Meanwhile, 4 out of the 5 associations among supportive-responsive paternal-adolescent relationships were moderated by adolescent gender. Consistent with prediction, supportive-responsive relationships with fathers did predict higher levels of family support seeking coping but this was only the case for girls and not boys. This finding may suggest that adolescent girls are particularly sensitive to supportive-responsive relationships with their fathers in seeking additional support from family when experiencing stress compared to boys. In comparison, relationships with mothers positively predicted family coping for boys and girls. Moreover, for girls, supportive-responsive relationships with both mothers *and* fathers appear to directly bolster their coping within the family whereas for boys a relationship with their mothers appears to be sufficient. One study on Mexican American adolescents found that girls were more likely than boys to seek support from family members to cope with stress (Kobus & Reyes, 2000); although this study was limited to an examination of support seeking in the context of support received from mothers. Another study examining family stress within Mexican American families, revealed that girls experienced lower levels of internalizing distress than boys when seeking support within the family to cope whereas the opposite was found for boys. As such, girls' and boys' coping within the family may be perceived differently by the parent and the adolescent and encouraged in different ways. For



example, the type of the stressor that adolescents and/or families are facing may influence cognitive appraisals of perceived stressfulness (e.g., economic stress—family stressor vs. a conflict with a friend—individual stressor) and the ways parents encourage or model different coping strategies for their children across domains of stressors.

In terms of the other three moderated effects, the patterning of results varied in similar ways when comparing maternal and paternal effects, with the exception of peer coping. For example, the paternal–adolescent relationship was associated negatively to peer coping for boys but was unrelated to girls’ use of peer coping. In contrast, a supportive-responsive relationship with mothers predicted greater use of peer coping for boys but was unrelated for girls. These results may suggest two things. First, mothers may be more likely to encourage their sons to seek out support from peers when dealing with stress especially if boys go to their mothers about certain types of stressors more often than fathers (e.g., peer-related stressors). Second, boys who perceive having an open, supportive, and close relationship with their fathers may not feel the need to seek out additional support from their peers because they are able to express their concerns and problems with their fathers. Another study on Mexican American families, for example, found similar evidence of a *parent effect* suggesting that mothers reported greater support for adolescents’ peer relationships than fathers (Updegraff, Kim, Killoren, & Thayer, 2010). This study diverged from findings in the present study because follow-up analyses indicated that mothers reported greater support for daughters’ peer relationships than fathers whereas no differences emerged for sons.

A similar pattern of results emerged for spirituality coping and substance-use coping in that, supportive-responsive paternal–adolescent relationships predicted lowered use of these coping strategies for boys but were unrelated for girls whereas supportive-responsive relationships with mothers predicted greater use of seeking spirituality and lowered substance-use coping for boys and girls. Similar to peer coping, one explanation may be that, for boys, having a supportive and responsive relationship is a substantial coping resource and as a result they do not need to seek out additional support from their religion or peers. In reference to the lowered use of peer coping and substance-use coping, for boys also may collectively reflect that fathers are more attuned to boys’ peer associations and tend to discourage those relationships and behaviors (e.g., substance-use) due to fears that boys will be engaging with deviant peers as a way to cope with stress. Dumka and colleagues (2009) found support for the gendered nature of fathers’ parenting, in that paternal parenting behaviors more strongly predicted lowered problem behavior and problem peer association for boys but not for girls.

Taken together, these results may also suggest that when relationships with mothers and fathers are included in the same model, paternal–adolescent relationships are supplemental in nature whereas relationships with mothers are more normative given the consistency across boys and girls. These significant links across gender for mothers may be explained by mothers’ greater involvement in day-to-day activities with children (Toth & Xu, 1999) and greater perceived support by boys and girls within relationships with mothers (Updegraff et al., 2010). However, another study also suggests the need to also consider multiple predictors of fathers’ involvement with children (e.g., SES, mothers’

work hours, emphasis on family rituals: Coltrane, Parke, & Adams, 2004). Thus, effects of “mothering” and “fathering” may be also explained by mesosystem (e.g., work schedules) and macrosystem influences (e.g., cultural values) that should be examined in future studies.

Alternatively, Leidy and colleagues (2011) suggested the need to consider a more nuanced perspective when considering parent and adolescent gender interactions, particularly with respect to relationships with fathers. These scholars concluded that girls may be more sensitive to warmth and positive affect from fathers whereas boys may be more responsive to discipline, interactions, and shared activities with fathers. These conclusions support results from the present study showing that girls were particularly sensitive to supportive-responsive relationships with their mothers and fathers which in turn, resulted in their increased use of turning to family for support whereas greater differences emerged for the father-son relationship in relation to seeking less support from others outside of the family and using substances to cope. Collectively, these findings suggest that additional work is needed to understand maternal and paternal influences, particularly in how adolescents cope with and manage stress within Mexican American families.

Finally, a supportive-responsive paternal adolescent relationship predicted lower levels of anger coping for boys and girls, similar to maternal–adolescent relationships. Thus, these findings suggests that supportive, involved, and responsive relationships with mothers and fathers may provide a context where adolescents feel safe to express the feelings providing them with a sense of autonomy over their responses to stressful

situations. For example, these relationships with parents may help adolescents monitor their negative feelings in response to stress and cope in ways that are more focused on actively seeking solutions (e.g., support, comfort, advice, help from others). Similarly, Clark and colleagues did not find gender differences in associations among supportive parent–adolescent relationships and negative expressions of anger; however, that study included primarily mothers. Theoretically, Skinner and colleagues (2003) also suggested that adults who are aware of their own emotions, thoughts, feelings, may also be better able to monitor their children’s reactions to stress and able to understand that their expressions of anger, panic, or rumination are signs that their regulatory systems are overwhelmed and require additional support, attention, and involvement to help prevent an angry reaction to stress across episodes of stress. Moreover, previous research and theory both suggest that supportive-responsive parent–adolescent relationships tend to discourage ways of coping that are generally associated with lowered well-being over time (Seiffge-Krenke, 2000; Horwitz et al., 2011), but also that gender may play a role in shaping how adolescents seek social support (Call & Mortimer, 2001; Copeland & Hess, 1995; Frydenberg & Lewis, 1993)

Gender, a socially defined construct, has been proposed to shape interactions with others as a demand characteristic (Bronfenbrenner & Morris, 2006). Few studies, however, have examined the extent to which gender influences the ways individuals cope with stress and whether culturally prescribed meaning is attached to different ways of coping that vary by gender. Some studies of Mexican and Mexican American families have shown evidence of differential gender role socialization for boys and girls within the

family context (e.g., roles, privileges, and expectations: Bush, Supple, & Lash, 2004; Raffaelli & Ontai, 2004) which has been suggested to predict the effectiveness of boys' and girls' coping strategies within the family context (Liu et al., 2011).

Cultural values, such as familism, may also be important to consider when examining associations among parent–adolescent relationships and the ways boys and girls cope within and outside of the family. For example, previous studies have shown that fathers may play a greater role in parenting (e.g., supervising, monitoring) when there is a greater emphasis on family rituals (Coltrane et al., 2004) and parents may provide greater support for peer relationships when friends are viewed as having stronger ties to Mexican culture and have greater opportunities to be involved with their children's peers (e.g., time, resources, availability) (Updegraff et al., 2010). Furthermore, the way in which gender and socially prescribed meaning influences the way adolescents cope or perceive they are able to cope with stress appears to be an important question to consider across and within ethnic groups and requires future research that also includes cultural values, attitudes, and behaviors to more adequately answer these questions.

Despite contributions of the current study, several limitations must be considered. First, the study design was cross-sectional thereby limiting the examination of parenting and adolescent coping to snapshot in time (e.g., midadolescence). Thus, one possibility not measured in this study is that associations among parenting and coping are bidirectional processes. As discussed by Seiffge-Krenke (1995) coping is suggested to be influenced by adolescents' individual resources and external resources provided by relationships; however, coping may also affect relationships and represent a bidirectional

process in which coping processes and mechanisms may affect one another simultaneously and may not always function at a concrete level of operation thereby making these processes difficult to disentangle. Similarly, bioecological theory draws attention to the fact that parent–adolescent relationships (proximal processes) are bidirectional processes with both individuals influencing the other over time. Thus, additional work is needed that examines these processes over time using longitudinal and/or cross-lag designs.

Another limitation of this study is the possibility of shared method variance due to the use of adolescent report on all study variables. As a result, coefficients may be inflated and overestimated compared to other studies that include multiple reporters. However, other researchers support the view that the subjective experience of the parent–adolescent relationship is the driving force of adolescent behavior (Fletcher et al., 2004; Steinberg, 2000). An additional limitation is the similarities of items used to represent supportive-responsive parent–adolescent relationships and seeking support from family as a way to cope (e.g., support from mothers and fathers included in both). As discussed by Seiffge-Krenke (1995) relationships with others and ways of coping likely represents processes that occur simultaneously and are thus a challenge to examine empirically. Despite these limitations, this study provides directions for future research in considering how mothers *and* fathers influence boys *and* girls coping during adolescence.

### **Future Directions**

The results of the current study suggest several avenues for future research. First, the focus on maternal and paternal influences revealed the possibility of unique and

differential effects of maternal and paternal adolescent relationships for boys' and girls' coping strategies. Additional work is needed that examines mothers' and fathers' parenting behaviors and relationships with their children in the same model that also allow for the possibility of moderating effects across adolescent gender to fully understand the role of gender. Additionally, research in this regard should help shift the lens toward viewing "fathering" as a central and necessary component of parenting diverging from previous literature that has often characterized "mothering" as parenting.

Additionally, developmental research is required to understand more fully the role of parents and other important social partners influence the ways children cope from an early age through adolescence. Longitudinal analyses will aid in the field's understanding of theoretical underpinnings of the development of coping abilities throughout adolescence, critical for improving intervention and prevention work. The inclusion of other close relationships (extended family members, siblings, teachers, peers) in addition to parents, will likely help illuminate individual and family differences as well. Thus, studies are needed that include both siblings and mothers and fathers to get at within- and between-family differences and examine whether gender differences are a result of socially constructed meanings around gender or differences more accurately reflect individual differences across families. Finally, future work should build upon this study to examine how and to what extent parent-adolescent relationships influence adolescent coping within and across different contexts and types of stressors, linked to coping to outcomes over time, and the nature in which cultural values shape the

family climate (e.g., expectations, roles, feelings, tone) and contribute to differences in the way adolescents cope.

## **Conclusion**

Overall, the main findings of this study support the general body of parenting and coping literature in that supportive and responsive relationships with parents can help adolescents deal with stress by guiding adolescents toward support seeking coping strategies that often put them in the care of supportive others and prevent the use of other ways of coping (e.g., anger coping, substance-use coping) that likely pull them away from support resources and more often lead to negative outcomes over time.

Additionally, results show that there are unique and differential effects of maternal and paternal adolescent relationships for adolescent coping. To fully understand the gendered nature of effects, however, this study supports previous studies suggesting that adolescent gender should also be included as a key variable (Russel & Collins, 1997). Thus, one conclusion that can be drawn from the present study is that parenting and gender are important variables in understanding how adolescents cope with stress.

Among coping researchers, there is a general agreement that the study of coping is critical to understanding how stress affects short and long-term individual well-being; thus, coping matters for positive adolescent adjustment particularly as adolescents are experiencing new stressors that bring about vulnerabilities that require that development of new strengths and ways of coping (Compas et al., 2001; Skinner et al., 2003; 2007; Sieffge-Krenke, 1995; 2000). Moreover, future studies should continue to ask these questions to understand how individuals and families respond to stress and the ways in



which different support networks can work together to help adolescents and their families cope with problems and stressful situations. Research that answers these questions can be used to inform intervention and prevention work as stress and coping is a pervasive theme that continues long past adolescence.

Building upon this study, researchers should include individuals who act as resources either within or outside of the family who help guide adolescents' ways of coping with stressful and difficult situations. This line of research can help individuals and adults working with adolescents understand how certain aspects of relationships (e.g., support, responsiveness, involvement) may help adolescents understand how their emotions, thoughts, and underlying goals influence their behaviors and actions. This understanding can also help these individuals shift the lens in terms of how they view adolescents' and their own responses to stress. For example, substance-use coping and anger coping should signal adolescents' attempts to cope with stress through escape or opposition instead of merely socially deviant or antisocial actions. Additionally, these adults also should be aware that the adolescent that is constantly seeking out others for support is also a symptom that this individual needs more help, support, and attention because they are experiencing an amount of stress that they perceive is overwhelming their coping abilities in some way. Finally, a holistic study of stress and coping across and within ethnic groups calls for the inclusion of culturally relevant variables (values, behaviors, and attitudes), specific types of stressors that families and adolescents face, and a larger investigation of other families of coping beyond support seeking, opposition, and escape coping.

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