January 2019

The Protective Role Of Parenting Behaviors In The Development Of African American Adolescents

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THE PROTECTIVE ROLE OF PARENTING BEHAVIORS IN THE DEVELOPMENT OF AFRICAN AMERICAN ADOLESCENTS

by

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DISSERTATION

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

DOCTOR OF PHILOSOPHY

2018

MAJOR: PSYCHOLOGY (Clinical)

Approved By:

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Advisor Date

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DEDICATION

This dissertation is dedicated to Laura Sala-Hamrick. Mom, you have made me the person I am today. None of my success would be possible without you, I love you.

ACKNOWLEDGEMENTS

This dissertation was made possible by the dedication, love and support of many people. Special thanks goes to my advisor, Douglas Barnett, who has made me a clinical psychologist, shaped my strengths-based views of research and clinical work and put up with me sending him random news articles for the past 6 years. Thanks as well to my committee members, without who's advice and encouragement this study would not have been possible: Christine Rabinak, Marilyn Franklin and Christopher Trentacosta. An extra special thanks to Daisy Tsang, Hilary Marusak and Bridget Murphy for being superb research partners, watching you brilliant women do research may have taught me more than anything else I learned in graduate school. Thanks to the Children and Families Lab, the Translational Neuropsychopharmacology Lab, the Wayne State Psychology Department and Graduate School and the General Pediatrics and Adolescent Medicine Clinic of the Children's Hospital of Michigan for their financial, logistical and moral support. Sincerest thanks to all of the adolescents and caregivers who generously agreed to participate in this study. And finally, a heartfelt thanks to Kimberley Sala-Hamrick and Arslan Gondal (I'd be lost without you two) and many other friends and family members for their continuing love, support, and encouragement.

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CHAPTER 1: INTRODUCTION

A Developmental Psychopathology Perspective: Protective and Vulnerability Process

Throughout the last several decades, the focus of the field of developmental psychopathology has been on understanding how different developmental outcomes are produced through multiple interactions among different factors of varying systems, domains, or levels (Masten & Cicchetti, 2010). Development throughout the lifespan demonstrates characteristics of both equifinality (numerous and diverse pathways including chance within a developmental system may lead to the same outcome) and multifinality (the same components may function differently depending on the nature of the system they are in and lead to differential outcomes; Cicchetti & Rogosch, 1996). Given the wide range of different outcomes, it is of key practical importance to understand how individuals who experience high levels of risk factors in early life are still able to demonstrate adaptive functioning in later life.

One such example of exposure to risk is children and adolescents growing up within inner-city, socioeconomically disadvantaged communities. These young people often experience a range of poverty-related adversity in both family and community systems (e.g., directly experiencing or witnessing violence, lack of access to high quality resources, inadequate nutrition, chaotic family environment, highly stressed caregivers, etc.). Literature has well documented the associations between these risk factors and mental health problems (Aneshensel & Sucoff, 1996; Deardorff, Gonzales, & Sandler, 2003; Grant, Compas, Stuhmacher, Thurm, McMahon, & Halpert 2003; Santiago, Wadsworth, & Stump, 2011; Wickrama & Bryant, 2003). However, despite being at great risk for maladaptive outcomes, many young people exhibit positive psychological development and grow up into healthy and well-adjusted adults. This phenomenon is referred to in the developmental psychopathology literature as resilience, “a dynamic process encompassing

positive adaptation within the context of significant adversity" (Luthar, Cicchetti, and Becker, 2000, pp. 543).

Understanding which factors are involved in protecting individuals from negative outcomes is needed to develop prevention, intervention and policy programs to help youth facing adversity. Thus, investigations have focused on understanding the processes behind how certain factors protect against the development of psychological problems in the face of poverty-related stressors. Vulnerability and protective processes can be described as statistical interactions between two or more factors that result in changes in an individual's functioning at a certain point in time, with the ability to affect future developmental outcomes (Rutter, 1987). In the case of a vulnerability process, an *interaction* (tested statistically by moderation models; Cohen and Cohen, 1983) between multiple factors (both risk factors) occurs that *intensifies* maladaptive functioning in one domain, level, or system. Inversely, in protective processes, an *interaction* between factors (one of which is a risk factor, one a protective factor) is associated with the *amelioration or reduction* of maladaptive functioning in one domain, level or system or the creation of new adaptive functioning in another (Rutter, 1987). Empirically exploring such associations between variables is also highly practical, as they can be examined using cross-sectional research designs focused on exploring moderation effects between variables (Masten & Cicchetti, 2010). Next, theoretical interpretations can be considered on how these interactions modify the developmental trajectory towards poor outcomes or positive adjustment (Luthar & Cicchetti, 2000). Utilizing these cross-sectional moderation models to explore vulnerability and protective processes is a key first step in understanding how interacting variables establish vulnerability and protective processes that will both inform future research directions and influence prevention and

intervention strategies in areas where multi-system, multi-year longitudinal studies are more difficult to perform.

This study explored the potential protective and vulnerability processes in the association between family and community stressors and several dimensions of parenting behaviors in a sample of impoverished, inner-city African American adolescents. The literature suggests that 1) parenting behavior is an important developmental influence throughout the lifespan, including during adolescence, 2) extreme adversity associated with poverty, living in the inner-city, and being an African American adolescent is associated with maladaptive psychological outcomes such as internalizing and externalizing behavior problems, and 3) parenting behavior directly influences outcomes in high-adversity samples. However, few studies have set out to specifically explore the *protective* processes (moderation) that may exist when certain parenting behaviors are used in the face of extreme adversity. Further, despite the increased stress and risk among inner-city, impoverished African American adolescents, this population is understudied – highlighting the need for further research, intervention, and policy. Additionally, the psychometric properties of parenting behavior vary throughout the literature, reflecting the difficulty of accurately measuring parenting constructs that may be even more prominent in high risk and minority samples. Therefore, this dissertation took a developmental psychopathology approach to understanding whether, and perhaps how, parents can protect their teens (or conversely, increase their vulnerability) from developing internalizing and externalizing problems in a relatively understudied, highly-stressed sample of inner-city, impoverished African American adolescents. Additionally, steps were taken to improve upon past measurement issues and explore the psychometric properties of a behavioral-based parent questionnaire through comparisons of caregiver and adolescent reports of the same parenting behavioral dimensions.

Adolescence

From a developmental psychopathology perspective, adolescence is considered a developmental period in which young people experience continued physical, socioemotional and cognitive advancements as they navigate their new and changing relationships with multiple environmental systems (family, school, community etc.) in order to create a more mature identity and independent life (Cicchetti & Rogosch, 2002; Steinberg & Morris, 2001). Aided by the increases in cognitive abilities and the physical changes of puberty, youth continue the developmental process from childhood into adulthood by establishing a clearer sense of self-identity, improving their own regulatory abilities, obtaining new privileges and responsibilities, and creating new and more multifaceted social relationships (Allen & Land, 1999; Cicchetti & Rogosch, 2002; Lerner, Boyd, & Du, 2009; Zimmer-Gembeck & Collins, 2003).

Despite the numerous positive growth experiences that occur in adolescence, this time period also comes with increased vulnerability to psychopathology (Cicchetti & Rogosch, 2002). In a nationally representative and in-person study of 10,123 adolescents in the U.S., ages 13- to 18-years, almost a quarter (22.2%) had a psychiatric disorder. Within this group of youth, 31.9% had an anxiety disorders, 19.1% had a behavioral disorder, 14.3% had a mood disorder and 11.4% had a substance use disorder (Merikangas, et al., 2010). Often described as “a time of storm and stress” (Arnett, 1999, p. 317; Hall, 1904, Vol. 1, p. xiii), adolescent youth are at high risk for developing psychological conditions compared with younger children and adults (Achenbach, McConaughy, & Howell, 1987; Aneshensel & Sucoff, 1996, Patton et al., 2014). Comparing adolescents to younger age groups, one review found the median prevalence rate of having one or more psychiatric condition to increase as children aged; 8% for toddlers/preschool children, 12% for school-aged/pre-adolescent children and 15% for teenagers (Roberts, Attkisson, & Rosenblatt,

1998). Adolescents exhibit higher rates of mental health problems than adults, with one large-scale and nationally-representative U.S. survey finding that 9.1% of adolescents experienced a major depressive episode in the past year, compared to 7.6% and 5.5% respectively of 25-49 and 50+ year-olds who experienced one or more major depressive episodes in one year (Center for Behavioral Health Statistics and Quality, 2016). Given the high risks associated specifically with adolescence, it is of great importance to study the processes of psychopathology development during this period of life.

A key aspect of adolescence is the changing nature of the relationship between adolescents and their parents. Research has documented increased conflict in adolescents' relationships with their parents including a mild increase in bickering and squabbling, a decline in reported closeness, and decreases in the number of hours spent together (Larson & Richards, 1991; Steinberg & Morris, 1991). These changes are attributed to the processes of developing an individual identity and building autonomy happening during adolescence. Throughout adolescence, parents and children negotiate new relationships that are described as more equal and less unstable by late adolescence and early adulthood (Steinberg, 1990). Despite the advances in autonomy and independence in adolescent youth, one should not be fooled into believing that teens do not need their parents. In fact, the opposite is true: research shows that parents play a key role in adolescent psychological health and development. Much interest has been focused on how parents protect and promote their teenage children's healthy development.

Impoverished Inner-city African American Teens

Taking a closer look at youth in the U.S., several key factors correlate with maladjustment. Given its potential to influence developmental trajectories throughout the lifespan, it is important for research to identify adversity's influences throughout all periods of development, including

adolescence (Cicchetti & Rogosch, 2002). In addition to the risks associated with being in the developmental period of adolescence (e.g. high rates of psychopathology, mood disturbances, conflict with caregivers and risky behavior; Arnett, 1999), teens from specific demographic backgrounds are even more vulnerable to developing psychopathology compared to youth of other backgrounds as they navigate the transitions from childhood into a more autonomous period of life. Research has found that children and teens growing up in impoverished urban environments experience a great deal of poverty-related adversity, through exposure to high rates of a broad array of stressors, including poor neighborhood conditions, directly experiencing violence, crime, maltreatment, family stress, poor quality housing, and lack of access to community resources compared to children living in more advantaged areas (Deardorff, Gonzales, & Sandler, 2003; Grant, Compas, Stuhmacher, Thurm, McMahon, & Halpert 2003; Santiago, Wadsworth, & Stump, 2011; Wickrama & Bryant, 2003). Such threats increase youths' risk for and intensify the influence of individual stressors on the development of psychological problems (Cutrona, Wallace, & Wesner, 2006). In Luthar's (1991) classic study of 144 inner-city teenagers, Luthar found that, even while accounting for other protective or resiliency factors, youth undergoing negative or stressful life events experienced more internalizing symptoms compared to children from lower risk backgrounds (Luthar, 1991).

In addition to living in impoverished and urban environments, another key demographic risk factor for young people is being of minority status. Due to a long U.S. history of discrimination, institutional racism and unfair housing policies, African American children and adolescents are overrepresented amongst the economically disadvantaged and inner-city populations in the U.S. (Nichols, 2013). That is not to say that minority status and poverty are causally related, but instead that racism and unequal distributions of wealth in the U.S. have

contributed to large numbers of African American youth living in low-income and impoverished urban neighborhoods (Coll, Crnuc, Lamberty, Wasil, Jenkins, Garcia, & McAdoo, 1996). Per the 2015 U.S. Census Bureau, 36% of African American children were living in families below the federal poverty level ($24,600 annual income for a family of 4 in the year 2017; U.S. Department of Health & Human Services, 2017). This number is higher than all other races and ethnicities surveyed, including 34% of American Indian, 31% of Hispanic, 13% of Asian and Pacific Islander and 12% of White, non-Hispanic children (The Annie E. Casey Foundation, 2016).

African American youth living in socioeconomically disadvantaged urban neighborhoods experience numerous risk factors that undermine their psychological well-being. Community risk factors associated with impoverished, urban communities include high levels of air and water pollution, hectic, overpopulated and noisy homes, substandard housing, poor municipal services, and low quality educational and childcare services (Evans, 2004). Research finds high rates of hearing about, witnessing or experiencing acts of violence for those living in inner-city neighborhoods (Jenkins, Wang, & Turner, 2009). Different studies estimate that between 50% to over 90% of urban children and adolescents report witnessing violence in their communities (Gorman-Smith, Henry & Tolan, 2004). In an epidemiological sample of urban children in the United States, it was found that the average occurrences of lifetime traumatic events for urban youth was 4.8, with approximately half of the kids in this sample having experienced assaultive violence, other bodily injury, secondhand exposure to traumas from peers or relatives, or the unexpected death of a loved one (Breslau, Wilcox, Storr, Lucia, and Anthony, 2004).

Research has also documented that being of ethnic minority status is a risk factor for psychopathology in its own right. Illustrating this trend, a national sample of adolescents found that concentrated poverty, economic hardship, single parenthood, parental academic

underachievement, and being an ethnic minority were each significantly associated with more symptoms of depression in adolescents (Wickrama & Bryant, 2003). These research trends may be due to the fact that, compared to their white counterparts, African American youth experienced compounded risk due to the additional impact of institutionalized racism, discrimination, oppression, racist attitudes, and race-related microaggressions and social perceptions (Bryant-Davis & Ocampo, 2005; Jones, Cross, & DeFour, 2007; Williams, Mohammed, Leavell, & Collin, 2010). One 5-year longitudinal study of 714 African American youth ages 10-12 at the start of data collection found that perceived discrimination predicted increased development of behavioral problems and depression (Brody, Chen, Murry, Ge, Simons, Gibbons, ... & Cutrona, 2006).

Accumulation of Risk

The risks related to being an urban, impoverished and African American teenager are even more serious due to the total negative influences caused by the accumulation of these and related risk factors and their influence on adolescent well-being. The cumulative risk theory suggests that the effects of stressors function exponentially, in such a way that exposure to higher numbers of stressors is associated with higher chances of developing mental health deficits across development (Appleyard, Egeland, Dulmen, & Sroufe, 2005; Evans & Kim, 2007; Evans, Kim, Ting, Tesher, & Shannis, 2007; Forehand, Biggar, & Kotchick, 1998; Masten & Wright, 1998). There is research to support this cumulative risk theory. For instance, one study found that the accumulation of neighborhood disadvantage, stressful environmental event exposure, and perceived discrimination predicted significantly higher levels of depression and behavioral problems in impoverished inner-city teens (Prelow, Danoff-Burg, Swenson, & Pulgiano, 2004). Moreover, the study suggested that higher levels of perceived discrimination exacerbated the effects of other risk factors on symptoms of depression and delinquent behaviors among African

American adolescents (Prelow et al., 2004). Another study found accumulation of poverty, violence, family separation, family chaos, lack of high school education of the primary female caregiver, single parenthood, housing problems, overcrowding problems, and neighborhood noise significantly predicted higher allostatic load – a physiological measure of psychological stress (Evans et al., 2007). For the purposes of this dissertation, cumulative stress is operationalized as how many unique events in a comprehensive set of 22 family and 20 community stressors were experienced by an adolescent in his or her lifetime. Both adolescent and caregiver reports are utilized in this cumulative stress variable to account for the differential awareness of events by youth and caregivers. Previous empirical studies have considered exposure to or experiencing four or more stressful events to be the cut-point in reflecting "stressed" samples (Wyman, Cowen, Work, Hoyt-Meyers, Mangnun, & Fagen, 1999). Specifically, this dissertation aimed to assess the accumulation adversity experienced by a sample of impoverished urban adolescents in the form of family-related stressors (e.g., family member with serious mental illness, family member in jail, violence in home) and community-related stressors (e.g., witnessing or directly experiencing violence, seeing a drug deal, hearing gun shots) that the literature has demonstrated are highly associated with urban poverty and minority status.

Developing Psychopathology: Internalizing, Externalizing and Total Symptoms

Taken together, the risk factors of poverty, living in an urban environment, and being of ethnic minority status increase both individual adolescents' and their families' chance of exposure to family and community stressors and the subsequent development of psychopathology. For example, a study of 1,520 low-income urban adolescents found a higher prevalence of internalizing problems, externalizing problems, and comorbid conditions in comparison to data collected from a normative and nationally representative age group sample (Grant et al., 2004). Similarly,

research on 245 disadvantaged boys from inner-city neighborhoods showed that community violence exposure was related to higher rates of depression and aggressive behaviors (Gorman-Smith & Tolan, 1998).

A review of the current literature suggests that experiencing such extreme adversity is associated with psychopathology, include the internalizing problems of anxiety, depression, irritability, anger, fears about safety, increased grief and loss reactions, and general distress (Cooley-Quille, Boyd, Frantz, & Walsh, 2001; Gorman-Smith, Henry & Tolan, 2004; Guterman, Cameron & Staller, 2000; Jenkins, Wang, & Turner, 2009). This dissertation defines internalizing problems in accordance with the measure for child psychopathology, the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983). Internalizing problems refer to those psychological difficulties within an individual and consist of anxious/depressed, withdrawn, and somatic problems (Achenbach & Edelbrock, 1983). Also in the literature, externalizing behavior problems include delinquent behaviors, aggression, increased recklessness (ex. weapon carrying), risky sexual behaviors, and substance use (Gorman-Smith, Henry & Tolan, 2004; Guterman, Cameron & Staller, 2000; Jenkins, Wang, & Turner, 2009; Smith & Patton, 2016). This dissertation also defines externalizing problems in accordance with the CBCL (Achenbach & Edelbrock, 1983). Externalizing problems refer to those psychological difficulties outside an individual and consist of aggressive and rule breaking behaviors (Achenbach & Edelbrock, 1983). A third dimension of psychological behavior problems defined by the CBCL that this dissertation examined are an adolescent's total problems, referring to total set of psychological difficulties an individual is experiencing, including internalizing behaviors, externalizing behaviors, attention problems, social problems, and thought problems (Achenbach & Edelbrock, 1983). Some theorists may argue that inclusion of the total problems construct in my analyses is redundant due to the analysis of

internalizing and externalizing problems separately. However, the total problems variable not only includes internalizing and externalizing behaviors but attention, social, and thought problems that are not part of the internalizing or externalizing scales. Additionally, research has shown that there is a wide array of psychosocial difficulties youth may develop after exposure to stress or trauma (Shonkoff et al., 2012; Van der Kolk & McFarlane, 1996). There is also growing empirical support for a single, unidimensional factor of psychopathology in both youth and adults (Martel et al., 2017). Therefore, utilization of the composite scale for total behavior problems can be seen as a comprehensive measure of functioning (the total amount psychological problems regardless of the type of psychopathology) for each adolescent.

The literature has well documented a range of psychological problem behaviors associated with adversity, suggesting that cumulative stress is a risk factor in the development of psychopathology in the adolescent sample utilized in this study. However, to my knowledge, few studies have focused on understanding how specific warm, demanding, or physically punitive behaviors performed (or not performed) by parents protect extremely stressed adolescents (inner-city, minority, impoverished, etc.) from the negative outcomes associated with the accumulation of risk. Given the adversity associated with being a poor, inner-city African American teenager, it is of key importance to assess and understand how the accumulation of risk influences the development of these adolescents, and moreover, to investigate what can be done to do protect some of the country's most high-risk teens from developing mental health problems.

Parenting Adolescents

Adolescence is a developmental period that marks the transition young people make from middle childhood into the more autonomous and individualistic role early in adolescence (Steinberg & Silk, 2002). This period is a time of negotiation in the parent-adolescent relationships

that is often associated with temporary stress and conflict among parents and children but hopefully ends after a successful transition into a new equilibrium for the vast majority of families (Steinberg & Silk, 2002). This new equilibrium is established in order to meet both the changing needs of adolescents due to physical cognitive, self-identity, and social advancements and also the remaining need of adolescents to receive support and guidance from their parents.

One unique aspect of this study was the focus on parenting adolescents, compared to younger children. Interestingly, there is mixed empirical support for the influence of age on the relation between parenting and child outcomes. Some empirical studies comparing parenting across youth age ranges support the idea that parenting has its strongest influence on behavior problems in toddlers and young children, when parents play a large role in their children's lives without competing influences of other adults such as teachers or peers (Pinquart, 2017). Research also describes how youth transition from relying on their parents for primary support and approval to relying on peers (Maholmes, 2018). Other empirical trends show stronger links between parenting and adolescents, where reciprocal relationships and adolescents enhanced cognitive ability to interpret their parent's behaviors create stronger links (Hoeve, Dubas, Eichelsheim, Van Der Laan, Smeenk & Gerris, 2009; Levpušček, 2006; Pinquart, 2017). Although exploring the moderating influence of age on the relation between parenting and youth outcomes is outside the scope of this cross-sectional study, asking both youth and caregivers about parenting behaviors is one way to explore how both individuals in parent-children relationships interpret parenting behaviors.

The vast majority of empirical findings support the fact that parent's behavior towards their adolescents – what they say and do and how they say and do it— have implications for both their children's development and well-being (Harris, 1995; Harris, Furstenberg, & Marmer, 1998;

Mabbe, Soenens, Vansteenkiste, & Van Leeuwen, 2016; Rowe, Gembeck, Rudolph, & Nesdale, 2015; Steinberg & Silk, 2002). The field has identified numerous variable related to parents and parenting that seem to influence adolescent adjustment, including aspects of the parent-child relationship such as attachment, parent-child conflict, and parent child harmony; parenting styles such as psychological and behavioral control/autonomy-giving, parental warmth, and parental demandingness, and specific parenting practices such as parental monitoring, corporal punishment, and school involvement (Maholmes, 2018; Scott-Jones, 1995; Spera, 2005; Steinberg & Silk, 2002). Reviewing the existing literature highlights that importance of parenting behavior as one key factor of numerous factors at play in youth development (Maholmes, 2018; Sandler, Ingram, Wolchik, Tein, & Winslow, 2015; Neiderhiser, Reiss, Hetherington, & Plomin, 1999; Pinquart, 2016; Pinquart, 2017; Resnick, et al., 1997; Steinberg & Silk, 2002).

Parenting Behavior

Empirical investigations of parenting started through observations of white, European American parents and their toddlers in the early 1930s. By studying three groups of preschool children who differed in their behavioral characteristics, Diana Baumrind was able to classify three distinct "patterns of parental authority" that correlated to certain behavioral prototypes in children (Baumrind, 1966; Baumrind, 1967). These three parenting styles (a fourth type was classified later) differed from each other on one or both of the dimensions of responsiveness (aka warmth or supportiveness) and demandingness (aka control; Baumrind, 1967; Baumrind, 1991; Darling, 1999). For example, children described as regulated, explorative, and happy had parents whose parenting style was described as both demanding/controlling and warm/nurturant/communicative. In comparison, the group of children described by Baumrind (1967) as unhappy or distrustful or

the group described as dependent and immature had parents whose dispositions were not nurturing/communicative or not demanding/controlling, respectively.

These parenting styles in these three prototypal categories of authoritative, authoritarian, and permissive parents that described the philosophy or attitude of a parent, rather than the specific behaviors a parent may perform (Baumrind, 1966; Power, 2013). Authoritative parents are parents whose beliefs about child rearing appeared high in demandingness and control and high in warmth and communication. Authoritative parenting was thought to be correlated with behavioral attempts to balance rational rule following and self-regulation with personal autonomy in their child's behavior. Authoritarian parents, in contrast, are those whose parental attitude was very high in control, associated with behaviors that directed the child achieve a high and absolute standard conduct, and have little or no warmth nor communication in their parenting behaviors. Permissive parents are those parents whose style or attitude is nonpunitive, low in demandingness or expectations of their child, and high in warmth and communication (Baumrind, 1966). Later, a fourth parenting style was defined as neglectful or uninvolved, that described parents whose style or attitude towards their children was both low in demandingness and low in responsive warmth and communication (Maccoby and Martin, 1983).

In more recent work of the 1970s and 1980s, the use of prototypical parenting styles shifted to the use of parenting dimensions that allowed for more depth and variation in parenting behavior than four distinct categories. Empirical evidence found a great deal of consistency in the two dimensions of parenting style, that were further supported by two major literature reviews (Maccoby & Martin, 1983; Power, 2013; Rollins & Thomas, 1979) The two dimensions of parenting attitude are drawn from Baumrind's original parenting styles and often referred to as

parental warmth and demandingness (Baumrind & Black, 1967; Maccoby & Martin, 1983; McCabe, Clark, & Barnett, 1999; Rothbaum & Weisz, 1994).

Parental *warmth* incorporates several related ideas including a parent's ability to be sensitive, responsive, accepting, and approving of his or her child. Baumrind defined the construct of parental warmth 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). For the purpose of this dissertation, parental warmth is operationalized as parent or adolescents report of "parents' direct communication [through speech or behavior] of acceptance, affection, [physically affectionate contact], and positive regard to their children" (Baumrind, 1991; Maccoby & Martin, 1983; McCabe et al., 1999 pp. 138; Steinberg & Silk, 2002). A rich body of research demonstrates repeated, positive correlations between a warm and responsive parenting on child wellbeing throughout the lifespan (Lansford et al., 2018). A recent expansive and descriptive review of the literature found that a negative (low warmth) parenting style relates non-specifically to a wide range of both internalizing and externalizing problems in children (Berg-Nielsen, Vikan, & Dahl, 2002). Furthermore, that same review suggests that a lack or low levels of parental warmth may be more detrimental to child outcomes than specific parental psychopathologies (Berg-Nielsen et al., 2002). These findings have also been replicated cross-culturally. Two large metanalytic reviews of global research trends found that a perceived acceptance/warmth parenting style (perception, not behavior) was significantly associated with child psychological adjustment for all countries and cultures, spanning six different continents, studied (Khaleque & Rohner, 2012; Lansford et al., 2018). One meta-analysis found that the within group differences of parenting and youth outcomes were larger than the between groups differences (Lansford et al., 2018). The relation between warmth and youth outcomes are

also consistent among ethnic and racial groups in the United States. McCabe and colleagues (1999) found that warm parenting behaviors were associated with less shy and anxious behaviors in a sample of urban African American 6th grades. McCabe, Mechammil, Yeh & Zerr (2015) found that self-reports of low levels of warm parenting practices in Mexican American mothers were related to higher rates of clinically significant behavior problems in their children.

Parental *demandingness* describes behavior in which a parent attempts non-coercive but strict control of children and includes factors such as setting high expectations or standards for performance, high monitoring of activity, and clear and consistent rule enforcement (Baumrind, 1991; Steinberg, Van Bavel, & McFarland, 1989). In this dissertation, the construct of parental demandingness is operationalized as parent or child report of "parental provision of rules, structure, and discipline" (McCabe et al., 1999, pp. 138).

Early research on parental demandingness typically considered the use of physical punishment as one parenting technique utilized along with other forms of strict or demanding parenting (verbal and nonviolent parenting behaviors) to create rules and structure and provide discipline in a child's life (Bhandari & Barnett, 2007; McCabe et al., 1999; Rothbaum & Weisz, 1994). Such work often produced inconsistent conclusions, in which demandingness (including corporal punishment use) was sometimes associated with positive outcomes and other times psychopathology in children (McCabe et al., 1995; Rothbaum & Weisz, 1994; Rowe, Vazsonyi, & Flannery, 1994). Despite the inconsistencies in some previous research findings, theory suggests that demandingness, when non-coercive and non-violent, is a unique parenting construct that is best considered separate from corporal punishment use and has an opposite (i.e., positive) relation to child adjustment (Bhandari &Barnett, 2007; McCabe et al., 1999). Theoretically, parental demandingness consists of behaviors that help the child to learn appropriate behavioral

and emotional regulation and communicate parental investment in, confidence in, and care for the child, but not physical punishment (Baumrind, 1966; Baurmrind, 1991; McCabe, Clark, & Barnett, 1991). These parenting practices can be considered "high expectations" and are distinct from other parenting behaviors such as psychologically controlling or autonomy-restrictive behaviors. Autonomy restrictive or psychological controlling behaviors can be characterized as harsh and often demonstrate a lack of alignment with a child's developmental needs. Controlling and autonomy-restrictive behaviors are mutually exclusive to demanding behaviors as defined in this dissertation, and are hypothesized to have opposite associations with children and adolescent outcomes (McCabe et al., 2015; Rowe et al., 2015). Instead, caregiver use of demanding behaviors establishes a communication of care and provision of developmentally-appropriate behavioral scaffolding that promotes feelings of security in a developing child and may thus lead to healthy development.

Continuing along this line of reasoning, parental demandingness could be particularly important for youth coming from socioeconomically disadvantaged, urban areas (Bhandari & Barnett, 2007). Exposure to high levels of stress and adversity may undermine parent's ability to provide sensitive and nurturant parenting and thus contributes to the development of behavioral health problems (Trentacosta, Hyde, Shaw, Dishion, Gardner, & Wilson, 2008; Wiener, Biondic, Grimbos, & Herbert, 2016). Therefore, parents who exhibit high demandingness (even in the face of cumulative stress) may be able to provide their children with added structure, rules, and consistency in at-risk environments, possibly becoming a protective mechanism in the face of vulnerability. Bhanduri and Barnett (2007) hypothesized that demanding parent behaviors may allow children to feel secure and reassured even in the face of unsafe environments and adversity due to their high amounts of structure, consistency, and involvement in their parenting behaviors.

Such patterns preliminarily have been supported by the research literature. Research findings suggest that in at-risk samples of youth, parental demandingness is associated with lower acting out behaviors, lower levels of delinquency and higher academic achievement (Bean, Barber, & Crane, 2006; Mandara Varner, & Richman, 2010; McCabe et al., 1999; Richards, Miller, O'Donnell, Wasserman, & Colder, 2004). For example, one study of 64 urban African American 6th graders found that demandingness was associated with lower levels of acting out behaviors for those children with high levels of family stressors, suggesting that parental demandingness is associated with more positive outcomes in at risk youth. However, the study did not present data on the possible protective (moderation) nature of demandingness (McCabe et al., 1999). Although empirical inquiries have found parental demandingness to be associated with less maladaptive functioning, few have explored whether use of demanding parental behaviors is truly protective, as a moderating factor between stress exposure and adjustment.

Corporal punishment use has been differentially, vaguely and sometimes poorly defined throughout the fields of developmental psychology, clinical psychology, and various federal and state legal systems (just in the U.S. alone). There are several reasons for a lack of clear and consistent definitions of corporal punishment: 1) There is a variety of personal, religious, political and cultural viewpoints (including American sociocultural acceptance and approval of corporal punishment) that makes agreement on a single definition difficult; 2) The child abuse definitions and where the line between "legal reasonable corporal punishment" and child abuse starts and ends have been kept purposely vague by the various legal bodies defining them in order to give authorities the flexibility to identify child abuse that might appear in unanticipated forms and allowing parents leeway where it may be culturally sanctioned; and 3) Methodologically, it is a challenge to write clear, concise definitions of corporal punishment (as it is for many measures of

human behavior) that are specific enough to include everything they need to capture but sensitive enough not to erroneously capture additional behaviors or constructs (Coleman, Dodge, & Campbell, 2010; Straus, 1994). This lack of clarity in definition might also be why there is no commonly agreed upon measure for corporal punishment used in the field, and, instead, numerous methods are used to collect data on parental corporal punishment that vary by informant and content (Lapré & Marsee, 2016; Straus, 1994).

For the purposes of this dissertation, I defined corporal punishment as "the use of physical force with the intention of causing a child to experience pain, but not injury, for correction or control of the child's behavior" (Straus, 1994, pp. 4; Straus & Stewart, 1999, pp. 57). My reasons behind using this definition include its clarity and focus on specific parent behavior (as opposed to parental perception or opinion), its use and validation as the operational definition utilized in Straus and colleagues' (1998) Conflict Tactics Scales, and its correspondence to legal definitions of corporal punishment in most states in the U.S. (some states such as California, Delaware and Pennsylvania now have stricter bans on corporal punishment use; Gunderson, 2017) use to distinguish corporal punishment form child abuse.

To attempt to clarify some of these concerns related to defining and measuring corporal punishment, the dissertation utilized a questionnaire written specifically to obtain information on how often a parent does specific behaviors that make up the operational definition of corporal punishment outlined previously. This measure is different than others used because 1) it was created with a clear operational definition in mind and 2) because it asks reporters to quantify specific behaviors instead of relying on perceptions or opinions (McCabe et al., 1999; Sala-Hamrick et al., under review). However, given the behaviorally-based nature of this questionnaire, it was not possible to assess parents' intentions or beliefs about performing these behaviors.

Notably, parental intention for pain and not injury, opinions about use and why they choose to perform certain behaviors was not captured in this measure. To preliminarily gain additional information about caregivers' and adolescents' thoughts and perceptions about corporal punishment use, several open-ended interview questions were included at the end of this measure.

Corporal Punishment Use within African American Families

There has been significant disagreement on the role ethnicity plays in moderating the relations between parenting behavior and child and adolescent outcomes, especially in regard to corporal punishment. Much of the cross-ethnic and cultural parenting debate has focused in particular on the effectiveness of corporal punishment as a behavior management tool and the negative consequences of corporal punishment on child psychopathology. Within this debate, special attention is given to corporal punishment of African American adolescents. Data based on U.S. population surveys from the 1990s suggests that the vast majority of American families (94%) use corporal punishment for managing toddler behavior (3-4 years of age), while most, but still markedly fewer (52%) parents use corporal punishment with their young adolescents (12-13 years of age), and still fewer (about 13%) using corporal punishment on older teenagers (17 years of age; Straus & Steward, 1999). Data also shows that approximately 35% of parents utilize corporal punishment with their infants (Straus & Stweard, 1999). Rates of corporal punishment use are higher for specific subpopulations including African American and low socioeconomic status families, with 70% of African American parents using corporal punishment in the last year compared to 62% and 60% of other minority and European American parents and 70-75% of low SES parents compared to 50 to 55% of high SES parents (Straus & Steward, 1999). Although rates of corporal punishment use among specific age groups are not available for more recent data, research shows that both the use and favorable opinions of corporal punishment have reduced over

time. In a study done by the Brookings Institute in 2014, 41.6% of a nationally representative sample of parents reported that they had physically punished or "smacked" their child in the past year (Reeves, 2014). 50-60% of parents reported using mild corporal punishment on their children (age range not specified) in the last month (Reeves, 2014). Additionally, parents' approval of corporal punishment use has gone down over time. Research done by the University of Chicago's General Social Survey states that from 1986 to 2012, rates of U.S. parents that respond "agree" or "strongly agree" to the question "Do you strongly agree, agree, disagree or strongly disagree that it is sometimes necessary to discipline a child with a good, hard spanking" have gone from 84% to 70% (Enten, 2014; "GSS General Social Survey | NORC," n.d.). Opinions of corporal punishment use also vary by religion and ethnicity (Enten, 2014). 80% of Evangelical or "Born-Again" Christians report that spanking is okay while only 65% of all other religious groups in the U.S. report that spanking is okay. Over 80% of African American parents report that they approve of corporal punishment while a little over 70% of non-African Americans report approval. Non-white and non-African American parents (Asians, Native Americans) are on average 5% points less likely than white American parents to approve of spanking (Enten, 2014).

There has been much disagreement on effectiveness of corporal punishment as a parenting strategy for African American children and teens. Some studies conclude that corporal punishment use has neutral or positive effects for African American youth compared to the negative effects seen for their Caucasian counterparts (Gershoff, 2002; Horn & Cheng, 2004; Simons, Lin, Gordon, Brody, Murry, & Conger, 2002). For example, some studies of European American families have found that demanding parenting behaviors and corporal punishment use are both associated with higher rates of aggression, behavior problems, delinquency, and rebelliousness in youth (Alampay et al., 2017; Baumrind, 1991; Deater-Deckard, Dodge, Bates, & Pettit, 1996). Inversely, studies

of African American adolescents found that parenting practices that included high levels of demandingness, corporal punishment *and warmth* are related to higher rates of either neutral or positive youth outcomes such as low anxiety, school success, and social competence (Deater-Deckard & Scarr, 1994; Hill & Bush, 2001; Horn, Joseph, & Cheng, 2004; Lansford et al., 2005; Stormshak, Bierman, McMahon & Lengua, 2000). In one study of 466 European American and 100 African American K-3 children and their mothers, use of physical discipline was related to higher rates of externalizing symptoms in European American but not African American children (Deater-Decker et al., 1996). A 2004 meta-analytic review found that although conclusions appeared to differ by research design and statistical method used, all longitudinal studies found neutral or positive relations between corporal punishment use and adjustment for African American children (Horn et al., 2004). However, the authors of this study note that further research must be done to better evaluate the influence of multiple confounding variables on the use of physical discipline, including, SES, parental education and exposure to community or domestic violence (Horn et al., 2004).

Several theoretical explanations exist as to why parenting behaviors and corporal punishment use may have different effects for children of different ethnicities. One possibility is that the meaning of physical disciplines varies between parents of different ethnicities and thus cultural understandings of corporal punishment (is in harming the child, is it done out of love etc.) and the normalization of the behavior in certain ethnic or racial groups may influence its effects on child outcomes (Lansford et al., 2005; Lapré & Marsee, 2016). In this sense, the use of corporal punishment in European American families may be a by-product of out of control, chaotic and parent-centered households while the absence of corporal punishment use in African American families may suggest a lack of parental engagement in child-rearing (Barbarian, 1993; Deater-

Deckard et. al., 1996; Gutierrez & Sameroff, 1990; Kelly, Power, & Wimbush, 1992). Other theorists hypothesize that differences in the effects of corporal punishment are linked to variations in how children view and find meaning in their parents' behaviors (Deater-Deckard et al., 1996). For example, cross cultural studies have found that adolescent perceptions of parents who use corporal punishment vary by culture, with European and Chinese adolescents associating physical discipline with parental hostility and Korean adolescents associating physical discipline with parental warmth and love (Lau, Lew, Hau, Cheung, & Berndt, 1990; Rohner & Pettengill, 1985). A third hypothesis is that variations in corporal punishment effects are influenced by the manner in which parents administer physical discipline (i.e. severity, justness, levels of emotional support in the parent-child relationship). In this sense, theorists suggest that African American parents are more likely to use corporal punishment along with warm, positive and loving parenting that may prevent corporal punishment's usual and negative effects (MacKinnon-Lewis, Lindsey, Frabutt, Chambers, 2014; Simons, Simons, & Su, 2013). Similarly, parents who employ less severe and "just" (planned, controlled physical discipline that is being applied clearly for a purpose) are thought to have children with better psychological outcomes (Baumrind, 1997). For example, one study on the parenting behavior patterns of 121 African American families found associations between corporal punishment and authoritative African American parents while previous studies found corporal punishment to be associated with authoritarian European American families (Kelly, Power, & Wimbush, 1992). In a 6-year longitudinal study of 1,039 European American, 550 African American and 401 Hispanic children, maternal emotional support moderated the relation between physical discipline and behavior problems such that spanking was associated with negative behavioral outcomes in the context of low emotional support but not in the context of high emotional support (McLoyd & Smith, 2002). It was therefore suggested that mothers who

employ corporal punishment use within an emotionally supportive and loving parent-child relationship, may be avoiding the deleterious effects of physical discipline.

It is also possible there are *not* ethnic or cultural variations in the influence of corporal punishment or other parenting behaviors on child and adolescent outcomes. A large body of empirical support also exists for the idea that corporal punishment use has deleterious effects on psychological outcomes for children and adolescents of all ethnic or cultural backgrounds. In one longitudinal study of African American teenagers (10-15 years), researchers studied the parenting dimensions of responsiveness (warmth), demandingness, and corporal punishment in order to understand their relations with adolescent conduct problems, depressive symptoms, and school engagement (Simons, Simons, and Su, 2013). Data from this study suggested that using corporal punishment with any parenting style did not improve any of the youth outcome measures. Furthermore, children of authoritative (high responsiveness, high demandingness) parents who also used corporal punishment had significantly fewer positive outcomes compared to children of authoritative parents who did not use corporal punishment. These trends are consistent with another concept prominent in the literature that suggests that corporal punishment use is detrimental for all children and adolescents, regardless of cultural or ethnic background (Gershoff, 2010; Gershoff, 2013). Further support for this idea comes from large-scale longitudinal and meta-analytic reviews of corporal punishment use in adolescence, that have linked parents' use of corporal punishment to the development of socioemotional and behavior problems, including antisocial behaviors and depression (effect sizes ranging from small to medium, $d = .20$ to $d = .69$; Paolucci and Violato, 2004; Gershoff, 2002; Gershoff and Bitensky, 2007).

Psychological theory also suggests that corporal punishment has limited effectiveness as a behavioral management tool and leads to negative developmental outcomes. Corporal

punishment's lack of efficacy and additional deleterious effects are due to several theoretical reasons including: 1) it contradicts fundamental behavioral theory principles, 2) it elicits fear and undermines essential aspects of security and the parent-child relationship, 3) it often is accompanied by modeling of emotional dysregulation, 4) it models the use of aggression and violence to solve problems and 4) it may lead to or increase a child's risk of being maltreated if a parent uses too much force, frequency or causes injury (Gershoff, 2013). Behavioral theory suggests that for behaviors to be modified, maintained or extinguished, an intervention in the form of a reinforcement or punishment ought to occur immediately after the target behavior is demonstrated and occur every time that target behavior is performed (Gershoff, 2013). However, theorists suggest that it is difficult and unreasonable for parents to physically discipline their child after every incidence of misbehavior (Gershoff, 2013; Hineline & Rosale-Ruiz, 2012). Additionally, some theorists suggest that even if corporal punishment was performed by parents consistently after each behavior problem, spanking does not serve as a good punishment for children as the unwanted behavior a child does might be very different than the received consequence of physical punishment (Gershoff, 2002; Hoffman, 1963). Cognitive behavior theories suggest that individuals must make cognitive links between the problem behavior and the consequence for behavior change to occur. Corporal punishment often has little or no cognitive association with a child's behavioral problems and parents using corporal punishment often react in anger and thus do not explain to their child why they are getting spanked or why the behavior performed was wrong. In these situations, instead of teaching youth that, for example doing their homework leads to better grades in school and increased knowledge or that saying something mean hurts someone's feelings, corporal punishment use conveys to children that disobeying their parents leads to physical punishment. Thus, children might not understand the link between certain

behaviors they perform and receiving a spanking, causing corporal punishment to fail as a behavioral management tool (Hoffman, 1983; Hoffman, 2002).

Other researchers argue that not only does it not work as a behavioral management tool, corporal punishment has additional deleterious effects on development due to the fact that it can increase some children's fear and anxiety in counterproductive ways. Attachment theory explains that a secure parent-child relationship is characterized by a dynamic emotional bond in which a child intrinsically knows to search for his or her parent when distressed (Bowlby, 1953). By causing children to fear their parents and the threat of physical punishment, corporal punishment use appears to disrupt the secure attachment bond, and thereby, may lead to negative developmental outcomes (Fearon, Bakermans-Kranenburg, Van IJzendoorn, Lapsley, & Roisman, 2010; Groh, Roisman, van IJzendoorn, Bakermans-Kranenburg, & Fearon, 2012; McCabe et al., 1999). Moreover, corporal punishment may prevent a parent's capability to teach his or her child regulation strategies and instead models negative emotional and behavioral regulation and the use of aggression and violence to solve problems (Gershoff, 2002; McCabe et al., 1999; Paolucci & Violato, 2004). Finally, in addition to not being effective and leading to negative outcomes, corporal punishment use has also been established as a risk for child abuse (Durrant, Trocmé, Fallon, Milne, Black, & Knoke, 2006). Various definitions of corporal punishment and child abuse state that the difference between the two constructs relates to the amount of force is used, if and what object is used, or the duration of the punishment; fine distinctions that are subject to change. Furthermore, research shows that the majority of physical abuse cases begin with parental corporal punishment use (Durrant, et al., 2006).

Unique to this study is the focus on caregivers using corporal punishment on their teenage children. As discussed above, adolescents differ from their younger counterparts due to increased

cognitive, social and physical abilities which require developmentally-appropriate changes in how to parent them. Given that levels of parental corporal punishment use decrease but still remain high as children hit adolescence, but the behaviors used remain the same (Straus & Stweard, 1999), this dissertation is unique in exploring how corporal punishment is used by caregivers of adolescents and how its use is related to youth outcomes. Few empirical studies has focused on corporal punishment in adolescence and even less have focused solely on African American adolescents or how race moderates corporal punishment use. Straus and Kantor (1994) found that adolescents whose caregivers used corporal punishment on them had higher rates of depressive symptoms, suicidal thoughts, alcohol abuse, physical abuse of children and wife beating in adulthood when accounting for other potential risk factors including socioeconomic status. Given the potential of corporal punishment exposure in adolescents to have significant deleterious effects in adulthood and the fact that little is known about its associations with behavioral health outcomes of African American adolescents, this dissertation aimed to take an important next step in understanding the effects of corporal punishment in African American teenagers.

Methodological Concerns in Measuring Parenting

As I have touched on previously in this dissertation, the measurement of parenting is difficult and variations in psychometric properties and the utility of different parenting measures may have influenced the results of this and other studies. Historically, empirical works have assessed numerous constructs relating to parents' behaviors including specific behaviors (i.e. monitoring), behavioral dimensions (i.e. variations in affectionate actions and verbalizations) and opinions (i.e. approval or desire to perform certain behaviors or be a certain type of parent; Powers, 2013). The vast number and variations of parenting variables makes comparing results for different empirical studies difficult. For example, when parenting research was in its infancy, researchers

focused on the identification of general parenting approaches that could be seen across different situations, often referred to as parenting styles (Powers, 2013). Empirical focus was on these styles, as opposed to specific parenting practices or behaviors, because early studies in the 1930s and 40s failed to find an association between early parenting practices (e.g. bottle vs. breast feeding, use of time out vs. corporal punishment) and children's emotional and social development (Orlansky, 1949; Power, 2013).

In addition to variations in parenting constructs, inherent difficulties exist in the measurement of parenting behaviors: Most measures of parenting have low psychometric reliability and validity. Assessment of parenting requires being able to provide clear definitions of different constructs given variations that undoubtably come up in different situations, cultures and with different developmental age groups (Holden and Edwards 1989; Hurley, Huscroft-D'Angelo, Trout, Griffith, & Epstein, 2014). In a recent review of the literature, researchers found that out of 25 parenting measures used between the years of 1985 and 2009, only 5 of these measures had strong internal consistency in all or most of their subconstructs (Hurley, et al., 2014). The majority of these parenting measures had scale and subscale reliability values ranged from 0.50 to 0.69 (Hurley et al., 2014). Of the 5 with good psychometric properties, these scales tended to focus on narrowly defined and demonstrated behaviors.

Given the complexity of parenting, it is understandable that most parenting measures demonstrate less than ideal psychometric properties. A great deal of nuance is needed in performing parenting behaviors, therefore measuring these behaviors with just as much distinction is understandably difficult. In this context, the reliabilities and validates established by previous investigations may be acceptable given the nature of the constructs they are measuring. However, empirical research requires continuous iterations and attempts to improve construct measurement.

Additionally, the complexity of parenting behaviors and variation in the psychometrics of parenting measures may be one reason for the wide variety of differential relations between parenting and other outcomes, including why some studies find racially linked differences in the effects of parenting behaviors and others do not (Lapré & Marsee, 2016). Different definitions of parenting and assuming that measures are capturing the specific behaviors a parent performs instead of their perceptions or opinions of their parenting are key roadblocks to validly studying parenting. Numerous methodological limitations can be targeted in an attempt to improve reliability and validity of measurement including:

1) Utilizing measures of parenting style, attitude, or perception as a proxy for parenting behaviors or comparing seemingly similar parenting variables that are actually very different constructs (Power, 2013).
2) Utilizing single-reporter measures (parent or adolescent report only) that may be influenced by reporter-biases (Kuppens, Grietens, Onghena, & Michiels, 2009).
3) Using measures that are not culturally-informed or do not consider the varied understandings of the roles of parents in different cultures, communities and families (Maholmes, 2018).
4) Not taking into account developmental age of the children being studied and the role a parent might take in a multigenerational family or a family with multiple adult caregivers (Hussong, Jones, & Jensen, 2018; Maholmes, 2018)

An important step in all research studies is to explore the psychometric properties of measurement tools. This dissertation explored the psychometric properties of the measure of parenting behavior used here, the Parenting Questionnaire. The parent-report version of this behaviorally-based questionnaire has been previously validated in one study of a similarly low-

income, at-risk and African American sample of 6th graders (ages 11-14 years) and their parents. However, this measure has not been used in older adolescent samples nor has it been given as an adolescent-report form. Using this relatively new measure, I attempted to improve on the methodological shortcomings of past parenting measures that I explored above. Additionally, by collecting both adolescent and caregiver reports of these parenting behaviors, I further validated the Parenting Questionnaire measure.

It is important to consider how data collection styles (parent-report, adolescent/child-report, or direct observation) influence the accuracy of the information on parenting behavior gathered. When measuring parenting constructs, the vast majority of research has used single-informant questionnaires, due to their ease of use, cost-effectiveness, and efficient use of time (Kuppens, et al., 2009). Moreover, the single reporter measure usually consists of the parent self-reporting on their own parenting (Kuppens et al., 2009). Although utilized often, the use of these single-reporter/parent-report measures have several limitations inherent to self-report data such as faking good behavior, providing socially desirable responses, and not having accurate insight to report correctly (Hawes & Dadds, 2006; Kuppens et al., 2009; Shedler, Mayman, & Manis, 1993). These biases may play a crucial role in influencing parenting measurement cross-ethnic groups, as research has shown that perceptions of appropriate or quality parenting vary across ethnic groups and may be affecting how parents of different racial and ethnic groups respond to the same questions (Julian, McKenry, & McKelvey, 1994). Although utilized less often, the same methodological concerns exist for using a single adolescent-report of parenting behavior. Just like their parents, adolescents' reporting may also be influenced by social desirability, cultural influences, lack of insights, and faking good behavior. Given the problems with questionnaire measurements of parents, one may conclude that the best methodology for parenting is direct

observation and behavioral coding. However, in addition to being time, labor and cost intensive, direct observation is a particular concern for sensitive behaviors such as parenting because it is difficult to get natural observations of parenting and parents may alter their behavior when they know they are being observed (Hawes & Dadds, 2006).

I have detailed significant disagreement among researchers related to racial and ethnic differences in parenting behavior and its association with child and adolescent outcomes. One possible explanation for this disagreement is differential measurement of parenting across studies. As I reviewed the body of research studies performed on corporal punishment and its relation to outcomes in African American adolescents in the literature, I found that different studies utilize both different measures for corporal punishment and different reporters. For example, in one study of 106 African American families, youth-reported parental use of corporal punishment was not related to symptoms of aggressive or delinquent behavior in youth (ages 11 to 17 years) while finding that corporal punishment use was associated with delinquency and aggression for Caucasian adolescents (Lapré & Marsee, 2016). In comparison, another study that utilized parent report of their own use of corporal punishment in their 3 to 7-year-old children found that corporal punishment use was related to externalizing problems in children from African American, Caucasian, and Latino families (Lorber, O'Leary & Smith-Slep, 2011). Furthermore, there were no statistically significant differences between the ethnic groups and parental use of corporal punishment (Lorber et al., 2011).

Different studies also use different research designs to investigate parenting behaviors. In a 2004 meta-analysis, Horn and colleagues found that the impact of corporal punishment on youth outcomes may be influenced by the type of study design researchers used. Although the results were inconclusive, the review of seven papers on corporal punishment's relation to the outcomes

of African American children suggest that more positive or neutral associations might be found when studies were longitudinal (2 studies were positive, 1 was neutral and one was negative) in design compared to cross sectional (2 were negative and 1 was positive), where results tended to show negative associations (Horn et al., 2004). However, the results are inconclusive given that other important covariates such as SES, parental education and exposure to community violence were not taken into account.

Another possible methodological issue influencing the variable conclusions on inter-racial and ethnic group differences between parenting and child and adolescent outcomes is sampling problems. Some studies, such as Bhandari and Barnett (2007) have found that demographic adversity (ex. low-SES) and stress exposure was confounded with race, which suggests that studies finding differential effects of parenting between races were actually picking up on socioeconomic differences, not ethnic ones. The variation in conclusions drawn in these research studies suggest that methodological issues may be at play. This dissertation attempted to improve upon such methodological limitations in order to provide a more accurate understanding of the influence of parenting on adolescent outcomes.

Despite the need for continued improvement in some methods, measuring parenting has been relatively understudied (Hawes & Dadds, 2006; Kuppens et al., 2009). But what method of measuring parenting is the best? Given the relatively high restrictions on the feasibility of direct observation and the serious risk for reporter biases in single reporter measures, I choose to measure parenting using both parent and adolescent reports. Several theorists recommend using multiple informants in order to better understand the complex constructs of parenting behaviors (Kuppens et al., 2009). Although researchers have generally underestimated children and adolescents' ability to provide accurate reports, several studies have made use of adolescent report of parenting

behaviors showing reliable and valid ratings, just not in collaboration with parent reports (Krishnakumar, Buehler, & Barber, 2004; Schaefer, 1965). Little is known on whether adolescents and parents will provide similar reports of parent behavior (Kuppens et al., 2009).

It is important explore how parent and adolescent reports of parenting behaviors may be similar or different. One study of parent and child (ages 8 to 10 years) reports of parenting behaviors found that in a majority Belgian, middle class sample of married parents and their children, parent and child reports of parental support, behavioral control and psychological control were related but low in magnitude ($r < .15$ for behavioral and psychological control, $r < .25$ for support; Kuppens et al., 2009). Another study of early adolescents and their caregivers found that adolescent (average age 11.8 years) and caregiver reports of parental nurturance, harsh discipline and inconsistent disciple were discrepant from one another, but correlated. Furthermore, they found that in this primarily (79%) African American sample, lack of agreement between adolescent and parent reports of parenting behaviors predicted later youth behavior problems (Guion, Mrug & Windle, 2008).

Previous studies have also shown variations in parent and adolescent reports of other constructs, such as adolescent mental health problems. One study of 883 11- to 19-year-old adolescents found that correlations between parent and adolescent report of their internalizing and externalizing behaviors on the CBCL and youth self-report (YSR) were variable, with larger discrepancies between reports for externalizing (compared to internalizing problems), for girls (compared to boys) and for older adolescents (compared to younger adolescents; Verhulst & van der Ende, 1992). In this case, some researchers hypothesized that adolescents may be more accurate in reporting on their mental health adjustment and difficulties than their parents, which makes developmental sense, as adolescence is a time where youth develop increased autonomy

and spend less time with their caregivers (Verhulst & van der Ende, 1992; Waters, Stewart-Brown, Fitzpatrick, 2003; Zimmer-Gembeck & Collins, 2003). Compared to younger samples who may lack the cognitive abilities to report accurately and reliably, adolescents may provide important information about their own symptoms and well-being; it may also be the case that adolescents provide additional and unique variance related to their own parent's behaviors.

Taken together, this study used a measure of parenting created to improve upon past methodological limitations. To do so, this dissertation 1) utilized a measure of behaviorally based parenting behavior, written specifically to capture the frequency parents performed specific behaviors, regardless of the influences of perception, opinion, social desirability or cultural background, and 2) collected both parent and adolescent reports of parenting behaviors. Thereby, this dissertation explored the validity of the parenting measure via multi-person reports of parenting behavior. A multi-trait multi-informant method was used to investigate the construct validity of the three parenting behavioral dimensions of warmth, demandingness, and corporal punishment by comparing parents and adolescent reports on those same dimensions (Campell & Fiske, 1959; Kuppens et al., 2009). Further, I explored various descriptive variables that may be moderators of agreement or disagreement between adolescent and caregiver reports.

Summary and Study Aims

Teenagers experience rapid advances in social, emotional, cognitive and physical capabilities that influence the parent-adolescent relationship. African American adolescents in disadvantaged urban communities are more likely to experience high adversity in the form of family and community stressors including poverty, community violence, racism, teenage parenthood, single parenthood, family chaos or turmoil, family separation, low parental education level, and substandard housing. These risks appear to contribute to youth exhibiting more

internalizing and externalizing behavior problems in comparison to adolescents who are exposed to lower levels of stress. Despite numerous methodological shortcomings in the literature, researchers agree that parents serve a key role in influencing their children's development. Three key parenting behavioral dimensions that influence child and adolescent adjustment are warmth, demandingness, and corporal punishment use.

By using what was expected to be a more valid and reliable measurement method of parenting behavior, the current study took a developmental psychopathology perspective in order to examine the associations between the behavior of African American parents and the behavior problems of teenage children in order to provide a more comprehensive understanding of how African American parents are able to protect and foster positive development in their teens despite their exposure to demographic and community risks. The aims of this study are:

(1) Preliminarily explore the reliability and validity of a behaviorally-based parenting measure by comparing adolescent and parent reports and correlations of report agreement with other measures.
    a. *It was hypothesized that the relatively novel measure of parenting behavior used in this study would show both adequate reliability and validity.*
(2) Assess potential moderators and correlates of agreement and disagreement between caregiver and adolescent reports of parental warmth, demandingness and corporal punishment
(3) Examine the association between parenting behaviors and cumulative stress on adolescent internalizing, externalizing, and total behavior problems. It was predicted that:

a. *Higher levels of parental warmth would be associated with lower levels of behavior problems.*
b. *Higher levels of parental demandingness would be associated with lower levels of behavior problems.*
c. *Higher levels of parental corporal punishment use would be associated with higher levels of behavior problems.*
d. *Higher levels of cumulative stress would be associated with higher levels of behavior problems.*

(4) Explore the moderated relations between parenting behaviors and cumulative stress on adolescent problems in order to understand how parent behavior may be protective against adverse events for high risks adolescents. It was predicted that:

a. *Parental warmth would moderate the relation between cumulative stress and behavior problems in such a way that adolescents who experienced high levels of parental warmth and cumulative stress would have lower levels of behavioral problems than adolescents who experienced low levels of parental warmth and high levels of cumulative stress.*
b. *Parental demandingness would moderate the relation between cumulative stress and behavior problems in such a way that adolescents who experienced high levels of parental demandingness and cumulative stress would have lower levels of behavioral problems than adolescents who experienced low levels of parental demandingness and high levels of cumulative stress.*
c. *Parental corporal punishment use would moderate the relation between cumulative stress and behavior problems in such a way that adolescents who*

experienced high levels of parental corporal punishment and cumulative stress would have higher levels of behavioral problems than adolescents who experienced low levels of parental corporal punishment and high levels of cumulative stress.

CHAPTER 2: METHODS

Participants

Participants in this study were combined from two different samples of urban, socioeconomically-disadvantaged African American adolescents and their primary caregivers. Sample 1 consisted of 107 dyads of youth and their primary caregivers and Sample 2 consisted of 43 dyads. Each sample was recruited from the General Pediatrics and Adolescent Medicine Clinic, part of Children's Hospital of Michigan. This clinic is a pediatric integrated care clinic that provides primary medical care to large numbers of urban and low-income families. Additionally, a subsample of participants (n=16) from Sample 1 were recruited from two churches located within a 2-mile radius of the clinic, in Detroit, MI. Inclusion criteria was the same for both samples; adolescent had to be between 13- and 18-years-old and their primary caregiver (mother, father, biological parent, adoptive parent, stepparent, grandparent, aunt, older sibling, etc. – all were accepted as long as both youth and adult identified this person as the primary caregiver) also participated in the study. To explore variations in youth and caregiver reports of key parenting factors, the adolescent-caregiver dyads from sample 2 were given an additional measure consisting of a modified version of the parent-reported questionnaire of parenting behaviors. Due to the fact that recruitment took place in clinical and urban settings, I expected both samples to have high levels of exposure to cumulative stress and high proportions of clinically significant behavior problems. I performed statistical analyses in order to confirm that variations in protocol (sample, recruitment location, etc.) were not associated with differences on key study variables and could therefore be combined for use in this dissertation.

Procedures

Recruitment. Sample 1 participants were recruited when families were approached by a research assistant or saw a flyer advertising the study in the waiting room of the Adolescent Medicine Clinic when they were visiting the clinic for a routine medical care appointment. The subsample of participants from local churches were recruited when they saw a flyer posted in either the Little Rock Baptist Church or the Second Baptist Church. Both churches were located in Detroit, MI and were within 2 miles from the General Pediatrics/Adolescent Medicine Clinic.

For sample 2, participants were recruited when families were introduced to the study by a Behavioral Health team member, were approached by a research assistant or saw a flyer in the waiting room during their medical appointment at the General Pediatrics/Adolescent Medicine Clinic.

Protocol. In sample one, caregivers gave their informed consent while youth gave their informed assent. Adolescents who were age 18 also gave their informed consent. Following the consent processes, both adolescents and primary caregivers completed a two-hour interview conducted by a qualified research assistant. In the second sample, all initial study procedures remained the same except the interview lasted one hour, not two hours. During these interviews, questionnaires, checklists and open-ended interview questions were used in order to assess youth's exposure to stress, youth behavior problems, and parenting behaviors. The interviews were conducted at an office at the General Pediatrics/Adolescent Medicine clinic, at an office at Wayne State University or at the participants' homes, depending on the families' preferences. In sample 2, data was collected exclusively in the clinic and laboratory offices. In all cases, adolescents and their parents were interviewed at the same time but in separate rooms, in order to to ensure each individual's privacy and confidentiality. In sample 1, each participant (the adolescent and the caregiver) was compensated with either a $20 gift card (Target or Meijer) or $20 in cash,

depending of each participant's choice. In sample 2, participants were compensated $20 in cash for completing the one-hour research protocol. Study procedures were all approved by the Wayne State University Institutional Review Board.

Youth Measures

Demographic Information, Youth Report. Semi-structured interviews were given to participants in both samples in order to obtain adolescent demographics. Data collected from youth participants included their ethnic background, age, grade, gender, primary caregiver and relationship to the caregiver participant. All youth participating in this study self-identified as African American or Black and identified the caregiver participant as their primary caregiver.

Stress Exposure, Adolescent Report. The Things I Have Seen and Heard Questionnaire (TISH; Richters & Martinez, 1990) was administered to adolescents (Samples 1 and 2) to measure levels of family violence and community stress each adolescent participant had experienced or witnessed. The scale was modified for its use in this study. I removed three items that were related to the youths' perceptions of relative safety or lack of safety and not directly related violence or stress exposure (e.g., *I feel safe when I am at school)*. The remaining questionnaire consisted of 17-items that asked participants to self-report the frequency at which they experienced an event using a 4-level Likert scale (0 = 0 times, 1 = 1 time, 2 = 2 times, 3 = 3 times, and 4 = many times). Sample items included: *Somebody threatened to stab me, Grown-ups in my home threaten to stab or shoot each other* and *I have heard guns being shot*.

Parenting Behavior, Adolescent Report. The Parenting Questionnaire (McCabe et al., 1999) is a 49-item questionnaire which assessed the parenting behaviors of warmth, demandingness, and corporal punishment use through caregiver behavioral self-reports. A modified version was used in this study so that the behaviors assessed could be asked for the

parents' teenage children. To do this, item wording was modified in order to ask adolescents about their parents' behaviors in regard to parenting them. A subset of adolescents (Sample 2) rated each behavior on a Likert scale to assess the frequency of occurrence ("1 = Almost Never" to "5 =Very Often"). The scale was also additionally modified to remove item 50, ""My caregiver believes physical punishment (such as spanking) is the best way of discipline." This item was removed because it represented an opinion not behavior associated with corporal punishment. To my knowledge, the Parenting Questionnaire has never before been used as an adolescent report and adequate reliability and validity was explored before use in further data analysis. Sample items included: *My parent comforts me when I am upset* and *There are times when my parent just does not have the energy to make me behave as I should* and *My parent spanks me.* Additionally, the Parenting Questionnaire was modified by adding 4 open-ended interview questions at the end of the questionnaire. These questions were included to gain additional qualitative information about adolescents' views on corporal punishment use, in what situations and at what ages corporal punishment was used in their lifetime and their opinions on how cultural may or may not influence the use of physical discipline.

Caregiver Measures

Demographic Information, Caregiver Report. Semi-structured interviews were used in both samples to gather caregiver demographic information, including age, caregiver race or ethnicity, youth age, annual family income (in $10k increments), the caregiver's marital or relationship status, the caregiver's educational achievement and their child's primary caregivers (caregivers were told that select the caregiver who performed the most caregiving roles and then to list any other caregivers, regardless of their gender or their relationship to the child). All

caregiver participants identified themselves as African American or Black and as the primary caregiver of the child participating in the study.

Environmental Stress Exposure, Caregiver Report. The Stressful Life Events Checklist (Work, Cowen, Parker, & Wyman, 1990) is a 22-item caregiver-reported assessment that was used to measure the number of stressful events each adolescent had experienced. I modified the 20-item version for use in this study by taking out two items (e.g. *Child had used alcohol or drugs*) that focused on the adolescent's actions instead of their exposure to a stressful, violent or terrifying event. In addition to not being stressful life events per se, the inclusion of these items would likely have resulted in an inflated correlation between the stressful life events measure and the measure of youth behavior problems due to the two scales asking similar content (e.g. *Child has used alcohol or drugs)*. Based on the literature on common stressful events (Low, Dugas, O'Loughlin, Rodriguez, Contreras, Chaiton, & O'Loughlin, 2012), some items were also added to Work and colleagues' list to make it more inclusive of all stressful events a child might experience in their lifetime. Sample items included: *Parent figures divorced or separated* and *Death in the immediate family*. Participants were asked to respond yes or no (Yes = 1, No = 0) to indicate if their child had witnessed or experienced each item in their life (birth to present). A composite score for each adolescent's history of stress exposure was made by totaling all of the responses for each item. High scores on the composite variable represented that the youth had experienced high stress levels (high numbers of stressful events) in his or her life.

Adolescent Problem Behaviors, Caregiver Report. The Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983) was given to all caregiver participants (Samples 1 and 2) to assess their adolescent child's internalizing, externalizing, and total behavior problems within the past 6-months. The checklist is a 112-item measure that includes sample items such as: *Self-conscious or*

easily embarrassed and *Breaks rules at home, school, or elsewhere.* The CBCL asked caregivers to rate how often their children experienced each problem by using a 3-level Likert scale (0 = never, 1 = sometimes, and 2 = often). Composite scores of internalizing, externalizing, and total behavior problems were converted to standardized T-scores (*M*=50, *SD*=10) based on the national norms of youth of the same gender and age of the participating adolescent. High composite scores in each dimension of behavior problems indicated more psychological problems in that area. T-scores at or above 65 represented clinically significant symptomatology.

Parenting Behavior, Parent Report. As in the adolescent report, I used The Parenting Questionnaire (McCabe et al., 1999) to assess self-reported parenting behaviors of warmth, demandingness, and corporal punishment use. All caregivers (Samples 1 and 2) rated each of the 49 scale items on a 5-level Likert scale from "1 = Almost Never" to "5 = Very Often." For use in this dissertation, the Parenting Questionnaire was modified by the removal of item 50, "I believe physical punishment (such as spanking) is the best way of discipline." This item was removed because not only was it not highly correlated with the other scale items, it also theoretically represents a perception or opinion about corporal punishment, not a specific behavior reflective of using of corporal punishment.

The Parenting Questionnaire yielded three dimensions of parenting behavior which demonstrated acceptable reliability in a sample of 6th grade low-income African American children. Cronbach's alphas for this sample were adequate to optimal for the three parenting subscales of parental warmth (22 items, $\alpha = .9$), demandingness (23 items, $\alpha = .84$), and corporal punishment (5 items, $\alpha = .65$; McCabe et al., 1999). Because of the removal of one corporal punishment item, the corporal punishment subscale consistent of 4 items for the purposes of this dissertation. Sample items include: *I spank my child* and *I comfort my child when she/he is upset*

and *I do not allow my child to question my decisions*. Additionally, I modified the Parenting Questionnaire for use in Sample 2 by adding 4 open-ended interview questions at the end of the questionnaire. These questions were included to gain qualitative data about caregivers' views on corporal punishment use, under what circumstances they used corporal punishment and their opinions on how cultural influences (or does not influence) this use of physical discipline.

Composite Variables

Cumulative Stress. To approximate levels of stress exposure each adolescent (Samples 1 and 2) in the study had experienced, I created a composite variable of the community violence, domestic violence and other stressful events youth were potentially exposed to. I did this by combining youth and caregiver reports of stress using the Things I Have Seen and Heard questionnaire and the Stressful Event Checklist. Because the adolescent and caregiver stress questionnaires asked about unique events, I created a composite variable which represented the accumulation of stress experienced by the adolescent in his or her lifetime, using a broader variety of stressful events than the youth or caregiver reports alone. This cumulative stress variable was created by adding together each item of the Things I have Seen and Heard questionnaire (No = 0, Yes =1) and Stressful Life Events Checklist (No times = 0, One, two three or many times = 1). This composite variable had scores that ranged from 0 to 37. Higher scores reflected higher levels of adolescent stress exposure. I calculated Cronbach's alpha for the composite variable to demonstrate its optimal internal consistency ($\alpha > .8$; Cohen, 1988). This measure of cumulative stress was used in all analyses to represent the level of stress exposure experienced by adolescents in this sample.

Qualitative Interview Questions

Given this dissertation's focus on the parenting behaviors of African American caregivers and the background of literature that suggests caregiver and youth perceptions of parenting, especially with regards to corporal punishment use, may influence the measurement reliability and validity of parenting behaviors as well as its association with youth outcomes measures, I decided to include some open-ended interview questions. These questions were meant to gain additional and exploratory qualitative information about the opinions of African American teens and their caregivers about using corporal punishment on teenage children and how cultural factors might influence caregiver's decisions to use corporal punishment. For both caregivers and adolescents, these questions included: *"What do you think about parents using corporal punishment (spanking or other forms of mild physical punishment) on their adolescent children?"* and *"Think about your family's use of spanking or other forms of mild physical discipline (corporal punishment). How much of those patterns (the age you were, the frequency of use, etc.) do you think were influenced by cultural factors, meaning you and your family's ethnic group, cultural background, religion or community culture?"* Answers to these questions were transcribed verbatim by research assistants and used as additional qualitative data to explore the quantitative results of this study in the discussion. They were not formally analyzed for the purpose of this dissertation.

Data Analysis Plan

I performed all statistical analyses using SPSS 25. Prior to all other statistical procedures, I screened the data for outliers and examined it for normal distributions. I removed outliers and statistically transformed variables when indicated. Further, I conducted analysis to check for multicollinearity among study variables and that the data met the assumptions of homoscedasticity and linearity.

Next, I conducted the following analyses:

Aim (1): Ideas from Campbell and Fiske's (1959) multitrait multimethod model of exploring construct validity were used to preliminarily explore the behavioral constructs of parental warmth, demandingness, and corporal punishment collected via parent and adolescent reports of parent behavior.

Aim (2): Pearson correlations, ANOVA's and *post hoc* t-tests were used to explore the potential moderators of agreement of parent and youth reports of parenting behaviors. *Post hoc* analyses were subject to Bonferroni corrections to reduce the likelihood of Type I errors.

Aim (3): Pearson correlations and multiple regressions were run to examine the relations between cumulative stress, parenting behaviors, and caregiver-reported adolescent internalizing, externalizing, and total behavior problems in this sample. When indicated, additional covariates (annual family income) were included in the regression model in order to account for their contribution in predicting youth internalizing, externalizing and total behavior problems.

Aim (4): Multiple regressions were run in order to explore the moderated relations between cumulative stress, parenting behaviors, and youth behavior problems. Interaction terms were created in SPSS (using standardized and centered variables) and moderation was tested using the methods set out by Cohen and Cohen (1983). Interactions were explored in more detail using the Hayes SPSS PROCESS macro. When indicated, additional covariates (annual family income) were included in the regression model to account for their association with youth internalizing, externalizing and total behavior problems.

CHAPTER 3: RESULTS

Construction of Parenting Scales

Caregiver-reported Parenting Behavioral Dimensions. Theoretical and empirical methods were used to construct the scales for caregiver-reported parental warmth, demandingness and corporal punishment use. First, each scale was constructed using the items that were conceptually thought to load into each behavioral dimension and shown to have adequate internal consistency in past empirical studies using similar samples (McCabe et al., 1999). See the appendix for original scale construction and each item's subscale coding. Next, Cronbach's alphas were calculated to assess internal consistency for each parenting behavior dimension. For caregiver-reported parenting warmth, demandingness and corporal punishment, respectively, alphas were .801, .400 and .674. Next, item-level statistics were explored to see which items were not highly correlated with the other items in the scale. To do this, I considered the item-total correlation values for each scale item and the "alpha if deleted" values to see how removing an item may change each scale's internal consistency. The literature varies in what the acceptable item-total correlation cutoff-score is for removing items from a scale. Some suggest anything under .4 should be removed (Nunnally, 1978); others suggest a maximum of .3 (Ware & Gandek, 1998); and others argue that there is no acceptable standard, that these cut offs are arbitrary and item removal can be based on individual scale characteristics (Doll & Torkzadeh, 1988). For the purposes of this study, items were removed if they had item-total correlations under .200 and removal improved the scale's alpha value. For caregiver-reported demandingness, scale items 9, 15, 31, 42 and 46 were removed because they all had item-total correlations under .200 and their deletion increased the scale's alpha. After item removal, Cronbach's alphas for demandingness was .535. Further item analyses were conducted

to see if other items were lowering the internal consistency of caregiver-reported demandingness, warmth and corporal punishment; however, no other poor scale items were identified.

Adolescent-reported Parenting Behavioral Dimensions. Similar to caregiver-reported scales, theoretical and empirical methods were used to construct the scales for adolescent-reported parental warmth, demandingness and corporal punishment use. Since this was the first time the youth-report version of this parenting measure was used, each scale was first constructed using the items which were theoretically thought to load into each behavioral dimension by modifying items previously used in parent-report of this measure (McCabe et al., 1999). See the appendix for the original scale construction and each item's subscale coding. Next, Cronbach's alphas were run to assess internal consistency for each youth-reported parenting behavior dimension. For adolescent-reported parenting warmth, demandingness and corporal punishment, alphas were .906, .728 and .717, respectively. All three youth-reported parenting scales had high internal consistency and individual scale items correlated well with other scale items.

Preliminary Analyses

Power: Before conducting the current study, I ran power analyses to establish the necessary sample size for exploring each study aim. Based on prior research examining the links between parenting behaviors and child behavioral outcomes, power analyses were conducted to be able to pick up a small effect size (Lamborn, Mounts, Steinberg, & Dornbusch, 1991; f = .008 - .113 for internalizing symptoms, f = .016 - .130 for externalizing symptoms). When using a predictive power of .8, an alpha of .05, and 3 predictors; power analysis estimated that this study's analyses required a sample of n = 59. Thus, based on this study's sample size of 150 adolescents and caregivers, I had the ability (power) to detect significant associations, even with the addition of supplementary covariates (e.g., family income) as needed. However, due to the fact that only a

fraction of the sample (43 adolescents and their primary caregivers) completed adolescent-report of parenting behaviors, analyses using these measures were underpowered and therefore, all findings based on this smaller sample size were considered to be preliminary.

Outlier Analysis: Before conducting the primary analyses, each variable was examined for outliers. In order to screen for univariate outliers, scatterplots and standardized z-scores were created and inspected for each variable. Z-scores outside the interval of +/-3.29 were considered to be univariate outliers. This analysis revealed one outlier in the lifetime stress composite variable that was replaced with the second largest value in the sample for lifetime stress (Winsorizing).

Normality Analysis: Next, variables also were screened for normality. This was done by generating skew statistics, kurtosis statistics and histograms for each variable. Examination of these statistics showed that the variables of caregiver-reported demandingness, caregiver reported corporal punishment, lifetime stress, and youth-reported corporal punishment were significantly positively skewed. The variables of caregiver-reported demandingness and caregiver-reported corporal punishment were transformed using an inverse exponential transformation that successfully reduced skew to non-significance. Then these variables were transformed using a transformation that multiple each value by -1, thus correcting the inverse transformations change of the sign direction of the variable. The variables of lifetime stress and youth-reported corporal punishment were transformed using a natural log transformation that successfully reduced skew to non-significance. Except for descriptive statistics (See Table 1), all of the following analyses were run using the transformed variables. See Table 2 for the descriptive statistics of transformed variables.

Missing Data: The total sample recruited for this study was 150 adolescent-caregiver dyads. Because of modifications to the protocol in sample one (i.e., adding questions and measures

after data collection had begun), some data was not missing for a small subset of study participants. There was no missing data sample two. One dyad (0.67%) had missing data for caregiver relationship to youth, age the caregiver was when they had their first child (teenage parenthood), and the caregiver's marital status. The data from this dyad was kept in the data set because the data for all key dependent variables was present for this dyad (i.e., youth behavior problems, parenting behavior, stress exposure, youth age, visit and recruitment location, etc.). Cumulative stress exposure data was missing for four participants (2.67%) that were removed from the sample because cumulative stress was a key variable in this study.

Data for caregiver education level and annual family income was missing for 10 (6.67%) of the study's participants. Based on independent samples t-tests run comparing this subsample to the rest of the sample, missing data for both caregiver education and annual family income seemed to be missing non-randomly. The subsample with data missing for annual family income and caregiver education level had significantly higher internalizing behavior problems and total behavior problems than the subsample without missing data. All other t-tests ran found no significant associations between study variables and missing/non-missing data. Since the data for caregiver education level and family income was systematically missing, data imputation techniques could have led to problems in analysis and caused study results to be less generalizable to other samples (Tabachnick & Fidell, 2013). For example, conducting missing data imputation by substituting the mean values for each incidence when data is missing could change the variable's association with other key study variables. For example, having 10 more incidences where participants in the study have the mean value of internalizing or total behavior problems could influence the multiple regressions that involve those variables. Therefore, I did not perform data imputation for the missing data for caregiver education or family income. I conducted the

analyses that included these variables using a smaller sample size of 140. The power analyses performed previously supported that the use of the subsample of 140 would still provide sufficient power to run my planned regression analyses.

Sibling Participation: 127 families with 150 adolescents participated in this study. Of these 127 families, 19 families had 2 children and 2 families had 3 children participate in the study. For all 21 families who had multiple siblings participate, the same single primary caregiver completed individual and separate measures for each child (including the parenting measure), resulting in participants that were not independent of one another. Therefore, the inclusion of siblings in this study was a violation of the assumption of independence in a regression. To explore the sample with and without the inclusion of sibling pairs, all study analyses were performed using both the whole sample and a sample including one randomly selected (using a random number generator) sibling per family (meaning 1 of 2 or 1 of 3 siblings in some families was included in the sample). Analyses using both samples result in the same general direction, magnitude or significance level of the associations among variables. Because no differences were found between the samples, the whole sample (siblings included) was used in all analyses to increase power.

Covariate Analysis: Procedural Study Characteristics: There were several aspects of this study's procedures that varied throughout data collection. For example, as discussed in the methods section of this dissertation, this study's sample consists of two samples recruited through two separate studies of adolescent mental health. Additionally, although the majority of the participants were recruited at an integrated-primary care hospital in Detroit, MI, a fraction of sample one's participants were recruited through two nearby (2-mile radius) churches. Finally, participants from sample one were given the choice to participate in research visits either at

laboratory facilities or in their home. To see if any of these technical characteristics influenced study variables, I performed independent sample t-tests. These t-tests found no significant associations between study variables and the potential covariates of sample type, visit location or recruitment location (See Table 3). Therefore, none of these variables were controlled for in the study's subsequent analyses.

Covariate Analysis: Youth Characteristics: Youth demographic characteristics were also explored as potential covariates. Pearson correlations and independent samples t-tests revealed no significant differences in the variables of parent-reported internalizing, externalizing, and total behavior problems based on youth age or gender (see Tables 3 and 4). Therefore, neither youth age nor gender was included as covariates in analyses.

Covariate Analysis: Caregiver Characteristics: Caregiver demographic characteristics were also examined as potential covariates. Pearson correlations and independent samples t-tests revealed no significant differences in internalizing, externalizing, and total behavior problems based on the age the caregiver had their first child (teenage parenthood) or the caregiver's relationship to youth participating in the study (see Tables 3 and 4). Therefore, they were not were not included as covariates in subsequent analyses.

Independent samples t-tests and Pearson correlations revealed that there were significant differences due to caregiver education level on caregiver-reported internalizing, externalizing, and total behavior problems (see Tables 3 and 4). When the caregiver education level variable was dichotomized, compared with adolescents whose caregiver had a high school diploma or GED, those with a caregiver who did not earn a high school-level education had significantly higher levels of internalizing, externalizing and total behavior problems. Using a continuous caregiver education variable, higher parent education levels (measured by the self-reported highest grade

completed) were significantly correlated negatively with internalizing, externalizing and total behavior problems.

Independent samples t-tests revealed significant differences due to caregiver employment status on caregiver-reported youth internalizing, externalizing, and total behavior problems (see Tables 3 and 4). When the caregiver employment variable was dichotomized, compared with adolescents whose caregiver was employed at the time of data collection, those with a caregiver who was not employed at the time of data collection had significantly higher levels of internalizing, externalizing and total behavior problems.

Independent samples t-test also revealed that there was significant difference based on caregiver's partnered or marital status on parent-reported externalizing problems, but not internalizing or total problems (see Tables 3). Compared with adolescents whose caregiver was a single parent during data collection (single, divorced, or widowed), those with a caregiver who was not a single parent (married, living with partner) had significantly higher levels of externalizing behavior problems.

Pearson correlations also revealed that there were significant bivariate correlations between annual family income, caregiver education level and parent-reported internalizing, externalizing and total behavior problems. Using a continuous rank-order family income variable, as income increased internalizing, externalizing and total behavior problems decreased. Using a continuous rank-order caregiver education variable; as education increased levels of internalizing, externalizing and total behavior problems decreased.

Next, multiple regressions predicting internalizing, externalizing, and total behavior problems with caregiver employment, caregiver education, caregiver single parenthood, and family income revealed that the variance in behavior problems was accounted for by family income

when all four variables were in the regression model. When family income was also used as a predictor, the other three covariates were no longer significant predictors of internalizing, externalizing and total behavior problems because of the significant correlations among family income, caregiver education level, caregiver employment status and single parenthood in this sample. Therefore, family income was used as a covariate in subsequent analyses involving internalizing, externalizing, and total behavior problems and caregiver education, single parenthood and caregiver employment were not.

Sample Description

After completing data cleaning and analyzing for potential covariates, next, I sought out to describe the characteristics of this sample of African American adolescents and their primary caregivers. I performed descriptive and frequency statistics in order to describe the sample in terms of youth's lifetime stress exposure, demographic characteristics, adversities, behavior problems, and parenting behaviors (see Table 1). 150 adolescents and their primary caregivers participated in this study. All youth and caregivers self-identified as African American or Black. The majority of caregivers identified themselves as the participating adolescent's biological mother (80.0%). Youth age in this sample ranged from 13 to 18 years with an average age of 14.92 years (SD = 1.45). Caregiver age ranged from 25 to 68 years with an average age of 43.34 years (SD = 9.16).

Sample Adversity: As expected due to the recruitment methods and goals of this study, this sample of adolescents and caregivers experienced high levels of adversity. The majority of families in this sample, 64.7% (97/142) were single parent households. This sample was highly impoverished with the majority, 59.4% (89/140), of families having an annual income was less than $30,000 and another 20.0% (28/140) having an annual family income less than $60,000. The

majority of the caregivers in the sample 52.0% (78/141) were unemployed at the time of data collection. Additionally, 26.0% (39/146) of the caregivers were teenage parents when they gave birth to participating adolescent. Caregivers who did not earn their high school diploma or GED made up 20.7% (31/140) of the sample and another 20.7% (31/140) of the sample had no education after high school diploma or GED.

Youth Lifetime Stress: Together, adolescents and their caregivers reported that youth in the sample experienced an average of more than 13 different stressful events in their lifetime (M = 13.93, SD = 5.73). Youth reported that they had experienced or been exposed to over 8 violent, traumatic and/or stressful incidents (M = 8.24 SD = 3.10) and caregivers reported that their their adolescent child had been exposed to over 5 stressful life events (M = 5.66, SD = 4.04). Parents also reported that in the past year alone, adolescents on average experienced over 2 stressful life events (M = 2.48, SD = 2.07). The vast majority of adolescents in the sample (150), 132 (88.0%), had heard guns being shot in their lifetime, 116 (77.3%) had seen an arrest, 79 (52.7%) had seen at least one drug deal, 111 (74.0%) had seen someone beaten up, and 20 (13.3%) had seen a dead body outside (not at a funeral). 122 (81.3%) of caregivers reported that their teens had experienced a family or household member's death in their lifetime, 55 (36.7%) had experienced the separation or divorce of their parents or caregivers, 56 (37.3%) had a parent or family member with a serious mental health problem, 39 (26.0%) had a parent or family member with serious alcohol or drug use problems, 41 (27.3%) had a parent or caregiver spend time in jail, 30 (20.00%) had witnessed angry violence between family or household members in their home, and 14 (9.3%) had been a victims of a serious crime. 42 (28.0%) families had come to the attention of child protective services at least once in the participating adolescent lifetime.

Behavior Problems: This sample of youth had average T-scores of 57.31 (*SD*=10.69), 54.51 (*SD*=11.42), and 57.26 (*SD*=11.5) for internalizing, externalizing, and total behavior problems respectively (Ranges: 33.0-96.0, 29.0-80.0, & 24.0-88.0). Over a third of adolescents in this sample (56 youth or 37.3%) had one or more elevation of clinical concern on caregiver-reported behavior problems. 37 (24.7%) adolescents fell in the clinically significant range (≥65) for caregiver-reported internalizing behavior problems, 31 (20.7%) in the clinically significant range for externalizing behavior problems, and 44 (29.3%) in the clinically significant range for total behavior problems. These percentages are drastically higher than 2% of clinical elevations found in Achenbach's U.S. normative sample (Achenbach, 2009).

Aim (1) Parent and Adolescent Report Agreement on Parenting Behaviors

Using Campbell and Fisk's (1958) ideas, I constructed a multi-trait multi-informant matrix in order to compare the associations between adolescent and parent-reports of parenting behaviors (see Figure 1). For these analyses, I used the raw, untransformed and unmodified item and scales in order to ensure the comparisons between youth and caregiver reports were comparing the exact same items and scales.

In the matrix, the cross-informant agreement for adolescent and parent reports appear on the blue diagonal (see Figure 1). The reliability statistics calculated for this matrix are Cronbach's alphas, a measure of internal consistency of items. For parent-reported behaviors, Cronbach's alphas were .801, .535 and .674 for parental warmth, demandingness and corporal punishment. This suggests that the parent-report of warmth had optimal reliability, corporal punishment had good and adequate internal consistency and parent-report of demandingness had poor internal consistency (Nunnally & Bernstein, 1994; DeVellis, 1991). For youth-reported parenting behaviors, Cronbach's alphas were .906, .728 and .717, respectively. This suggests that all three

dimensions of youth-reported parenting had good and adequate internal consistency, with adolescent-reporting parental warmth having optimal internal consistency.

Next, in the matrix are the convergent validities appear in the smaller green diagonal (see Figure 1). Convergent validity statistics, or mono-trait-hetero-informant correlations, were calculated by running Pearson correlations of the same trait (warmth, demandingness and corporal punishment) measured by different informants (parent and adolescent reports). For warmth, demandingness and corporal punishment respectively the two reporting methods were not significantly correlated ($p < .10$). Next, the hetero-trait-mono-informant correlations were placed in the red triangles in the matrix and were created by calculating correlations between different traits measured by the same method. For caregiver-reports, warmth and demandingness and warmth and corporal punishment were both significantly negatively correlated. Corporal punishment and demandingness were significantly positively correlated. For adolescent-reported parenting behaviors, warmth and demandingness were positively correlated, but not significant ($p < .10$). Warmth and corporal punishment and corporal punishment and demandingness were not significantly correlated. Finally, the last part of the matrix examined hetero-trait hetero-informant correlations, found in the orange triangles, which represent the correlations of different traits measured by different methods. Caregiver-reported warmth was not significantly correlated with youth-reported demandingness and youth-reported corporal punishment. Caregiver-reported demandingness was not significantly correlated with youth-reported warmth or youth-reported corporal punishment. Caregiver-reported corporal punishment was not significantly correlated with youth-report warmth or youth-reported demandingness.

Scale and Item-Level Discrepancies of Caregiver and Adolescent Reports

Due to the lack of convergent validity between caregiver and adolescent-reports of the same parenting dimensions, I took a deeper look into the discrepancies between reporters by looking at both subscale level differences (warmth, demandingness and corporal punishment) as well as item level differences in reporting. Differences in reporting between caregivers and adolescents were described through interrater correlations, paired samples t-tests, and analysis of means, standard deviations and discrepancy frequency distributions. Cohen's d effect sizes were calculated using the method described by Cohen (1988) for paired samples t-tests.

For parental warmth, caregivers reported that they exhibited significantly more warm behaviors than their adolescents reported they performed ($t(42) = 3.107$, $p = .003$**; see Table 5). This difference in the reporting of warmth had a moderate effect size (Cohen's d = .59, Cohen, 1988). Analysis of the frequency distribution of discrepancies (caregiver report – adolescent report) showed a positively skewed distribution (see Figure 2). Of the 43 caregiver-adolescent dyads who reported on parenting behaviors, 29 dyads reported parental warmth within +/- .5 points of each other (discrepancies between caregiver and adolescent reports of warmth were under .5 out of a 5-point Likert scale). 14 dyads reported greater than .5 discrepancies in parental warmth where caregivers reported they were > .5 points higher in warm behaviors than their adolescent children reported them as (out of 5-point Likert scale). No dyads reported > .5 discrepancies where adolescents reported their caregivers as performing more warm behaviors than caregivers reported themselves.

Analysis of individual items that make up the parental warmth scale showed variations in reporter agreement across different items (see Tables 6 and 7). For example, some items such as "7. My child and I (my caregiver and I) have fun together" appear to have significant correlations between reporters (see Table 6). Analysis of the frequency distribution showed a positively skewed

distribution of discrepancy scores (see Figure 6). 12 out of 43 dyads reported a 1 Likert point or higher discrepancy between caregivers and adolescents with caregivers reporting more warm behavior than adolescents (see Table 6). No dyads showed discrepancies where youth reported more of this warm behavior than their caregivers. A paired samples t-test revealed that caregivers reporting performing this behavior significantly more often than youth report at moderate effect sizes (Cohen's d; see Table 7). Other items, such as "27. I yell at my child (reverse coded)," show low interrater correlations (Table 6). Analysis of the frequency distribution showed a normally distributed discrepancy scores (see Figure 7). 10 out of 43 dyads reported a 1 Likert point or higher discrepancy between caregivers and adolescents with caregivers reporting more warm behavior (reverse coded) than adolescents (see Table 6). 17 out of 43 dyads showed discrepancies where youth reported that their caregiver performed 1 Likert point or more of this warm behavior than their caregivers' self-report. A paired sample t-test showed caregivers and adolescent reports of this behavior were not significantly different than one another a small effect size (Cohen's d; Table 7).

For parental demandingness, caregivers and adolescents reports of parentally demanding behaviors were not significantly different ($t(42) = .109$, $p = .914$; see Table 5). The difference in the reporting of demandingness had a very small effect size (Cohen's $d = .02$, Cohen, 1988). Analysis of the frequency distribution of discrepancies (caregiver report – adolescent report) showed a normally skewed distribution (see Figure 3). Of the 43 caregiver-adolescent dyads who reported on parenting behaviors, 28 dyads reported parental warmth within +/- .5 points of each other (discrepancies between caregiver and adolescent reports of demandingness were under .5 out of a 5-point Likert scale). Seven dyads reported greater than .5 discrepancies in parental warmth where caregivers reported they were > .5 points higher in warm behaviors than their adolescent

children reported them as (out of a 5-point Likert scale). Eight dyads reported > .5 discrepancies where adolescents reported their caregivers as performing more demanding behaviors than caregivers reported themselves.

Analysis of individual items that make up the parental demandingness showed most scale items were not significantly different, but there were some variations in reporter agreement across individual items (see Tables 8 and 9). For example, some items such as "43. We have very strict rules in our family" appear to have significant correlations between reporters (see Table 8). Analysis of frequency distribution showed positively skewed distribution of discrepancy scores (see Figure 9). 11 out of 43 dyads reported a 1 Likert point or higher discrepancy between caregivers and adolescents with adolescents reporting more demanding behavior (reverse coded) than their caregiver's self-report (see Table 6). 19 out of 43 dyads showed discrepancies where caregivers reported that they performed 1 Likert point or more of this demanding behavior than their child's report of their behaviors. A paired sample t-test showed caregivers report they perform this behavior significantly more than what youth report and the difference has a moderate effect size (Cohen's d; Table 9). Other items, such as "48. Once I set a rule, I do not allow my child to change it" show low interrater correlations (Table 8). Analysis of a frequency distribution showed a normally distributed curve of discrepancy scores (see Figure 7). 19 out of 43 dyads reported a 1 Likert point or higher discrepancy between caregivers and adolescents with caregivers reporting performing more demanding behavior than adolescents (see Table 6). 11 out of 43 dyads showed discrepancies where youth reported that their caregiver performed 1 Likert point or more of this demanding behavior than their caregivers' self-report. A paired sample t-test showed caregivers and adolescent reports of this behavior were not significantly different than one another a small effect size (Cohen's d; Table 9).

For parental corporal punishment use, caregivers and adolescents reports of physical punishment behaviors were not significantly different ($t(42) = .761$, $p = .451$; see Table 5). The difference in the reporting of corporal punishment showed a small effect size where caregivers report using more corporal punishment than their adolescents report they use (Cohen's $d = .15$, Cohen, 1988). Analysis of the frequency distribution of discrepancies (caregiver report – adolescent report) showed a relatively normally skewed distribution (see Figure 4). Of the 43 caregiver-adolescent dyads who reported on parenting behaviors, 21 dyads reported parental corporal punishment use within +/- .5 points of each other (discrepancies between caregiver and adolescent reports of demandingness were under .5 out of a 5-point Likert scale). Eleven dyads reported greater than .5 discrepancies in parental corporal punishment use where caregivers reported they were > .5 points lower in performing physical discipline behaviors than their adolescent children reported them as (out of a 5-point Likert scale). Eleven dyads also reported > .5 discrepancies where adolescents reported their caregivers as performing less corporal punishment behaviors than caregivers reported themselves as performing.

Analysis of individual items that make up the parental corporal punishment use showed that most caregiver and adolescent reports of scale items were not significantly different, but there was also not a significant correlation between the two reporters (see Tables 10 and 11). For example, the caregiver and adolescent reports of item 40, "I spank my child/My caregiver spanks me" are not correlated (see Table 10). This item has a relatively normal distribution of discrepancy scores (see Figure 12). 13 out of 43 dyads reported a 1 Likert point or higher discrepancy between caregivers and adolescents with caregivers reporting they perform more corporal punishment behavior than adolescents reported they perform (see Table 10). 6 out of 43 dyads showed discrepancies where youth reported that their caregiver performed 1 Likert point or more of this

behavior than their caregivers' self-report. A paired sample t-test showed caregivers and adolescent reports of this behavior were not significantly different than one another and this difference had a small effect size (Cohen's d; Table 11). Other items, such as "19. I threaten to hit my child/ My caregiver threatens to hit me" show higher (although still not significant) correlations between reporters (see Table 10). Analysis of the frequency distribution revealed a normally distributed curve of discrepancy scores (see Figure 13). 17 out of 43 dyads reported a 1 Likert point or higher discrepancy between caregivers and adolescents with caregivers reporting more of this behavior than their adolescents reported they performed (see Table 10). 11 out of 43 dyads showed discrepancies where youth reported that their caregiver performed 1 Likert point or more of this behavior than their caregivers' self-report. A paired sample t-test showed that caregivers report this behavior more often than adolescents report with a moderate effect sizes ($p < .10$; Cohen's d = .380, see Table 11).

Aim (2) Moderators of Parent and Adolescent Agreement

In order to understand why discrepancies between caregiver and youth reports of parenting behavior existed, I explored other potential variables that could potentially be related to reporter agreement (or disagreement) for the parenting behaviors of warmth, demandingness and corporal punishment. To do this, I made three different discrepancy variables where I subtracted the raw adolescent-reported score from the raw caregiver-reported score to make agreement variables for parental warmth, demandingness and corporal punishment use. Next, I ran Pearson correlations and created scatterplots of the associations between the discrepancy variables and other potential correlates of agreement (see Table 12). The level of agreement (or disagreement) of warmth was found to be significantly correlated with family income ($p < .05$) where families with lower annual incomes had higher discrepancies in the reporting of warmth with caregivers reporting they

performed more warm behaviors than their children reported they did (see Figure 13). As family income increased, the discrepancies in the reporting of warmth decreased. The level of agreement (or disagreement) of corporal punishment use was found to be significantly correlated with caregiver age ($p < .01$) whereas caregiver age decreased their reported use of corporal punishment went up as their children 's report of corporal punishment went down (see Figure 14). Also of note, is the curvilinear relationship between externalizing behavior problems and the difference in reports of corporal punishment, in which incidences where both youth reported more or caregivers reported more corporal punishment than the other member of the dyad were associated with higher levels of externalizing behavior problems and similar reports were associated with lower levels (see Figure 15).

Next, I explored if there were any differences on key study variables between the distinct three groups of caregiver-adolescent dyads with different types of agreement on reports of parenting behaviors (caregivers report more behavior, adolescents report more behaviors, both report similar levels of behaviors). These groups were made using the cutoff of more than .5 point on the Likert scale representing disagreement and within +/-.5 Likert points representing agreement. There for the distinct groups of varying disagreement consist of: **Similar Reports** (caregivers and adolescents reported similar frequencies of caregivers performing each parenting behavioral dimension with +/-.5 of a 5 point Likert scale), **Caregiver Reports More** (caregivers reported higher frequencies of caregivers performing behaviors on each parenting behavioral dimension compared to what to the frequency levels that adolescents reported, with > .5 different on a 5 point Likert scale), and **Adolescent Reports More** (adolescents reported higher frequencies of caregivers performing behaviors on each parenting behavioral dimension compared to what to the frequency levels that caregivers reported, with < -.5 different on a 5 point Likert scale). After

these groups were made, ANOVAs and *post hoc* analyses were run to ensure that each group was significantly different in terms of disagreement on parenting behaviors and this was found to be the case. In other words, the three groups reporting agreement on parental warmth were found to have significantly different levels of reported warmth and this pattern remained the same for demandingness and corporal punishment (see Tables 14, 15, 16).

Next, ANOVAs and *post hoc* analysis were run to see if there were any differences between three distinct categories of agreement on the basis of other demographic and key study variables including youth age, gender, grade, behavior problems, caregiver age, caregiver education level or family income, behavioral problems and the other parenting behaviors. Bonferroni corrections were used on all *post hoc* analysis to account for possible Type I errors when running multiple t-tests. In analyzing the different groups of parental warmth reporting discrepancies, caregiver-reported corporal punishment and the difference in caregiver-adolescent reports of corporal punishment were both found to be significantly different between the three groups (see Table 13). *Post hoc* analysis found that caregiver reported corporal punishment was significantly higher in a group of dyads where youth reported more warmth compared to the other two groups. However, the groups where caregivers reported more corporal punishment and reports were similar were not significantly different than one another in levels of caregiver-reported corporal punishment use (see Table 16). The same trend was found for differences in the reports of corporal punishment (see Table 16).

In analyzing the different groups of parental demandingness reporting discrepancies, youth reported warmth was found to be significantly different between the three groups (see Table 14). *Post hoc* analysis found that youth-reported warmth was significantly higher in the group of dyads where youth reported more demandingness that the other two groups. The group where reports

were similar was significantly higher in youth reported warmth than the group where caregivers report more demandingness (see Table 17). The same trend was found for differences in the reports of corporal punishment (see Table 16).

In analyzing the different groups of parental corporal punishment reporting discrepancies, caregiver age, youth externalizing symptoms, youth total symptoms and caregiver-reported warmth were all found to be significantly different between the three groups (see Table 15). *Post hoc* analysis found that caregiver age was significantly higher in the group of dyads where youth reported more corporal punishment than the group were caregivers reported more corporal punishment (See Table 18). The group where caregivers report more corporal punishment and when youth and caregivers report similar levels of corporal punishment were not significantly different than one another (See Table 18). Both caregivers who reported more corporal punishment than their adolescent children and youth who reported more corporal punishment than their caregivers had significantly higher levels of youth behavior problems than youth who reported similar levels of corporal punishment use as their caregivers (see Table 18, Figure 16). This pattern remained the same for youth total behavior problems (see Table 18, Figure 17). Caregivers who reported significantly more corporal punishment use than their adolescent children did had significantly lower levels of parental warmth (see Table 18, Figure 18). There was no significant difference between youth who reported more corporal punishment than their caregivers and youth who had similar levels of corporal punishment reporting to their caregivers on caregiver-reported warmth (see Table 18, Figure 18).

Aim (3): Relations between Key Variables

After describing the highly stressed and clinical nature of this sample and exploring the psychometric properties and correlates of agreement for each scale, I turned to exploring how the

key study variables related to one another. Aim three examined the relations between lifetime stress, parenting behaviors, adolescent internalizing, externalizing, and total behavior problems and other relevant covariates in this sample. First, Pearson correlations were run to examine the bivariate correlations between this study's key variables (see Table 19). According to these bivariate correlations, lifetime stress was significantly negatively correlated with caregiver-reported parental warmth and significantly positively correlated with youth internalizing, externalizing and total behavior problems. Caregiver reported warmth was significantly negatively correlated with caregiver reported corporal punishment use but was not significantly correlated with caregiver-reported demandingness. Caregiver-reported demandingness and corporal punishment use were significantly positively correlated. None of the youth reported parenting variables were significantly correlated with one another.

In terms of behavior problems, internalizing problems were significantly positively correlated with lifetime stress and no other key study variables. Externalizing problems were significantly positively correlated with lifetime stress and parent-reported demandingness and corporal punishment and significantly negatively correlated with parental warmth (caregiver report). Total behavior problems were positively significantly correlated with lifetime stress and corporal punishment use and significantly negatively correlated with warmth but was not significantly correlated with demandingness. None of the youth reported parenting behaviors were significantly correlated to youth behavior problems.

Next, multiple regressions were run to understand the unique contributes of lifetime stress and parenting behaviors on youth internalizing, externalizing and total behavior problems in this sample. Because of the discrepancies between caregiver and adolescent reports, two sets of hierarchical regression analyses were conducted, one set using caregiver-report of their own

parenting behavior and one set using adolescent report of their primary caregiver's parenting behaviors. In all regression analyses, the covariate of family income was included to account for its contribution to predicting significant variance in youth behavior problems.

Lifetime Stress and Caregiver-Reported Parenting Behaviors: To examine the contributions of lifetime stress and three parenting behavior variables as reported by the parents/caregivers themselves, hierarchical multiple regressions were run using the predictor variables family income (covariate), lifetime stress, parental warmth, parental demandingness and parental corporal punishment use to predict parent-reported youth internalizing, externalizing, and total behavior problems (See Table 19). Multiple regression analyses revealed that the set of hypothesized predictors were associated significantly with parent-reported youth internalizing problems ($\Delta R^2 = .112$, $F(5, 147) = 3.703\ 2$, $p = .003$), externalizing problems ($\Delta R^2 = .325$, $F(5, 147) = 14.13$, $p < .001$), and total behavior problems ($\Delta R^2 = .213$, $F(4, 147) = 7.98$, $p < .001$) (see Table 20). When all predictors were in the model, family income was a significant and unique predictor of internalizing ($\beta = -.28$, $p < .01$), externalizing ($\beta = -.31$, $p < .01$) and total behavior problems ($\beta = -.33$, $p < .01$) such that as family income was higher, parent reported youth behavior problems were lower. Lifetime stress exposure was not a significant predictor of youth internalizing problems ($\beta = .08$, $p > .10$), externalizing problems ($\beta = .08$, $p > .10$) or total behavior problems ($\beta = .08$, $p > .10$). Examining the unique predictors of parent-reported parenting behaviors, parental warmth was a significant predictor of internalizing ($\beta = -.19$, $p < .05$), externalizing ($\beta = -.29$, $p < .01$) and total behavior problems ($\beta = -.25$, $p < .01$). Higher levels of parental warmth predicted lower levels of youth behavior problems. Parental demandingness was not a significant predictor of internalizing ($\beta = -.03$, $p > .10$) and total behavior problems ($\beta = .06$, $p > .10$) but was a significant predictor of externalizing problems ($\beta = .16$, $p < .05$). As levels of

parental demandingness increased, so did youth externalizing problems. Parental corporal punishment use was not a significant predictor of youth internalizing problems (β = .02, p > .10); however, it was a significant predictor of externalizing problems (β = .24, p < .05) and a trend-level predictor of total behavior problems (β = .15, p < .10). As corporal punishment use increased so did externalizing behavior problems significantly, and total behavior problems at a trend-level.

Lifetime Stress and Youth-Reported Parenting Behaviors: To examine the contributions of lifetime stress and three parenting behavior variables as reported by caregivers' adolescent children, hierarchical multiple regressions were run using the predictor variables family income (covariate), lifetime stress, parental warmth, parental demandingness and parental corporal punishment use to predict caregiver-reported youth internalizing, externalizing, and total behavior problems (See Table 21). Analyses revealed that the set of predictors including significantly predicted parent-reported youth internalizing behavior problems (ΔR^2 = .319, F(5, 40) = 3.282, p = .016), and total behavior problems (ΔR^2 = .313, F(5, 40) = 3.194, p = .018; see Table 21). In contrast, the set of predictors including youth reported parenting behaviors did not significantly predict externalizing problems (ΔR^2 = .201, F(5, 40) = 1.760, p = .147). The hierarchical regression showed that the predictors of family income and lifetime stress did predict externalizing problems (ΔR^2 = .179, F(2, 40) = 4.147, p = .023) but adding the predictors of youth-reported parenting behaviors did not predict significantly more variance in the outcome variable.

Examining each unique predictor when all predictors were in the model, family income was a significant and unique predictor of internalizing (β = -.54, p < .01), externalizing (β = -.42, p < .05) and total behavior problems (β = -.57, p < .01) in such a way that as family income increased, parent reported youth behavior problems decreased. Lifetime stress exposure was not a significant predictor of youth internalizing problems (β = -.09, p > .10), externalizing problems

(β = .10, p > .10) or total behavior problems (β = .02, p > .10). Parental warmth was not a significant predictor of internalizing (β = .27, p > .10), externalizing (β = .18, p > .10) and total behavior problems (β = .25, p > .10). Parental demandingness was not significant predictor of internalizing (β = -.29, p < .10; trend-level), externalizing problems (β = -.69, p > .10) or total behavior problems (β = -.12, p > .10). As youth reported parental demandingness increased parent reported youth internalizing, externalizing and total behavior problems decreased. Parental corporal punishment use was not a significant predictor of youth internalizing (β = .01, p > .10), externalizing (β = .11, p > .10) or total behavior problems (β = .01, p > .10).

Aim (4): Moderated Relations of Stress and Behavior Problems Parenting Behaviors

Aim four further addressed how lifetime stress and parenting behaviors potentially contribute to the vulnerability and protective processes involved in the development of behavior problems in this sample of urban, minority adolescents. Multiple regressions including moderator variables were run in order to examine interactions between parenting behaviors and lifetime stress when predicting behavior problems. Family income was included in order to account for its association with behavior problems. Separate analyses were conducted for caregiver-report and adolescent-report of parenting behaviors.

Parent-reported Parenting Interactions: To test for possible moderation effects (protective or vulnerability processes) on parent-reported youth internalizing, externalizing, and total behavior problems, I used SPSS to create interaction terms for the variable of lifetime stress exposure with each of the variables of parent-reported parental warmth, demandingness and corporal punishment. Variables were standardized before creating each interaction term. Each interaction term was run in a hierarchical regression model. None of the regressions revealed any significant interaction terms, suggesting that there were no significant interactions between the predictor variables.

Interaction of Lifetime Stress and Adolescent-reported Parenting Behaviors: To examine the contributions of adolescent-reported parenting behaviors on the relation between lifetime stress exposure and youth behavior problems in this sample, I used SPSS to create interaction terms for the variable of lifetime stress exposure with each of the variables of adolescent-reported parental warmth, demandingness and corporal punishment. Variables were centered before each interaction term was created. Each interaction term was tested in a hierarchical regression analysis. The regressions revealed that the interaction terms of stress and parental warmth and stress and corporal punishment were not significant, suggesting there were no significant moderation of stress and behavior problems by warmth nor corporal punishment use. The interaction term of lifetime stress and adolescent reported parental demandingness was a significant predictor of externalizing problems (β = .43, p < .01) and total behavior problems (β = .29, p < .05), but not a significant predictor of internalizing problems (β = .25, p > .10). Graphing the interaction revealed that adolescent-reported parental demandingness moderated the relationship between stress and behavior problems. For parents rated high on demandingness (one standard deviation above the sample mean), behavior problems increased as a function of stress increasing; and at low levels of demandingness (one standard deviation below the sample mean), as stress increased behavior problems decreased (see Table 21, Figures 19 and 20).

CHAPTER 5: DISCUSSION

Using a developmental psychopathology perspective, the aims of this dissertation were to understand how the behavior of African American parents may protect their adolescents from exposure to demographic and community risks. As an initial step, this study sought to explore the internal consistency and informant agreement of a behaviorally-based parenting questionnaire by comparing adolescent and caregiver reports of parental warmth, demandingness and corporal punishment. Secondly, I explored the direct and indirect effects of cumulative stress exposure, parental warmth, demandingness and corporal punishment on internalizing, externalizing and total behavior problems as well as the potential moderating or buffering effect of parenting on the influence of stress exposure.

Description of Sample: High Demographic Risk, Stress, and Problem Behaviors

Consistent with expectations, the majority of adolescents recruited for this sample were highly at-risk, with the majority of participants coming from low-income, single parent homes with caregivers that were unemployed at the time of data collection. However, the sample also demonstrated a range of annual incomes, with a subsample of families (10.1%) reporting family annual incomes of $80,000 or more. Furthermore, adolescents were highly stressed; their rate of stress exposure was significantly higher than the 4-event per lifetime cutoff used to identify stressed groups (Wyman, et al., 1999). Also consistent with my expectations, this community sample of adolescents consisted of over a third having one or more clinically significant elevation of internalizing, externalizing or total behavior problems. This rate is considerably higher than the 2% of clinically significant elevations found in a normative United States sample (Achenbach, 2009; Achenbach & Rescorla, 2001), although consistent with other samples with similar levels of adversity and cumulative stress (Grant et. al., 2004).

Psychometric Properties of Parent and Adolescent Reports of Parenting Behaviors

The reliability and validity of the Parenting Questionnaire, a behaviorally-based relatively new caregiver- and adolescent-report of parenting behaviors was found to have adequate to optimal reliability on 5 of the 6 subscales, and was consistent in many ways with other commonly used measures of parenting such as the Alabama Parenting Measure (Frick, 1991) which is discussed below. However, as not every parenting behavioral dimension demonstrated optimal internal consistency, this questionnaire did not provide as significant of an improvement on previous measures as I originally hoped.

Using Campbell and Fiske's (1959) and statistical cutoffs commonly presented in the literature (Nunnally & Bernstein, 1994; DeVellis, 1991), to explore the reliability of each parenting behavioral construct, I found that all three adolescent-reported domains had adequate ($\alpha > .65$) or optimal ($\alpha > .8$) internal consistency. Caregiver-reported warmth also demonstrated optimal internal consistency and corporal punishment demonstrated adequate internal consistency. Caregiver-reported demandingness, even after items were removed, did not meet criteria for adequate reliability. Although this is not ideal, past published studies have often used parenting measures with significantly lower reliabilities, in part due to the inherent difficulties (discussed below) involved in measuring parenting constructs.

In a recent review of the literature, researchers found that out of 25 parenting measures used between the years of 1985 and 2009, only 5 of these measures had adequate reliability ($\alpha > .7$) in all or most of their subconstructs (Hurley,2014). Four out of the six of the parenting constructs I used demonstrated reliability above $\alpha > .7$. The majority of these parenting measures had scale and subscale reliability values ranged from .50 to .69; which is consistent with the other two of my parenting constructs (Hurley et al., 2014).

Of these 5 “adequate” parenting measures, only one – the Alabama Parenting Measure – assessed parenting behaviors similar to this study. The other four measures focused on other parenting factors such as child abuse and the parent-child relationship (Hurley et al., 2014). Deeper investigation into the Alabama Parenting Measure showed that it is a parent and youth-report of parental involvement, positive parenting, poor monitoring/supervision, inconsistent discipline and corporal punishment that was made and validated in primarily two-parent families of higher socioeconomic status than my sample (Dadds, Maujean, & Fraser, 2003; Essau, Sasagawa, & Frick, 2006). Additionally, the Alabama Parenting Questionnaire is often used and has been well-validated in samples of children younger than this dissertation’s target age group (adolescents). However, a recent study suggested that the Alabama Parenting Questionnaire demonstrates adequate psychometric properties for four of the five parenting subscales but not corporal punishment in a sample of middle class adolescents from two-parent families; suggesting most of its subscales may be appropriate for use in adolescent samples (Zlomke, Lamport, Bauman, Garland, & Talbot, 2014).

Although it demonstrates high reliability and validity in many samples, several factors make the Alabama Parenting Measure inappropriate for use in this study: 1) it does not include a measure of parental demandingness, 2) it has not been well validated in primarily low-income, urban or African American samples and 3) it uses samples of two-parent households where both biological parents are the child’s primary caregivers. The questionnaire’s use with two-parent families suggests inherent differences in family structures of the families assessed in these studies compared to this study, where the majority of families were single parent households and non-biological parents were included when appropriate. Including a more heterogenous sample in terms of family structure may have reduced the internal consistency of my parenting measures, but may

also (Donovick & Domenech Rodriguez, 2008) provide a more accurate and valid picture of caregiving in my sample of low-income urban African American families (Maholmes, 2018; Pearce, Hayward, Chassin, & Curran, 2018). Another recent study of a sample of first generation Latino American children ages 4-9 with majority two biological parent families showed adequate reliability in the scales of positive parenting, involvement and monitoring but poor reliability for inconsistent discipline (α= .58) and corporal punishment (α= .41; (Donovick & Domenech Rodriguez, 2008)). These reliabilities are consistent or lower than the reliabilities found in my study, suggesting that internal consistency in responding to parenting items is less consistent in minority and more at-risk groups.

There are numerous reasons to explain why parenting constructs such as parental demandingness and corporal punishment use demonstrate poor internal consistency in this and other studies of at-risk and minority samples, particularly when reported by parents. Theorists have suggested that measuring parenting in diverse populations requires a deeper understanding of cultural norms and dynamics and the complex issues (racism, poverty, lack of access, lack of meeting of basic needs) diverse caregivers must navigate at the same time as parenting their children. Researchers creating parenting scales may not be aware of or may be unable to capture these contextual issues (Maholmes, 2018). Additionally, parenting measures and research studies are not conducted in a vacuum; marginalized groups often have strong and very valid feelings of distrust of academic and medical institutions and researchers, possibly leading them to respond to certain questions differently to individuals associated with these institutions. Finally, behaviorally-based parenting measures require parents to report on the frequency in which they perform numerous behaviors; this task requires 1) an accurate understanding of the target behavior, 2) accurate insight and awareness into the frequency at which one reports that behavior, 3) accurate

memory and reporting of this behavior and 4) the ability to report on this behavior without being influenced by social desirability or one's opinions about what they should be doing, not what they are actually doing.

Another factor influencing internal consistency in this sample is the focus on the developmental period of adolescence. As discussed earlier in this dissertation, caregivers and youth navigate changing relationships during this developmental stage. Successfully navigating the changing cognitive, social and biological roles and needs of teenagers may take a more varied and nuanced set of parenting behaviors than needed in early or middle childhood (Pinquart, 2017; Steinberg & Silk, 2002). This trend is reflected in the variation of reliabilities in different subscales – parents report highly consistent levels of warmth, a need that remains consistent as youth age. However, why, how and when parents perform demanding and corporal punishment behaviors may require more nuance and be expected to change as offspring move through adolescence. Compared to younger children, parents may expect teens to be able to function without strict rules and structure in some areas (ex. Getting their homework done) while continuing to provide consistent structure in other areas (ex. Curfew, family dinner). Although in many families it may be the opposite, depending on a particular youths' strengths. Since the items in the demandingness subscale may be tapping into a wide variety of strict or structure-providing parenting behaviors, each item may not be appropriate for each individual adolescent. Caregivers may endorse performing certain behaviors to create a safe and consistent environment for their teenage children, but not endorse behaviors that may not be effective for their own children, due to age, personality or situational factors. In this sense, a behaviorally-based parenting measure of demandingness may reflect the nuances in how the African American caregivers create structured, safe and consistent home environments for their urban and impoverished older adolescent, which may be more varied

in comparison to the strategies used to parent younger children. Differences in developmental periods may also explain the discrepancies in internal consistency between the current study and past study with similar samples. McCabe and colleagues (1999) used the caregiver-report version of the Parenting Questionnaire on a sample of 6th grade low-income African American adolescents (11 to 14 years) and their caregivers and achieved high internal consistency on the demandingness subscale ($\alpha > .80$). This age group of early adolescents is significantly younger than the sample of participants used in this study (13 to 18 years). Taken together, I see establishing adequate and close to adequate reliabilities in this sample of urban, low-income African American adolescents and their caregivers as a promising start to examining hypotheses about measuring parenting, with continued iterations and improvements based on empirical data and theory needed.

Next, I explored the convergent validity of caregiver and adolescent reports of each of the three parenting behavioral domains of warmth, demandingness and corporal punishment use. Parent and adolescent reports were correlated at small magnitude levels ($p < .10$), suggesting that the parenting behaviors reported by caregivers and by their adolescent children were related (r = .257, .155, .259), yet were largely not overlapping. This is consistent with past empirical studies that suggest child and parent reports are weakly to poorly (r's < .2) associated with one another. But, it is also important to remember that the interrater correlations conducted utilized a sample of 43 caregiver-adolescent dyads and the lack of significance between these constructs may be due to lack of power (Kuppens, et al., 2009). Interestingly, comparisons between this study and one comparing the reports of parents and school-aged children show slightly stronger associations between caregiver and adolescent reports in my sample compared to that of younger children; possibly reflecting a developmental maturity in the ability to accurately report on parenting behaviors for the teens in this study (Kuppens et al., 2009).

Investigation of the correlates of agreement between caregiver and adolescent reports of parenting suggest that in general, this sample of caregivers reported performing more frequent warm behaviors (d = .59), slightly more frequent demanding behaviors (d = .15) and similar levels of corporal punishment behaviors (d = .02) than their adolescent children. Variations in agreement on parental warmth seem to be driven by family income, where families with low incomes (relative to this already low-income sample) have caregivers that report more warmth than their children. As family income increases, reporting discrepancies even out and then change directions, with adolescents from higher income families reporting more warmth than their caregivers report. A large body of parenting research shows that high levels of stress undermine the ability of caregivers to respond sensitively to their children (Attree, 2005) which may explain income's association to discrepancies in caregiver warmth. Extremely low-income caregivers in this sample are likely struggling to provide basic needs (food, shelter) for their children, demonstrating a great deal of love and care to make sure their children are provided for but making it more difficult for them to have the time or ability to respond warmly or affectionately, as reported by their adolescent children. Inversely, high-income parents may be able to "buy" their teenagers love; if adolescents interpret providing materials items and support as a sign of warm parenting, a caregiver who buys their child an expensive phone, clothes or shoes or has the financial freedom to say "no" less to their child's financial requests (favorite foods, going to movies and other expensive outings) may be rated more warmly by their teenage children.

Variations in agreement on corporal punishment use seem to be related to caregiver age. As caregiver age increased, caregivers report less corporal punishment compared to what their adolescent children report. In other words, caregivers in this sample who are relatively young report they perform more corporal punishment than their teenage children report them using.

Caregivers in this sample who were older report they use less corporal punishment than their teens report them using while caregivers in the age group in the middle of this sample report similar rates of corporal punishment as their adolescent children. This trend may be considered an artifact of the generational and cultural differences seen in caregivers of different ages. Research shows that older generations have more positive views on corporal punishment use than younger generations (Reeves, 2014). One potential explanation for this trend is that despite the Parenting Questionnaires direct focus and instructions of *behaviors*, older caregivers in this sample may be using more corporal punishment because of their favorable beliefs about it as an effective parenting strategy, but under-reporting their use of corporal punishment because of awareness that others in society may have more negative views of corporal punishment. Younger parents, on the other hand, are more exposed to agemates, societal opinions, and research that state that corporal punishment is harmful or not effective as a parenting tool, contributing the using less corporal punishment. For example, two younger women caregivers in this sample stated that corporal punishment should be used on adolescent children "Rarely, [in] certain situations. [Instead use] grounding, taking stuff away when you are bad. Spanking when younger, extreme situations yes, but do not believe in it." and "Not necessary, may give them wrong idea, that they can use violence to solve problem. [Parents] can use other forms of punishment, take things away. [It] can psychologically hurt kid." However, these same moms also reported that cultural factors related to being African American influence how people in their ethnic group made decisions on how and when to use corporal punishment, causing them to over-report their use ("African Americans believe in spanking, Caucasians don't, spanking not warranted, unless you asking, last resort is okay." And "4 out of 5. Got teased by my family when I put kids in time-out instead of spanking.").

Within this study's sample, unique groups of varying agreement were identified for each dimension of parental warmth, demandingness and corporal punishment. It is important to remember that given this small sample size for these analyses (N=43), and the fact that ANOVA requires separating the sample into smaller groups, the results of these analyses should be *interpreted with caution and viewed as exploratory*. Future studies with larger samples will need to be analyzed to see if the results from these preliminary analyses can be replicated before any conclusions can be drawn. For parental warmth, the unique group of caregiver-adolescent dyads in which youth report more parental warmth than their caregivers also have higher levels of caregiver reported corporal punishment. This may be due to the fact that adolescents in families with high levels of corporal punishment are interpreting certain behaviors as warm when others may not. For example, a caregiver who uses a lot of corporal punishment might have a child that sees providing more material support (i.e. food on the table, buying phones and expensive clothes and shoes) as a sign of warm parenting, compared to teens from low corporal punishment homes who interpret more traditional forms of affection (hugging, telling them they're proud of them, spending quality time) as warmth. For demandingness, the unique group of caregiver-adolescent dyads in which youth report more parental demandingness than their caregivers also had higher levels of youth reported warmth than the group with similar reports of demandingness. The group with similar reports of demandingness appears to have higher levels of youth-reported parental warmth than the group where caregivers report performing more frequent demanding behaviors than their children. This trend suggests that there may be an association between youth's perceptions of demandingness and warmth and that their perceptions are influencing their reports of behavioral frequencies. Youth who see their parents as very demanding also see them as very warm, demonstrating the stereotypical profile of the "high expectations, high warmth" parents

described in Baumrind's (1966,1967) authoritative parenting style. Given the fact that adolescents themselves are not the ones performing these parenting behaviors, it makes sense that they might struggle in reporting specific frequencies and instead rely on their perceptions of their parents. Additionally, adolescents appear to be able to interpret demanding behaviors as ones their caregivers are doing out of love, out of affection, to keep them safe or to make sure they become a certain type of adult. For example, one 14-year-old in this study stated, "[She does it] somewhat from [because of] black stereotype. Mom wants me to be different from 'black stereotypes.' So Mom disciplines to show right from wrong."

Three unique groups of reporting discrepancies in corporal punishment use vary in levels of several key study variables including caregiver age (previously discussed), youth externalizing and total behavior problems and caregiver-reported warmth. For youth externalizing and total behavior problems, disagreement between adolescents and caregivers on reports of the frequency at which a caregiver used corporal punishment was associated with significantly higher rates of externalizing and total behavior problems than when reports from adolescents and caregivers were in agreement. This suggests that there is something unique in caregiver-youth dyads who are not reporting the same levels of corporal punishment use associated with increasing youth behavior problems. Additionally, youth and caregivers who agree on corporal punishment frequency also have caregivers who report significantly higher levels of warmth than the two groups with caregiver-youth disagreement. This trend suggests that something unique is occurring in the dyads with discrepancies in youth and caregiver reports of corporal punishment, regardless of which direction the discrepancy is in. Dyads with disagreement have youth and caregivers that either inaccurately report levels of corporal punishment use (trying to purposefully appear different or lacking insight into behaviors) or inaccurately perceive levels of

corporal punishment use. This lack of agreement is related to adolescents seeing their parents as less warm and having more externalizing and total behavior problems. One possible explanation for this result is that youth with externalizing behaviors may be may inaccurate reporters of the behaviors their parents perform in attempts to set limits on or modify youth's behavior problems. Research has shown that kids with externalizing problems in particular are often poor reporters of their own behaviors and demonstrate highly favorable views of themselves (Baumeister, Smart & Boden, 1996). Therefore, it makes sense they might also inaccurately or unfavorably report on their caregivers' behaviors. Another explanation is that the use of corporal punishment is thought to increase a child's fear of their parents (Gershoff, 2013). Disagreement on the levels of corporal punishment use between parents and children may reflect a more sporadic or unexpected use of corporal punishment by caregiver. This sporadic use may leave the child without a clear understanding of why their caregiver is physically punishing them and to fear physical punishment from their caregivers all the time, negatively impacting the parent-child relationship. Additionally, excessive corporal punishment may cause the adolescents to learn to model violent or physical ways to solve a problem and lead to socioemotional and behavior problems (Gershoff, 2013). If this disagreement in corporal punishment use is actually reflecting higher or maladaptive rates of use, it explains why dyads that disagree show higher rates of youth behavior problems and lower rates of youth-reported caregiver warmth. Some thoughts from youth in this study qualitatively describe these ideas:

> I think they shouldn't because they're too old. Hitting them only makes them get more upset. Sometimes they do hit back because they're older- they're not a child who would just let their parents hit them. My Mom doesn't hit me, she just talks to me (Youth reported more corporal punishment than caregiver, parent reports high behavior problems).

> I think spanking the adolescent makes it worse because it makes them mad and just wants to act out more. If you punish your adolescent I think you should just take away something of theirs or talk to them about it and make sure they really understand where you are coming

from to the point they will not want to do it again, that really helps a lot. (Youth and Caregiver report similar levels of corporal punishment, parent reports low behavior problems and youth reports high warmth).

I think that it only makes it worse. Teens are not stupid, a simple talk would help them to understand and obey. But that just doing too much, plus were too big for that were getting older. Unless you really deserve it, for being really disrespectful and deliberately disobeying (Youth reported more corporal punishment use, caregiver reported high behavior Problems, youth reported low warmth).

It's a bit wrong. Parents hit younger kids is okay. But teenagers have their right. Puberty brings stress. Parent hitting teenagers add emotional and physical stress (Youth and caregivers report similar levels of corporal punishment use, caregiver reports high behavior problems, youth reports low warmth).

There is no doubt with my community and race that spanking has developed in African American families in children with authorities punishing them. In more recent generations, sometimes to be kept in line, has caused some severe emotional stress with them so they beat their own kids to release their own emotional stress or straight up has been normalized. Very few people have noticed the issue of the pattern and I'm glad I'm a child of someone who noticed that (Caregiver reports higher levels of corporal punishment and high youth behavior problems, youth reports high warmth).

I think whooping is a good thing because if you need it you need it (Youth reports more corporal punishment, caregiver reports high behavior problems, youth reports high warmth).

I don't think it's bad. I think it's beneficial. I think it's a reminder of what they should do as supposed to talking to them (Youth reports more corporal punishment use, caregiver reports high behavior problems, youth reports low warmth).

I feel like the reason why I am behaved is because I got physically punished when I was younger so when I see a "bad" kid in public the first thing [I] think is that they need a whopping. So I agree with it. (Youth and caregiver report similar levels of corporal punishment, caregiver reports low behavior problems, youth report low warmth).

Yes, lot of it has to do with ethnic background. Often in black community parents feel like their child is beneath them. That their child doesn't have a say so they sometimes belittle them. You often get in trouble for the littlest things. Just how everyone was brought up its considered disrespect to have an opinion (Youth and caregiver report similar levels of corporal punishment, caregiver reports low behavior problems, youth report low warmth).

They [this teen's parents] choose that discipline because it was the quickest thing that came to their mind (Caregiver reports more corporal punishment, caregiver reports high behavior problems, youth report low warmth).

I also explored the divergent validity of the six different parenting subscales (three for each of adolescent and caregiver reports of the three behavioral domains). For caregiver reports of parenting measures, warmth and demandingness were not correlated significantly with each other, suggesting that these constructs were unique from one another and supporting divergent validity. However, caregiver-reported parent corporal punishment use was significantly negatively correlated with caregiver reported warmth which is consistent with findings in previous studies (-.296, $p < .05l$; Gershoff, 2013). Caregiver-reported demandingness is significantly positively correlated with corporal punishment (.273, $p < .001$), suggesting that caregivers who use corporal punishment also use other form of non-physical discipline strategies. Correlations between these caregiver-reported constructs do not suggest that the constructs were the same but are related; caregivers' behavior that is high in corporal punishment is likely to also be high in demandingness but low in warmth.

For adolescent reports of parenting measures, all three parenting behavioral domains were correlated significantly with one another. Adolescent reported demandingness was positively correlated with both warmth (r=.115) and corporal punishment use (r=.195), but at a small magnitude. This is likely due to the influence on adolescent's perceptions of their parents, despite the behavioral-based nature of this measure. Another theoretical explanation is that demandingness incorporates both creating safe and secure environments (through this structure, parents foster a sense of safety and support) and also providing strict rule enforcement (corporal punishment *may* be considered one form of strict discipline). Adolescent reported caregiver warmth and corporal punishment were negatively correlated with one another (r = -.142), but also at a small magnitude. This is also consistent with the idea that caregivers who use corporal punishment often due so out of anger and impulsive behaviors, not through providing warmth,

support or affection (Fearson et al., 2010, Gershoff, 2013, Groh et al, 2012, Paolucci & Violato, 2004). In this sense, this finding contradicts one opinion in the literature that suggests that African American youth see corporal punishment as their parents disciplining them for warm caring reasons (Deater-Deckard et al., 1996; MacKinnon-Lewis, Lindsey, Frabutt, Chambers, 2014; McLoyd & Smith, 2002). Instead, youth appear to see corporal punishment use as something inversely related to a caregiver's affection or care for them. As one teen in this study eloquently stated:

> I don't think that's the best to get them to act the way you want them to act. You should sit down and actually talk to them because who knows what they are actually going through or what happened to make them behave that way.

Stress Exposure, Adversity and Youth Behavior Problems

Consistent with previous research findings and my expectations, as levels of cumulative stress increased, so did youth's levels of internalizing, externalizing, and total behavior problems (Cutrona, et al., 2006; Deardorf, et al., 2003; Grant, et al., 2003; Wickrama & Bryant 2003). Additionally, lower levels of family income, single parenthood status and less caregiver education were associated with higher levels of behavior problems in this sample of adolescents. This is consistent with previous research that shows variables including community poverty, family financial hardship, low caregiver education level, single parenthood, and teenage parenthood are demographic risks linked with a range of poor outcomes including depression, low academic achievement and conduct and behavior problems (Attree, 2005; Kohl, Lengua, & McMahon, 2000; Sirin, 2005; Wickrama & Bryant, 2003). When all three covariates were included in the same model, caregiver education and single parenthood were no longer a significant predictor of youth behavior problems. This suggests that the variance shared between the three covariates and behavior problems was accounted for by family income.

Caregiver education is one of the major factors involved in determining a family's socioeconomic status and empirical studies have shown that low caregiver education, especially when a parent does not have a GED or high school diploma, is associated with a higher chance of that family being in poverty (Adler & Newman, 2002; Evans et al., 2007; McLoyd, 1998; Wickrama & Bryant 2003). Additionally, low education is associated with poverty, unemployment, and increased parenting stress, which has then been empirically linked to higher levels of behavior problems in youth (Evans et al., 2007; McLoyd, 1998; Wickrama & Bryant 2003). In contrast, this study showed that family income, not caregiver education, was the primary demographic risk variable accounting for youth outcomes. This trend may be explained by the unique family structures found in low-income African American families where extended family members help support parents and their children with child-rearing, needs acquisition (food, shelter resources) and finances (Taylor & Roberts, 1995). Although parents with low education levels may have associated levels of unemployment, increased parenting stress and poverty, kinship support may lower the impact this single caregiver's education has on adolescent outcomes (Pearce et al., 2018). On the other hand, when assessing family income this study asked caregivers to report their *total annual family income*, which included support from all family members working in the household and financially providing for the adolescent participating in this study. Therefore, the family income variable represents less financial security for the entire family, not just the primary caregiver.

Inconsistent with my initial hypothesis, not only did family income account for significant variance in youth behavior problems; income also washed out the unique effects of cumulative stress on youth behavior problems. This suggests the family income level, not cumulative stress, was the primary driver of youth behavior problems in this sample of at-risk adolescents. This is

inconsistent with previous research that found exposure to high numbers of stressful events was associated with poorer psychological outcomes in the form of both internalizing and externalizing behavior problems (Appleyard, et al., 2005; Evans, et al., 2007; Fowler et al., 2009; Sousa et al., 2018). However, experiencing poverty is often considered a stressful life event; if this study had included it in the composite stress variable, it is likely that my results would be more consistent with past empirical research. In this highly stressed sample of adolescents and caregivers, family income is likely correlated with an inability to meet basic needs such as food, shelter and transportation that are seen in families with extreme levels of disadvantage (Datta, 2013; Maslow, n.d.; Murali & Oyebode, 2004). This lack of basic needs is not assessed in the cumulative stress measure utilized in this study but may be being picked up by the family income variable. Theory supports that the deprivation of basic needs associated with extreme poverty is linked to a broad array of stressors that influence youth outcomes in numerous domains. At the individual child level, youth exposed to poverty are at high risk for stressors that affect their psychological, biological and educational functioning, including less access to high-quality food and resources (Desmond & Western, 2018; Murali & Oyebode, 2004; Voola, Voola, Wyllie, Carlson, & Sridharan, 2018). At the relational level, the deprivation of resources associated with lack of access to basic needs has been shown to increase stress and depression and to undermine caregivers' ability to sensitively respond to their children. This undermining of parenting sensitivity can be seen in this study through the significant negative correlation between family income and caregiver-reported warmth (Attree, 2005; Coley, Sims, Dearing, & Spielvogel, 2018; Desmond & Western, 2018; Evans et al., 2007; McLoyd, 1998; Wickrama & Bryant 2003). There are also several institutional stressors related to extreme poverty; children and families living in poverty are less likely to have high quality childcare, transportation, and other benefits or resources that

are instrumental in supporting healthy child and adolescent development and preventing and treating of behavioral problems (Padgett, Patrick, Burns, Schlesinger, & Cohen, 1993; Zahner & Daskalakis, 1997). Taken together, the results of this study do not suggest that poverty alone causes behavior problems in youth, but instead that the barriers to achieving basic needs set in place by extreme poverty in numerous domains overpowers the influence of individual or specific traumatic events captured by this study's cumulative stress measure.

Parent-reported Parenting Behaviors and Youth Behavior Problems

As predicted, different relations were found between the caregiver-reported parenting warmth, demandingness, and corporal punishment use and youth behavior problems. Consistent with past research, unique and direct effects of parental warmth were found on parent reported youth problems over and above that of cumulative stress and family income. Results of this study found that parents who reported higher frequencies of demonstrating warm and responsive behaviors towards their child had adolescents with less reported internalizing, externalizing and total behavior problems (Pinquart, 2017).

Inconsistent with my expectations, parental demandingness and corporal punishment use were not unique predictors of youth internalizing or total behavior problems. This may be due to the fact that parents who use corporal punishment are less attentive to their child's emotions. Since this study utilized a caregiver-report of internalizing problems, parents who use corporal punishment might not be aware of their child's symptoms of depression or anxiety, since these are symptoms that are difficult to observe directly. However, both of these caregiver-reported parenting behavioral domains did uniquely predict youth externalizing symptoms over and above the effects of stress and family income. The relation between parental demandingness and youth externalizing problems suggests that parents who more frequently set firm and consistent

expectations and limits had children with less reported acting out and rule breaking behaviors. This finding is both consistent and inconsistent with my hypothesis. In this sample, parental demandingness uniquely provides youth with structure and consistency, and therefore is associated with less externalizing behaviors (Bhandari & Barnett, 2007; McCabe et al., 1999; Rothbaum & Weisz, 1994). However, demandingness does not seem to have a unique effect on internalizing or total behavior problems, which suggests that creating a predictable and clear environment may be more important in preventing acting out and dysregulated behavior problems in the context of stress and poverty while other parenting behaviors, such as warmth play a larger role in the prevention of mood and affect difficulties (Rankin & Quane, 2002; Scaini, Palmieri, & Caputi, 2018).

Corporal punishment uniquely predicted externalizing behaviors in youth, with parents who used more corporal punishment associated with higher reports of adolescents acting out and rule-breaking problems. This is consistent with my expectation and that of previous studies that suggest that corporal punishment use has deleterious effects on the well-being of African American adolescents. It contradicts findings in some previous research that suggests African American youth may experience positive or neutral effects of corporal punishment on their behavioral health outcomes (Deater-Deckard, Scarr, McCartney, & Eisenberg, 1994; Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987; Hill & Bush, 2001; Lamborn, Dornbusch, & Steinberg, 1996; Stormshak, Bierman, McMahon & Lengua, 2000). Despite disagreement among previous empirical studies, this dissertation finds that exposure to corporal punishment is associated with psychological problems in at-risk African American adolescents (Gershoff, 2010; Gershoff, 2013; Gershoff & Bitensky, 2007; Paolucci & Violato, 2004; Simons et al., 2013).

Interestingly, corporal punishment only uniquely predicted externalizing problems in adolescents, not internalizing or total behavior problems. These results are in part consistent with previous meta-analytic and longitudinal reviews that linked corporal punishment use to the development of a wide range of psychopathology, which include externalizing and antisocial behaviors (Gershoff, 2002; Gershoff & Bitensky, 2007; Paolucci & Violato, 2004). This finding suggests that parents who use corporal punishment on their children may be modeling harsh and physical methods of solving problems or getting what they want, therefore teaching their children to use outward and aggressive strategies themselves (Gershoff, 2013). However, problems such as depression, anxiety or other internalizing behaviors that have been connected to parental corporal punishment use in the past were not seen in this sample (Gershoff, 2002; Gershoff & Bitensky, 2007; Paolucci & Violato, 2004). This may be due to the fact that this study used a caregiver-report of adolescent internalizing problems which may be more difficult for parents to witness directly and thus relies on the adolescent to share their feelings with their caregiver. In the context of a parent who is using physical discipline, youth may be less likely to share their internal struggles in the context of a caregiving relationship that is made unstable and unpredictable via corporal punishment use. This concept is also supported by this dissertation's psychometric findings, which show that adolescents of caregivers who use more corporal punishment report these caregivers as less warm. Adolescents who see caregivers as less warm or caring towards them may be likely to hide symptoms of internalizing problems they may be experiencing; and instead show defiance and being callous out of anger and fear. This increased defiance could also lead caregivers to use corporal punishment or other harsh disciplinary techniques even more, as they may interpret their children's externalizing problems as lack of guilt or a desire to perform antisocial behaviors that need to be punished. Taking the unique relations of demandingness and corporal punishment

together, this study's findings suggest that links between improved youth outcomes and strict or harsh parenting styles seen in previous literature are due to the creation of a clear and consistent home environment (demandingness) in the context of adversity, not through physical punishment; which, in addition to being linked to negative behavioral health outcomes, may increase adolescent's withholding of their psychological troubles from caregivers whose job it is to support them.

Adolescent-reported Parenting Behaviors and Youth Behavior Problems

Because of under-powered sample size (N=43), the results using adolescent-reported parenting behaviors are considered exploratory, providing a preliminary look on how youth's report of their caregiver's behaviors may associate with their caregivers reports of their behavior problems as well as the opportunity to compare youth and caregiver reports of the same parenting behaviors. Results indicated that as levels of adolescent-reported parental demandingness increased, levels of externalizing and total behavior problems decreased over and above that of family income and cumulative stress; however, youth-report demandingness was not significantly associated with internalizing behaviors problems. These findings suggest that when youth see their caregivers as performing more frequent behaviors that create clear and consistent rules and expectations and creating a predictable home environment, they exhibit lower levels of caregiver-reported externalizing and total behavior problems. The findings using adolescent-reports of parental demandingness are similar to those using caregiver reports of their own demandingness as well as past empirical studies, that associated consistency and structure and with less externalizing behaviors (Bhandari & Barnett, 2007; McCabe et al., 1999; Rothbaum & Weisz, 1994). Like the caregiver-reported measure of demandingness, this youth report suggests that consistency and structure is not associated with internalizing behaviors and that other parenting

and environmental factors influence youth internalizing problems in this at-risk sample of African American adolescents.

Youth-reported parental warmth (r = .016, r = .060, r = .024, for internalizing, externalizing and total behavior problems) and corporal punishment (r = .161, r = .009, r = .105, for internalizing, externalizing and total behavior problems) were unique predictors of any youth behavior problems in this sample. Given the small effects sizes describing the relations between these variables, one possible explanation is that the small sample size did not provide enough power for these associations between these variables to be picked up in these analyses. However, if this trend is valid despite limitations in power, it suggests that neither parental warmth nor corporal punishment use, when reported by the adolescents, predicted youth outcomes and is inconsistent with multiple past empirical studies that link warmth and corporal punishment use to youth outcomes (Pinquart, 2017). It is possible that this measure of adolescent-reported parenting was not reliably picking up the nuance of or validly reporting the frequency of these parenting behaviors. Despite the 6-month time frame and behavioral focus in the instructions of the questionnaire, youths' reports might have been influenced by their perceptions or memories of parent behaviors instead of giving reliable and accurate accounts of the frequency each behavior is actually performed. Finally, it is also possible that the lack of association between parental warmth and corporal punishment in this sample is reflecting reality, and that these parenting behaviors in and of themselves do not uniquely predict youth outcomes over and above that of stress and poverty. Given the high rates of adversity in this sample, it is possible that the deleterious effects of stress and poverty overpower the protective nature of parental warmth and the deleterious effects of corporal punishment.

Moderation of Stress and Behavior Problems by Parenting Behaviors

Next, I explored the potential protective or vulnerability processes (Rutter, 1987) possibly at play among the three parenting behaviors, stress and adolescent behavior problems. Inconsistent with my expectations, no interactions between stress exposure and caregiver-reported parental warmth, demandingness or corporal punishment were significant predictors of internalizing, externalizing or total behavior problems. Because family income was also a unique predictor of youth outcomes and proxy for the stress and adversity experienced in this sample, I also ran moderation analyses between income and all three caregiver-reported parenting dimensions. These interactions were also not significant in predicting any youth behavior problems. This lack of buffering or exacerbating effects of parenting behaviors on stress and income may be due to the extreme levels of adversity experienced in this sample. It may be that this sample of adolescents has experienced so much cumulative stress and adversity that protective factors such as parental warmth and demandingness alone are not enough to protect them from developing behavior problems. Corporal punishment, which was expected to be an exacerbating factor of stress, although directly associated with increased behavior problems in this sample, did not interact with stress, suggesting again that this sample of adolescents had already experienced such high levels of stress that corporal punishment exposure did not exacerbate the already negative effects of cumulative stress and adversity.

Youth-reported warmth and corporal punishment use did not significantly interact with stress to predict youth outcomes. Adolescent-reported demandingness and stress did produce a significant interaction which predicted youth externalizing and total behavior problems. These two factors interacted in such a way that youth who reported their parents behaved in ways that were high in demandingness had more externalizing and total behavior problems as their cumulative stress exposure increased while youth with parents with lower levels of demandingness

had less externalizing and total behavior problems as their cumulative stress exposure increased. This interaction is the opposite of what was expected as it seemed that youth who reported their parents perform fewer demanding behaviors were more protected from the negative effects of cumulative stress exposure while parents with high levels of demandingness (according to their adolescents) increased their child's likelihood of developing behavior problems in the face of stress exposure. This may be due to increased need for parental demandingness by youth with high levels of externalizing behavior problems. In this sense youth with behavior problems, possibly due to their exposure to stress and adversity, likely have parents who are trying to place reasonable expectations on them in order to manage their behaviors. In this cross-sectional design, the data shows that as the number of behavior problems youth exhibit go up, thus goes up the need for parents to set clear and consistent expectations for their adolescents. On the other hand, adolescent with fewer behavior problems may need less structure provided by their parents. In longitudinal designs, the data might show that parental demandingness is initially met with resistance from youth, manifesting in higher levels of externalizing problems but results in better adjustment due to high parental expectations in the long run. It is also possible that youth with high levels of behavior problems are not reliable reporters of their parent's demandingness. Empirical studies have shown that youth with aggressive, acting-out or violent behaviors often have unrealistic and highly favorable views of themselves (Baumeister, Smart, and Boden, 1996). In this sense, youth struggling with behavior problems may view their parent's behaviors aimed at supporting them as more aggressive or controlling and less protective.

Strengths and Limitations

There are several strengths and limitations of this study that need to be noted. This study's validity was increased through using a behaviorally-based parenting measure and gathering both

caregiver and adolescent reports of parenting behaviors. As discussed previously, past empirical pursuits on parenting utilized methods that assessed parents' opinions or perceptions on optimal parenting, increasing the vulnerability to response biases and social desirability, and not considering different cultural perceptions of parenting. By asking both parents and adolescents to report directly on the frequency in which each behavior was performed, I hoped to be able to compare parent and adolescent reports and was able to provide a deeper understanding of variations between adolescent and caregiver reports of parenting behaviors and why they exist. Additionally, the Parenting Questionnaire measure of parenting behavior demonstrated generally good psychometric properties which were comparable to other previously published parenting measures while being used in a low-income minority sample often not present in other studies. Additionally, using a measure of cumulative stress that comprised of both adolescent and parent reports also increased the study's ability to collect a valid report of lifetime trauma and stress exposure. Using a composite created from the reports of both adolescents and their parents accounts for the differences in awareness between adolescents and their caregivers and creates a measure that is a comprehensive account of all stressful events experienced by each adolescent (Grant et al., 2003).

This study had several limitations that should be addressed. Primarily, the under-powered analysis of differences in caregiver and adolescent reports of parenting and youth-reported parenting behaviors association with stress exposure and behavior problems make it difficult to draw reliable or generalizable conclusions from the results using the smaller sample size. Due to limited resources, another limitation of this design was the inability to obtain outside observations of caregiver-adolescent interactions. Considering the discrepancies between adolescent and parent reports of what should be the same parenting constructs, the reliability and validity of the parenting

measure used in this study requires further investigation. I hope to see further investigation of the psychometrics (including use of a wider range of reliability statistics) of this and other behaviorally-based parenting measures in order to examine how parent and adolescent reports are related to parent observations in a larger longitudinal study. Furthermore, a longitudinal study design would allow me to investigate measures of reliability other than internal consistency, which is the measure of reliability I calculated in this dissertation. Internal consistency is only one type of reliability and others, namely test-retest reliability, are important to being able to show that a measure can pick up the same construct reliably across multiple administrations.

This study can be considered another step in understanding how parenting behaviors influence adolescent behavior problems in the context of stress and adversity. However, due of the cross-sectional nature of this study, I am unable to determine the directionality of the associations between variables discussed in this dissertation. In this sense, the relations between parenting, stress, and youth outcomes are all transactional. For example, it is possible, or even likely, that youth with certain characteristics or behavior problems may elicit certain parenting behaviors, not that parenting behaviors always influence youth outcomes. It is also likely that adolescents may have more influence on their caregivers compared to younger children. However, I am unable to test this hypothesis due to the lack of a longitudinal study design.

Another limitation to this study is the absence of data on fathers and other secondary caregivers. Empirical studies have shown that many families, in particular African American and/or low-income families, have multiple adults and extended family members that play caregiving roles. In this study, I did not collect data on the parenting behaviors of secondary or other caregivers. The role a parent might take in a multigenerational family or a family with multiple adult caregivers might lead to them performing certain behaviors, while other caregivers

might be behaving very differently (Hussong, Jones, & Jensen, 2018; Maholmes, 2018). Due to this constraint, this study is not able to determine the associations between the behaviors of other caregivers, or the next exposure to certain behaviors an adolescent has, and youth outcomes.

This study was unique in its use of qualitative interview data to highlight caregivers' and adolescents' opinions about using corporal punishment and the cultural influence of such use. However, this qualitative data is exploratory and limited in scope. Given that past studies have varied in focus between behaviors and perceptions and empirical support for the idea that opinions of parenting behaviors might related to how they influence youth outcomes, future studies should collect more detailed quantitative data on adolescents' and caregivers' opinions or perceptions on parenting behaviors. This would allow for analyses on the associations between opinions, behaviors and youth outcomes.

Finally, there was missing data (not random) for the variables of annual family income and caregiver education level, both which were significantly associated with internalizing, externalizing and total behavior problems. Although this data was missing due to changes in the Sample 1's study protocol and not characteristics of the study participants, the presence of this non-random missing data does raise concerns about the generalizability of this study results (Tabachnick & Fidell, 2013). The participants missing this data had significantly lower levels of behavior problems compared to the rest of the sample, which may play some part in the fact that family income and education caregiver level were significant predictors of youth behavior problems. However, conclusions about this cannot be made as the income and caregiver education of the families with missing data is unknown. It is known that the current data characterizes a sample of adolescents exposed to very high levels of stress and the results of this study may be generalizable to other at-risk samples. This generalizability to other at risk-samples is supported

by the fact the percentage of the sample with clinically significant internalizing, externalizing, and total behavior problems did not change dramatically when missing data was removed from the sample and both the sample including missing data and with the missing data removed had rates of clinically significant problems that were much higher what would be expected in a normative adolescent sample in the United States (Achenbach & Rescorla, 2001; Grant et. al., 2004).

Implications and Future Directions

Overall, this study took preliminary steps in understanding and improving the psychometric and methodological issues associated with measuring parenting behaviors. It also addressed several ways in which the behaviors of African American parents are associated with adolescent behavior problems in highly stressful and adverse circumstances. Although this study set out to answer questions related to variations seen in the literature on how parents influence the psychological outcomes of low-income urban African American adolescents, it also highlighted more important questions that remain. This study showed that the behaviors of parents do matter when it comes to their teenage children's behavior problems: Parents who demonstrate warmth and affection and create consistent environments with clear expectations have adolescents with lower levels of behavior problems, while parents who use corporal punishment have teens with higher levels of behavior problems. These findings also add incremental support for the idea that African American teens, similar to youth of other ethnicities and age groups, experience deleterious effects of corporal punishment.

Although the Parenting Questionnaire demonstrated adequate reliability and validity on the psychometric properties available in this study and improved upon other measures by utilizing both caregiver and adolescent reports, including behaviorally-based scale items, and collecting data in a low income African American sample, difficulties with measuring parenting still remain.

Additional considerations how to reduce cross-cultural errors between the researchers and participants and decrease social and cultural biases in responses are needed in future studies. Further exploration of a wider variety of reliability and validity constructs is also needed. On the other hand, reporting differences between adolescents and caregivers might have reflected real phenomena and provided important insight into the caregiver and adolescent dynamics of participants in this study. In this way, this study highlights concern for families with discrepancies in the reporting of corporal punishment use that was associated with more behavior problems and youth perceiving their caregivers as less warm.

My results suggest future research, clinical, and policy directions. Future studies are needed to continue to empirically investigate the behaviors of effective parents. Focus should be put on African American parents who are successful in raising healthy and well-adapted children in adverse and stressful circumstances. Additionally, emphasis should also be given to families who may utilize less effective and harmful parenting strategies such as corporal punishment. Continued clinical and policy interventions should target parenting and community education around the serious and negative effects of corporal punishments. Clinicians and parents alike should focus on learning how to use warm and demanding parenting behaviors to provide both love and structure to children while avoiding harsh or physical discipline. Additionally, I would like to see longitudinal studies utilizing multiple methods of measuring parenting in order to compare the psychometric properties of different assessment methods within the same sample and to understand the directionality and long-term developmental protective and vulnerability processes associated with stress, parenting behavior and youth behavioral health outcomes.

APPENDIX A: TABLES AND FIGURES

Table 1. Descriptive Statistics of Study Variables

Sample Demographic Information (n)	Mean (SD)	Percentage (n)	Range
Youth Gender (150)			
Girls		67.3% (101)	
Boys		32.7% (49)	
Youth Age (149)	14.92 (1.45)		13-18
Youth Grade (148)	9.57 (1.50)		6-13
Caregiver Participant (149)			
Biological Mother		80.0% (120)	
Biological Father		5.3% (8)	
Grandmother		2.0% (3)	
Aunt		2.7% (4)	
Uncle		.7% (1)	
Other Family Member		9.4% (14)	
Caregiver Age (149)	43.34 (9.16)		25-68
Caregiver Relationship Status (142)			
Single		64.7% (97)	
Partnered		30.0% (45)	
Caregiver Teenage Parenthood (146)			
Teenage Parent		26.0% (39)	
Non-teenage Parent		71.3% (107)	
Caregiver Employed (141)			
Not Employed		52.0% (78)	
Employed		42.0% (63)	
Caregiver Education Level (140)			
Did not Complete HS		20.7% (31)	
HS/GED		20.7% (31)	
Some College		40.0% (60)	
Bachelors		6.7% (10)	
Graduate		5.3% (8)	
Yearly Income (140)			
$0-29,999		59.4% (89)	
$30,000-60,000		20.0% (30)	
$60,000-80,000		4.0% (6)	
$80,000+		10.1% (15)	
Internalizing Symptoms (150)	57.31 (10.69)		33-96
Externalizing Symptoms (150)	54.51 (11.42)		29-80
Total Symptoms (150)	57.26 (11.55)		24-88
Lifetime Stress Exposure (150)	13.93 (5.73)		4-33
Warmth - Caregiver Report (150)	4.10 (.40)		3.00-4.91
Demandingness - Caregiver Report (150)	2.80 (.40)		2.39-3.83
Corporal Punishment - Caregiver Report (150)	1.53 (.58)		1.00-3.25

Warmth - Adolescent Report (43)	3.73 (.66)	2.14-5.00
Demandingness - Adolescent Report (43)	3.06 (.46)	2.09-4.30
Corporal Punishment - Adolescent Report (43)	1.51 (.58)	1.00-3.00

Table 2. *Descriptive Statistics of Transformed Study Variables*

Sample Demographic Information (n)	Mean (SD)	Range
Lifetime Stress Exposure (150)	2.55 (.42)	1.39-3.50
Demandingness - Caregiver Report (150)	.05 (.02)	.02-.09
Corporal Punishment - Caregiver Report (150)	.06 (.02)	.04-.37
Corporal Punishment - Adolescent Report (43)	.27 (.31)	.00-1.01

Table 3. Analysis of Potential Covariates, T-tests between Study Constraints, Youth and Caregiver Characteristics, and Key Study Variables

Grouping Variables	Internalizing	Externalizing	Total
Constraints of the study			
Sample (Study 1 vs. Study 2)	t(148)= .796, p=.427	t(148)= 1.061, p=.290	t(148)= .830, p=.408
Recruitment Location (CMH = 1 vs. Churches = 2)	t(148)= .988, p=.325	t(148)= -.087, p=.930	t(148)= .255, p=.799
Visit Location (Lab = 1 vs. Home = 2)	t(148)= .786, p=.433	t(148)= .093, p=.926	t(148)= .260, p=.795
Youth Characteristics			
Gender (Boys = 1 vs. Girls = 2)	t(135.388)= -1.639, p=.104[1]	t(148)= -1.101, p=.273	t(126.519)= -1.361, p=.176[1]
Caregiver Characteristics			
Income (≤ $30,000=0 vs. > $30,000=1)	**t(138)= -3.264, p=.001**	**t(138)= -2.832, p=.005**	**t(138)= -3.300, p=.001**
Caregiver Employment (Employed=0 vs. Unemployed=1)	**t(139)= 3.071, p=.003**	**t(139)= 2.355, p=.020**	**t(139)= 3.210, p=.002**
Caregiver Relationship to Youth (Bio Mother vs. Other Relationship)	t(147)=.817, p=.415	t(147)= -.053, p= .958	t(147)= .807, p= .421
Single Parenthood	t(140)= 1.495, p=.137	**t(140)= 2.161, p=.032**	t(140)= 1.678, p=.096
Teenage Parenthood	t(52.803)= -.293, p=.771[1]	t(144)= -.793, p=.429	t(144)= -.745, p=.457

Note. [1]Levene's Test < .05, Equal variances not assumed, Bolded = Significant @ p < .05

Table 4. Analysis of Potential Covariates, Pearson Correlations between Youth Age and Demographics and Key Study Variables

Grouping Variables (n)	Internalizing	Externalizing	Total
Youth Age (150)	-.054	-.146	-.152
Caregiver Age (149)	.003	-.123	-.055
Income (140)	**-.305****	**-.270****	**-.319****
Caregiver Education Level (140)	**-.290****	**-.221****	**-.272****

Note. *p < .05, **p < .01

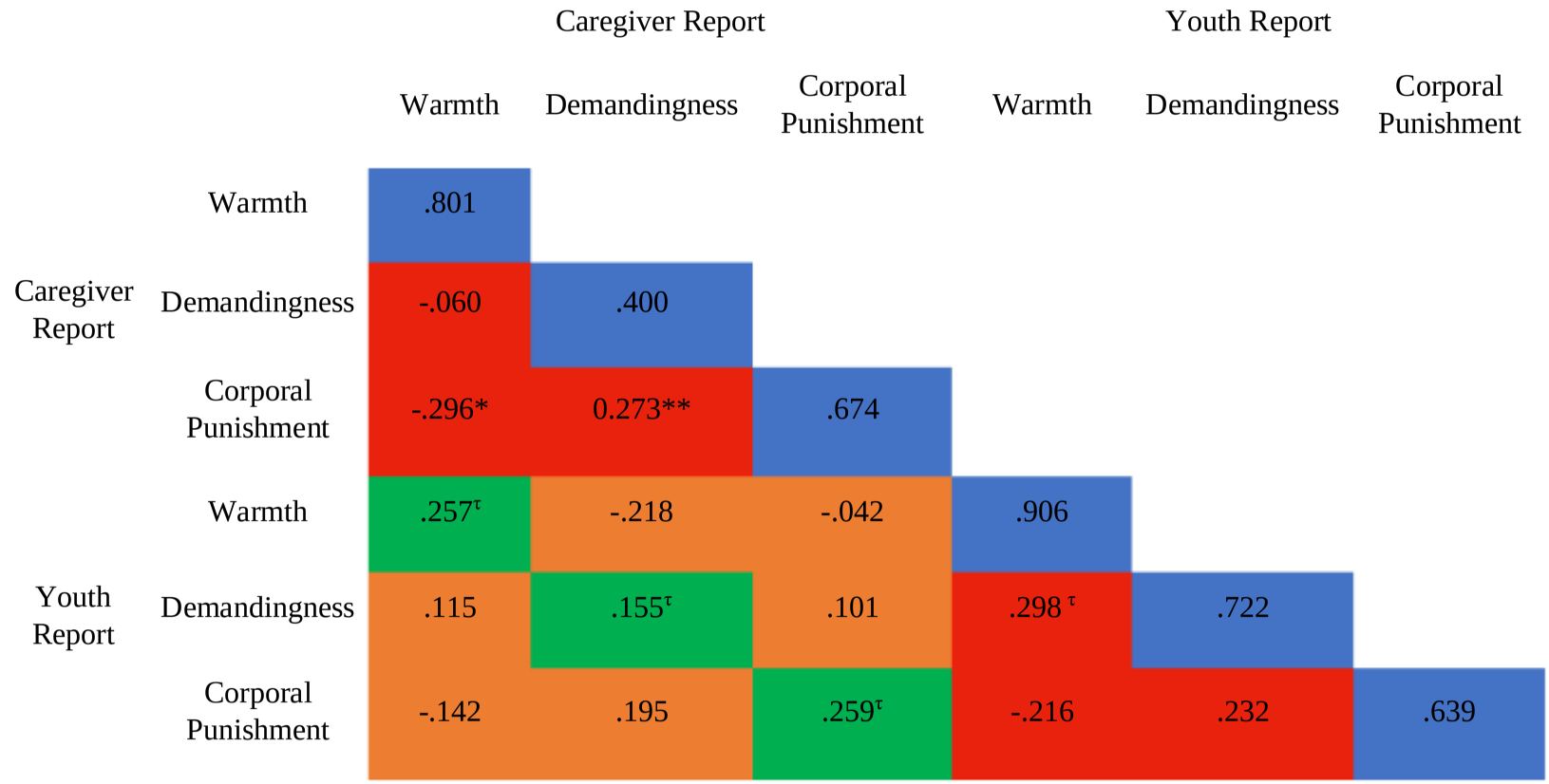

Figure 1. A Multi-trait Multi-Informant Matrix exploration of parent- and adolescent-reports of parenting behaviors on the Parenting Questionnaire. Statistics in the reliability diagonal represent Cronbach's alphas using original scale items (corporal punishment scales do not include item 50 which represents an opinion, not a behavior). Statistics comparing scales and reporters are represented by Pearson correlations (r) with τ = $p < .05$, * = $p < .05$ and ** = $p < .01$. Correlations run with raw variables, correlations with transformed variables are similar in direction and magnitude. N = 150 for caregiver-caregiver comparisons, N = 43 for caregiver-adolescent and adolescent-adolescent comparisons.

Table 5. Subscale-Level Comparison of Caregiver and Adolescent Reports of Parenting Behaviors

	Interrater Correlation	Paired T-test	Mean (Caregiver Report)	Mean (Adolescent Report)	SD (Caregiver Report)	SD (Adolescent Report)	Cohen's d
Warmth	.257$^{\tau}$	t(42) = 3.107, p = .003**	4.06	3.73	.42	.66	.59
Demandingness	.155$^{\tau}$	t(42) = .109, p = .914	3.07	3.06	.37	.46	.02
Corporal Punishment	.259$^{\tau}$	t(42) = .761, p = .451	1.46	1.38	.55	.49	.15

Note. N = 43, τp < .10, *p < .05, ** p < .01

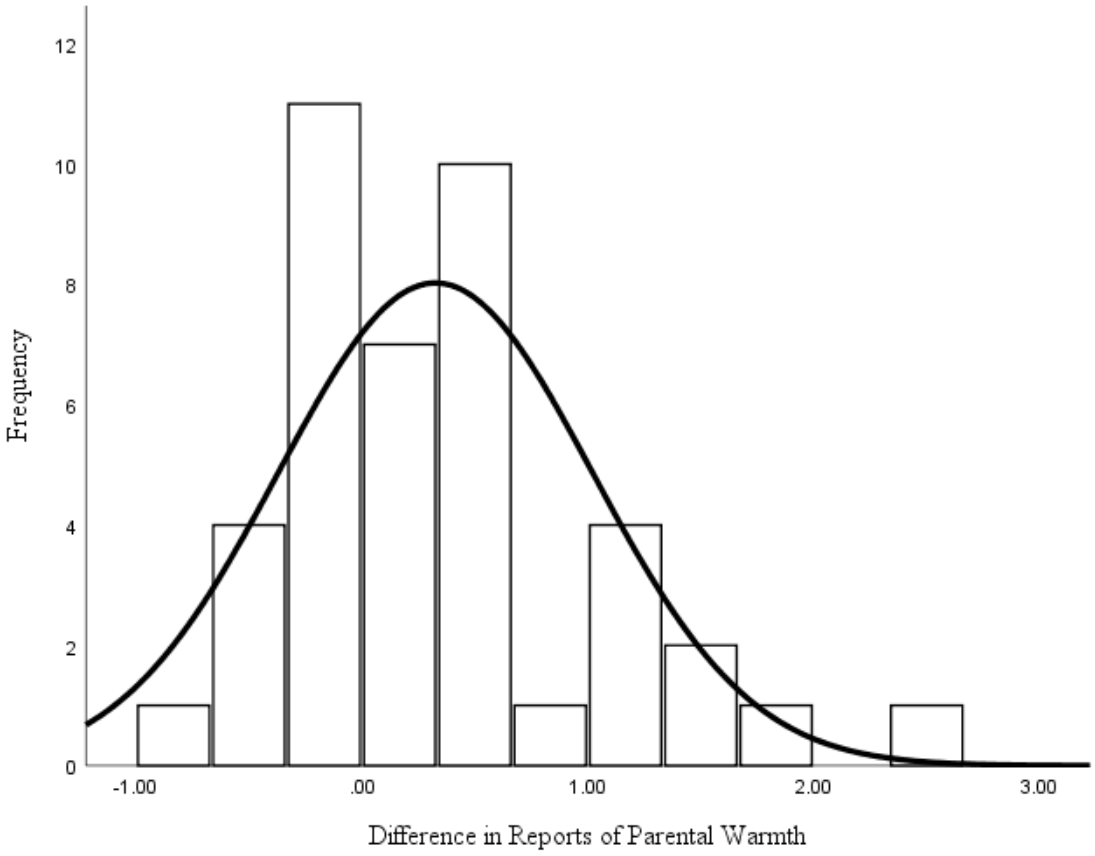

Figure 2. Frequency Distribution of Discrepancies of Caregiver and Adolescent Report of Parental Warmth.

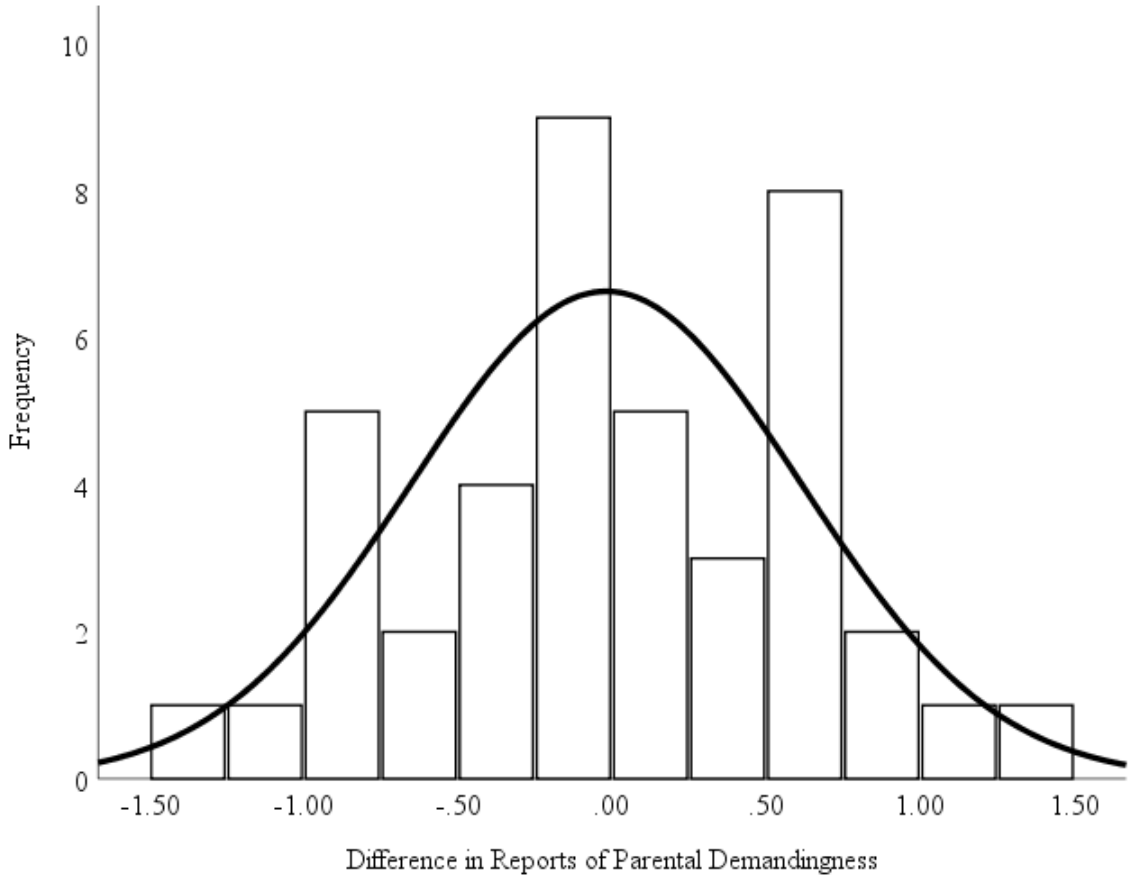

Figure 3. Frequency Distribution of Discrepancies of Caregiver and Adolescent Report of Parental Demandingness.

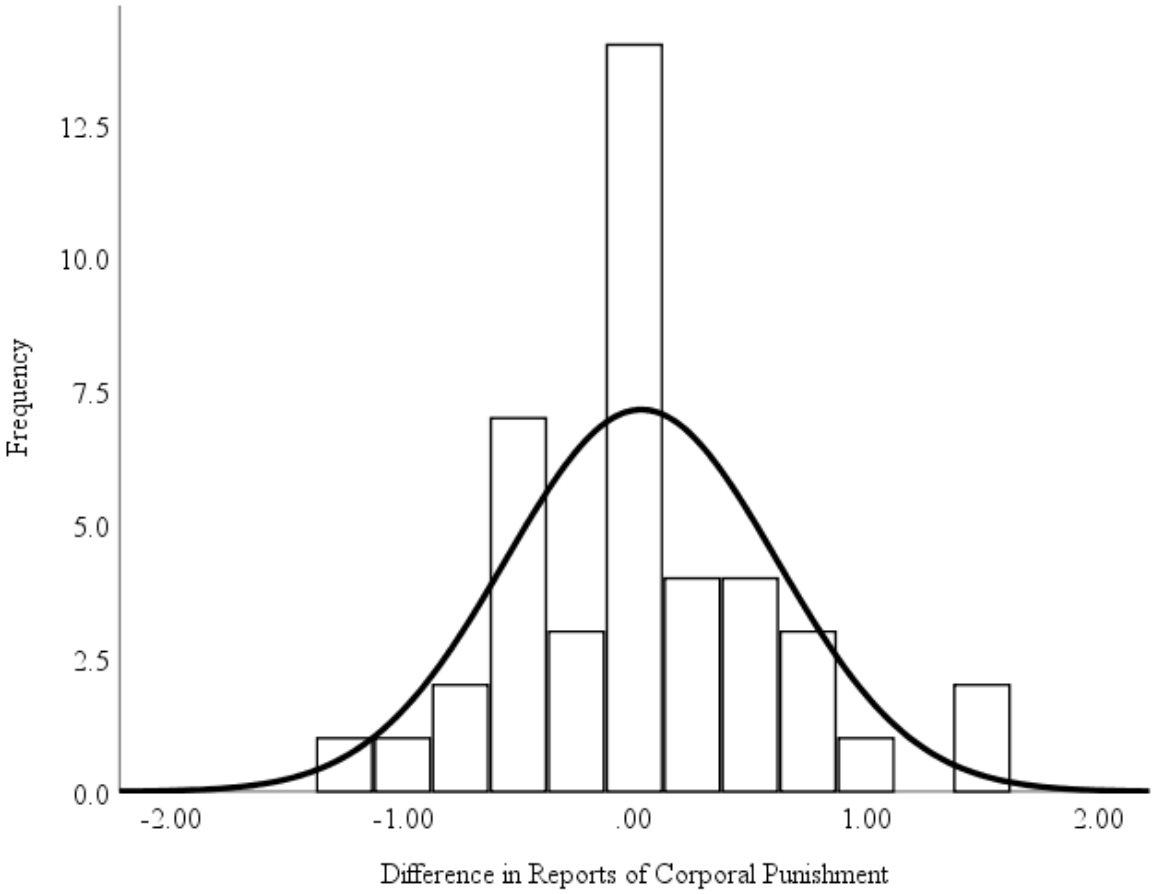

Figure 4. Frequency Distribution of Discrepancies of Caregiver and Adolescent Report of Parental Corporal Punishment Use.

Table 6. Item-Level Comparison of Parent and Adolescent Reports of Parental Warmth

		Difference Scores Distributions								
	Interrater Correlation	-4	-3	-2	-1	0	1	2	3	4
1. I praise my child	.147			9.3% (4)	11.6% (5)	32.6% (14)	25.6% (11)	16.3% (7)	4.7% (2)	
2. I criticize my child	.086		2.3% (1)	11.6% (5)	20.9% (9)	34.9% (15)	20.9% (9)	7.0% (3)	2.3% (1)	
3. I encourage my child to talk about her/his troubles	-.003				16.3% (7)	41.9% (18)	14.0% (6)	18.6% (8)	2.3% (1)	7.0% (3)
4. I enjoy spending time with my child	.176				2.3% (1)	65.1% (28)	18.6% (8)	14.0% (6)		
5. I spend at least 30 minutes a day in an enjoyable or educational activity with my child	.218			9.3% (4)	7.0% (3)	37.2% (16)	18.6% (8)	14.0% (6)	7.0% (3)	7.0% (3)
6. I comfort my child when she/he is upset	**.029**			**9.3% (4)**	**2.3% (1)**	**46.5% (20)**	**14.0% (6)**	**18.6% (8)**	**2.3% (1)**	**7.0% (3)**
7. My child and I have fun together	**.565****				**2.3% (1)**	**69.8% (30)**	**16.3% (7)**	**7.0% (3)**	**4.7% (2)**	
8. I hug, kiss, and hold my child	.263$^{\tau}$		2.3% (1)	7.0% (3)	16.3% (7)	34.9% (15)	16.3% (7)	16.3% (7)	4.7% (2)	2.3% (1)
23. I tell my child I wish they behaved more like certain other kids	.272$^{\tau}$			9.3% (4)	2.3% (1)	36.8% (27)	18.6% (8)		4.7% (2)	
24. I get angry with my child	.019			20.9% (9)	18.6% (8)	27.9% (12)	25.6% (11)	7.0% (3)		
25. I am disappointed with my child	.281$^{\tau}$		2.3% (1)	9.3% (4)	27.9% (12)	41.9% (18)	11.6% (5)	2.3% (1)	4.7% (2)	
26. I am easy going and relaxed with my child	.273			4.7% (2)	16.3% (7)	37.2% (16)	23.3% (10)	9.3% (4)	9.3% (4)	
27. I yell at my child	**.008**		**7.0% (3)**	**9.3% (4)**	**23.3% (10)**	**37.2% (16)**	**14.0% (6)**	**7.0% (3)**	**2.3% (1)**	
28. I raise my voice with my child	-.171		7.0% (3)	14.0% (6)	23.3% (10)	34.9% (15)	16.3% (7)	2.3% (1)	2.3% (1)	
29. I respect my child's opinion and encourage him/her to express it	.274$^{\tau}$			2.3% (1)	14.0% (6)	37.2% (16)	20.9% (9)	20.9% (9)	2.3% (1)	2.3% (1)
32. My child irritates me	.356*			4.7% (2)	16.3% (7)	39.5% (17)	18.6% (8)	20.9% (9)		
33. I get upset when my child complains	.108		2.3% (1)	7.0% (3)	20.9% (9)	32.6% (14)	20.9% (9)	11.6% (5)	4.7% (2)	
34. My child gets in my way when I'm busy	.218			4.7% (2)	7.0% (3)	46.5% (20)	16.3% (7)	25.6% (11)		
36. I spend time helping my child with school work	.309*			9.3% (4)	9.3% (4)	30.2% (13)	20.9% (9)	18.6% (8)	7.0% (3)	4.7% (2)
37. I spend time helping my child with his/her problems	.191				27.9% (12)	20.9% (9)	27.9% (12)	7.0% (3)	9.3% (4)	7.0% (3)
38. My child talks to me about what's going on with their friends	.435**			4.7% (2)	14.0% (6)	34.9% (15)	18.6% (8)	16.3% (7)	7.0% (3)	4.7% (2)
39. My son/daughter confides in me about things that concern him/her	.193			9.3% (4)	14.0% (6)	27.9% (12)	14.0% (6)	18.6% (8)	11.6% (5)	4.7% (2)

Note. N = 43, τp < .10, *p < .05, ** p < .01,

Table 7. Item-Level Paired T-tests of Caregiver and Adolescent Reports of Parental Warmth

	Paired T-test	M Parent	M Youth	SD Parent	SD Youth	Cohen's d
1. I praise my child	t(42) = 2.119, p = .040*	4.3	3.88	.773	1.159	.426
2. I criticize my child	(t42) = -.481, p =.633	3.65	3.74	.923	0.954	-.096
3. I encourage my child to talk about her/his troubles	t(42) = 3.293, p = .002**	4.58	3.88	.626	1.238	.714
4. I enjoy spending time with my child	t(42) = 3.786, p <.001**	4.93	4.49	.258	.768	.768
5. I spend at least 30 minutes a day in an enjoyable or educational activity with my child	t(42) = 2.892, p = .006**	4.02	3.33	1.035	1.443	.550
6. I comfort my child when she/he is upset	t(42) = 2.858, p = .007**	4.56	3.91	.765	1.306	.607
7. My child and I have fun together	t(42) = 3.223, p = .002**	4.58	4.16	.698	1.022	.480
8. I hug, kiss, and hold my child	t(42) = 1.548, p = .129	4.14	3.79	1.146	1.283	.288
23. I tell my child I wish they behaved more like certain other kids	t(42) = .759, p = .452	4.46	4.54	.791	.89	-.095
24. I get angry with my child	t(42) = -1.102, p = .277	3.44	3.65	.825	.948	-.236
25. I am disappointed with my child	t(42) = -1.258, p = .215	4	4.23	.976	1.043	-.228
26. I am easy going and relaxed with my child	t(42) = -2.267, p = .029*	3.91	3.47	1.019	1.099	.415
27. I yell at my child	t(42) = -1.355, p = .183	3.44	3.72	1.007	.908	-.292
28. I raise my voice with my child	t(42) = -2.204, p = .033	3.16	3.6	.785	.929	-.512
29. I respect my child's opinion and encourage him/her to express it	t(42) = 3.205, p = .003**	4.28	3.67	.797	1.19	.602
32. My child irritates me	t(42) = 2.022, p = .050*	4.07	3.72	.985	1.008	.351
33. I get upset when my child complains	t(42) = .794, p = .431	3.88	3.72	1.005	1.008	.160
34. My child gets in my way when I'm busy	t(42) = 3.052, p < .004	4.51	4	.827	.926	.581
36. I spend time helping my child with school work	t(42) = 2.979, p = .005**	3.4	2.7	1.294	1.319	.536
37. I spend time helping my child with his/her problems	t(42) = 2.979, p = .005**	3.91	3.21	.971	1.39	.584
38. My child talks to me about what's going on with their friends	t(42) = 3.301, p = .004**	4	3.33	1.047	1.569	.502
39. My son/daughter confides in me about things that concern him/her	t(42) = 2.861, p = .007**	4.09	3.37	1.019	1.512	.558

Note. N = 43, τp < .10, *p < .05, ** p < .01, Cohen's d: Small = .2, Medium = .5, Large = .8 (Cohen, 1988)

Table 8. Item-Level Comparison of Parent and Adolescent Reports of Parental Demandingness

	Interrater Correlation	Difference Scores Distributions								
		-4	-3	-2	-1	0	1	2	3	4
9. There are times when I just don't have the energy to make my child behave as she/he should	.280		2.3% (1)	2.3% (1)	23.3% (10)	34.9% (15)	23.3% (10)	9.3% (4)	2.3% (1)	
10. My child can talk me into letting him/her off easier than I had intended	.094			7.0% (3)	32.3% (10)	32.6% (14)	20.9% (9)	11.6% (5)	4.7% (2)	
11. My child convinces me to change my mind after I have refused a request	.108		2.3% (1)	4.7% (2)	18.6% (8)	41.9% (18)	11.6% (5)	20.9% (9)		
12. I punish my child by putting him/her off somewhere by him/herself for a while	.180			4.7% (2)	4.7% (2)	4.7% (2)	18.6% (8)	27.9% (12)	18.6% (8)	
13. I try to make my child feel guilty if he/she misbehaves	-.009		4.7% (2)	11.6% (5)	18.6% (8)	2.3% (1)	37.2% (16)	16.3% (7)	9.3% (4)	
14. I threaten punishment but do not end up punishing my child	-.065		9.3% (4)	14.0% (6)	18.6% (8)	37.2% (16)	4.7% (2)	7.0% (3)	9.3% (4)	
15. I give my child extra privileges when he/she behaves	.262		7.0% (3)	11.6% (5)	25.6% (11)	25.6% (11)	18.6% (8)	4.7% (2)	7.0% (3)	
16. I use criticism to improve my child	.180	9.3% (4)	2.3% (1)	23.3% (10)	23.3% (10)	14.0% (6)	4.7% (2)			
17. I punish my child by sending him/her to his/her room	.004	7.0% (3)	2.3% (1)	9.3% (4)	11.6% (5)	34.9% (15)	14.0% (6)	11.6% (5)	7.0% (3)	2.3% (1)
18. I let my child know that he/she hurts me when he/she disobeys	.084	7.0% (3)	2.3% (1)	7.0% (3)	11.6% (5)	30.2% (13)	16.3% (7)	16.3% (7)	2.3% (1)	7.0% (3)
22. I give my child too many chances when they misbehave	-.015		7.0% (3)	7.0% (3)	25.6% (11)	23.3% (10)	9.3% (4)	11.6% (5)	7.0% (3)	
30. I do not allow my child to question my decisions	.233	7.0% (3)	2.3% (1)	9.3% (4)	20.9% (9)	30.2% (13)	14.0% (6)	11.6% (5)	2.3% (1)	
31. I feel a child should have time to think, daydream, and even loaf sometimes	.005		7.0% (3)	11.6% (5)	16.3% (7)	37.2% (16)	9.3% (4)	9.3% (4)	9.3% (4)	

35. Even when my mind is made up my child can change my opinion	.009		4.7% 92)	11.6% (5)	16.3% (7)	37.2% (16)	16.3% (7)	11.6% (5)	2.3% (1)	
41. I believe that once a family rule has been made, it should be strictly enforced	-.065		4.7% (2)	4.7% (2)	7.0% (3)	16.3% (7)	23.3% (10)	14.0% (6)	23.3% (10)	7.0% (3)
42. We have a regular dinner schedule	.330*	2.3% (1)		14.0% (6)	16.3% (7)	37.2% (16)	18.6% (8)	2.3% (1)	9.3% (4)	
43. We have very strict rules in our family	.307*			7.0% (3)	18.6% (8)	30.2% (13)	23.3% (10)	14.0% (6)	2.3% (1)	4.7% (2)
44. I do not let my child disobey me	-.216	11.6% (5)	7.0% (3)	9.3% (4)	11.6% (5)	18.6% (8)	16.3% (7)	7.0% (3)	7.0% (3)	11.6% (5)
45. I'm very careful about what my child eats and when he/she eats	.121	2.3% (1)	7.0% (3)	9.3% (4)	11.6% (5)	30.2% (13)	20.9% (9)	9.3% (4)	7.0% (3)	2.3% (1)
46. I try to keep my child away from children or families who have different ideas or values from our own	.112	2.3% (1)	2.3% (1)	7.0% (3)	4.7% (2)	37.2% (16)	27.9% (12)	9.3% (4)	2.3% (1)	7.0% (3)
47. I expect my child to obey me without questioning me	.263	2.3% (1)		2.3% (1)	16.3% (7)	37.2% (16)	18.6% (8)	20.9% (9)	2.3% (1)	
48. Once I set a rule, I do not allow my child to change it	.033	2.3% (1)	4.7% (2)	7.0% (3)	11.6% (5)	30.2% (13)	25.6% (11)	9.3% (4)	7.0% (3)	2.3% (1)
49. I do not allow my child to get angry with me	.181	7.0% (3)	7.0% (3)	16.3% (7)	14.0% (6)	34.9% (15)	14.0% (6)	7.0% (3)		

Note. N = 43, τp < .10, *p < .05, ** p < .01,

Table 9. Item-Level Paired T-tests of Caregiver and Adolescent Reports of Parental Demandingness

	Paired T-test	M Parent	M Youth	SD Parent	SD Youth	Cohen's d
9. There are times when I just don't have the energy to make my child behave as she/he should	t(42) = .784, p = .437	3.98	3.83	1.07	.881	.153
10. My child can talk me into letting him/her off easier than I had intended	t(42) = .1.086, p = .284	3.95	3.74	.975	.902	.224
11. My child convinces me to change my mind after I have refused a request	t(42) = .984, p = .331	3.91	3.72	.895	.959	.205
12. I punish my child by putting him/her off somewhere by him/herself for a while	t(42) = 0, p = 1.000	1.65	1.65	1.066	1.089	0
13. I try to make my child feel guilty if he/she misbehaves	t(42) = -2.270, p = .028	1.65	2.23	.923	1.394	-.491
14. I threaten punishment but do not end up punishing my child	t(42) = -1.108, p = .274	3.63	3.91	1.134	1.13	-.247
15. I give my child extra privileges when he/she behaves	t(42) = =1.089, p = .282	3.12	3.4	1.331	1.433	-.202
16. I use criticism to improve my child	t(42) = -3.823, p < .001**	2.02	2.93	1.144	1.28	-.750
17. I punish my child by sending him/her to his/her room	t(42) = .082, p = .935	2.14	2.12	1.32	1.331	.015
18. I let my child know that he/she hurts me when he/she disobeys	t(42) = .773, p = .444	3.16	2.93	1.43	1.486	.158
22. I give my child too many chances when they misbehave	t(42) = -1.017, p = .315	3.72	3.98	1.141	1.035	-.239
30. I do not allow my child to question my decisions	t(42) = -1.208, p = .234	2.69	3	1.405	1.269	-.232
31. I feel a child should have time to	t(42) = -.189, p = .851	3.37	3.42	1.134	1.159	-.044

think, daydream, and even loaf sometimes						
35. Even when my mind is made up my child can change my opinion	t(42) = -.330, p = .743	3.77	3.84	1.02	.949	-.071
41. I believe that once a family rule has been made, it should be strictly enforced	t(42) = 4.252, p < .001**	3.98	2.79	1.102	1.39	.949
42. We have a regular dinner schedule	t(42) = -.101, p = .920	2.65	2.67	1.213	1.375	-.015
43. We have very strict rules in our family	t(42) = 2.018, p =.05*	2.88	2.44	1.199	1.24	.361
44. I do not let my child disobey me	t(42) = .000, p - 1.000	3.33	3.33	1.584	1.569	0
45. I'm very careful about what my child eats and when he/she eats	t(42) = .345, p = .732	3.02	2.93	1.3	1.37	.067
46. I try to keep my child away from children or families who have different ideas or values from our own	t(42) = 1.846, p = .072T	2.19	1.72	1.258	1.221	.380
47. I expect my child to obey me without questioning me	t(42) = 1.838, p = .073T	4.09	3.72	1.042	1.141	.339
48. Once I set a rule, I do not allow my child to change it	t(42) = 1.00, p = .323	3.26	3	1.197	1.215	.216
49. I do not allow my child to get angry with me	t(42) = -2.765, p = .008**	2.4	3.07	1.178	1.316	-.536

Note. N = 43, τp < .10, *p < .05, ** p < .01, Cohen's d: Small = .2, Medium = .5, Large = .8 (Cohen, 1988)

Table 10. Item-Level Comparison of Parent and Adolescent Reports of Parental Corporal Punishment

		Difference Scores Distributions								
	Interrater Correlation	-4	-3	-2	-1	0	1	2	3	4
19. I threaten to hit my child	.161			7.0% (3)	18.6 (8)	34.9% (15)	11.6 % (5)	25.6% (11)		2.3% (1)
20. I slap my child	.140				14.0 % (6)	76.7% (33)	7.0% (3)	2.3% (1)		
21. I hit my child with a belt, strap, or switch	.027			9.3% (4)	16.3 % (7)	58.1% (25)	11.6 % (5)	2.3% (1)	2.3% (1)	
40. I spank my child	-.049			7.0% (3)	7.0% (3)	67.4% (29)	14.0 % (6)	2.3% (1)	2.3% (1)	
50. I believe physical punishment (such as spanking) is the best way of disciplining	.074		4.7% (2)	20.9 % (9)	9.3% (4)	34.9% (15)	7.0% (3)	18.6 % (8)		4.7% (2)

Note. N = 43, τp < .10, *p < .05, ** p < .01,

Table 11. Item-Level Paired T-tests of Caregiver and Adolescent Reports of Parental Corporal Punishment

	Paired T-test	M Parent	M Youth	SD Parent	SD Youth	Cohen's d
19. I threaten to hit my child	t(42) = 1.899, p = .064$^{\tau}$	2.12	1.72	1.138	.959	.380
20. I slap my child	t(42) = -.274, p = .785	1.14	1.16	.467	.374	-.047
21. I hit my child with a belt, strap, or switch	t(42) = -.777, p = .441	1.3	1.42	.674	.731	-.171
40. I spank my child	t(42) = .339, p = .736	1.28	1.23	.63	.611	.081
50. I believe physical punishment (such as spanking) is the best way of disciplining	t(42) = -..088, p = .930	2	2.02	1.272	1.263	-.016

Note. N = 43, τp < .10, *p < .05, ** p < .01, Cohen's d: Small = .2, Medium = .5, Large = .8 (Cohen, 1988)

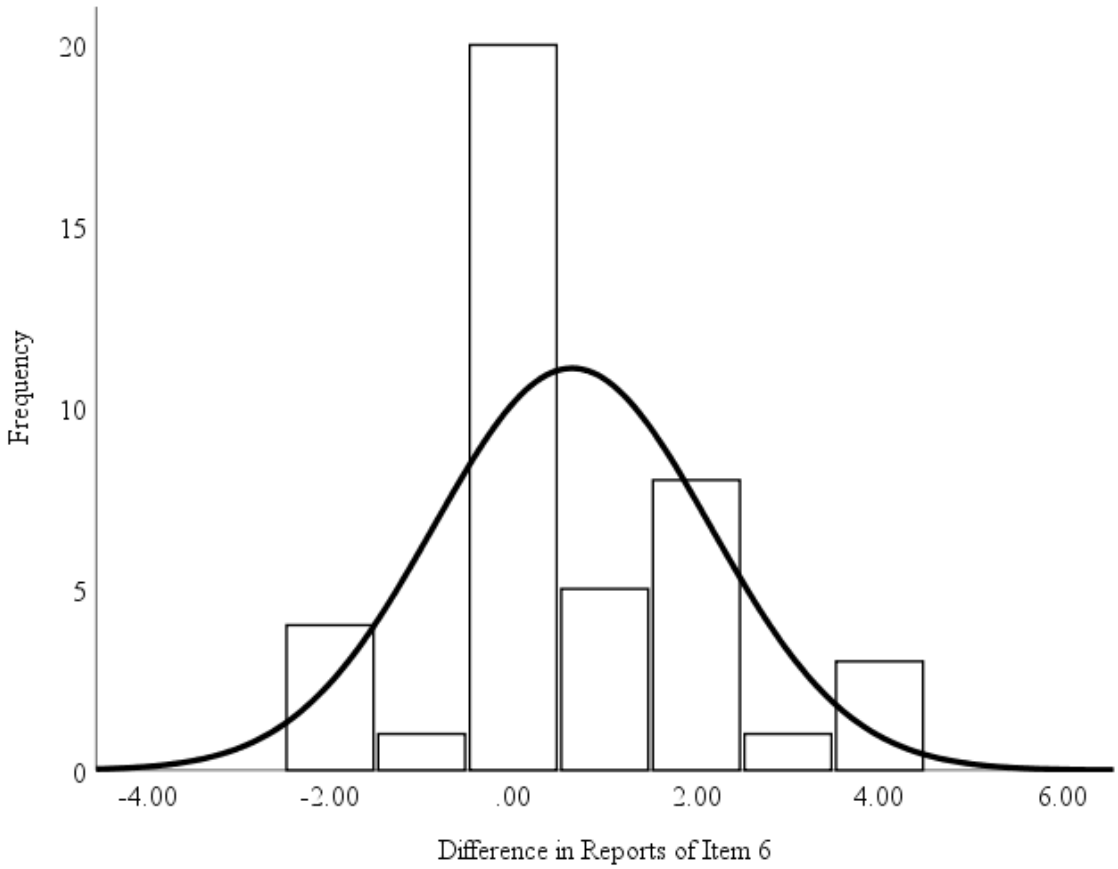

Figure 5. Frequency Distribution of Discrepancies of Caregiver and Adolescent Report of Item 6, "I comfort my child when she/he is upset" (Warmth).

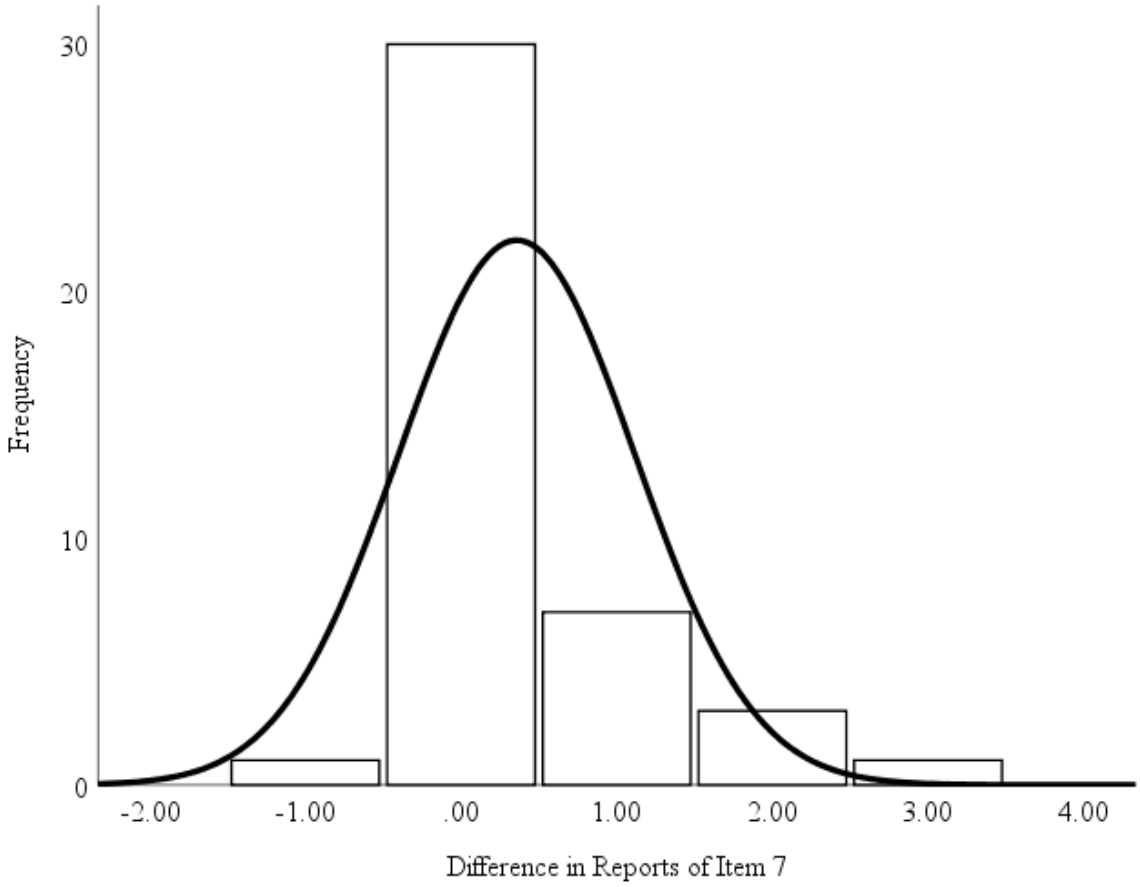

Figure 6. Frequency Distribution of Discrepancies of Caregiver and Adolescent Report of Item 7, “My child and I have fun together” (Warmth).

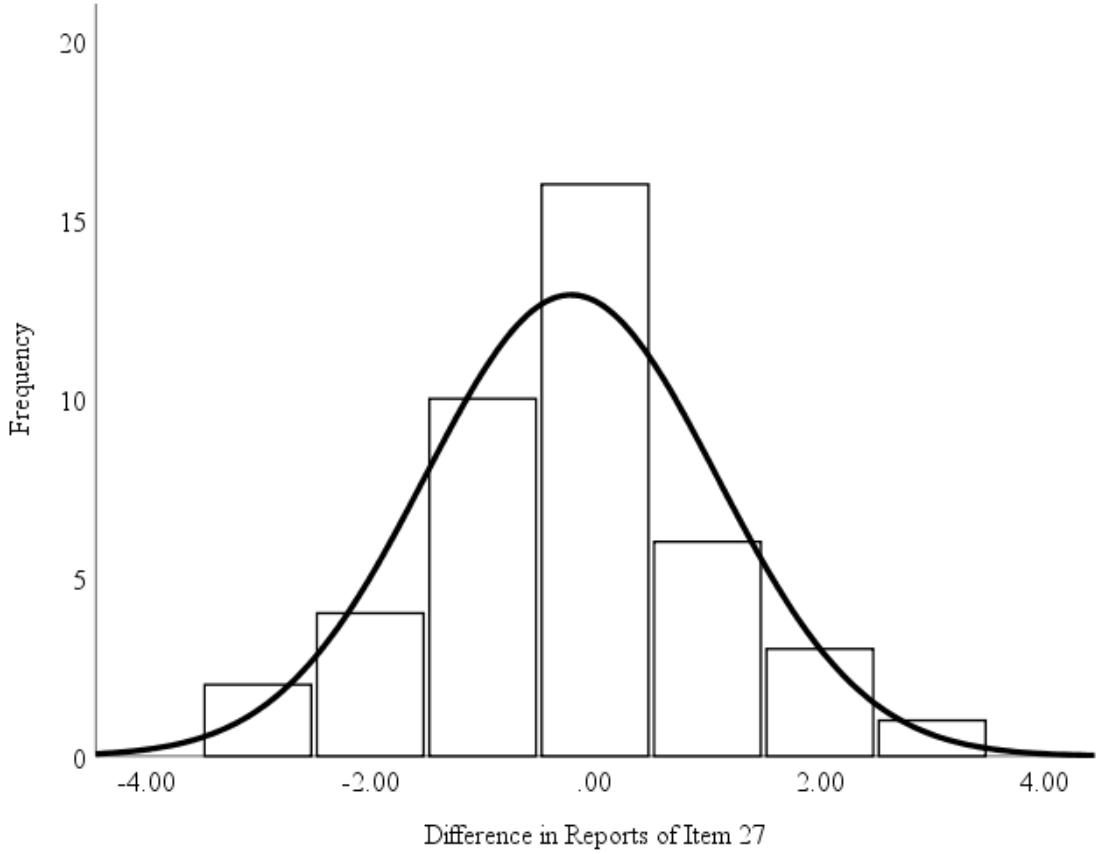

Figure 7. Frequency Distribution of Discrepancies of Caregiver and Adolescent Report of Item 27, “I yell at my child” (Warmth, reverse coded).

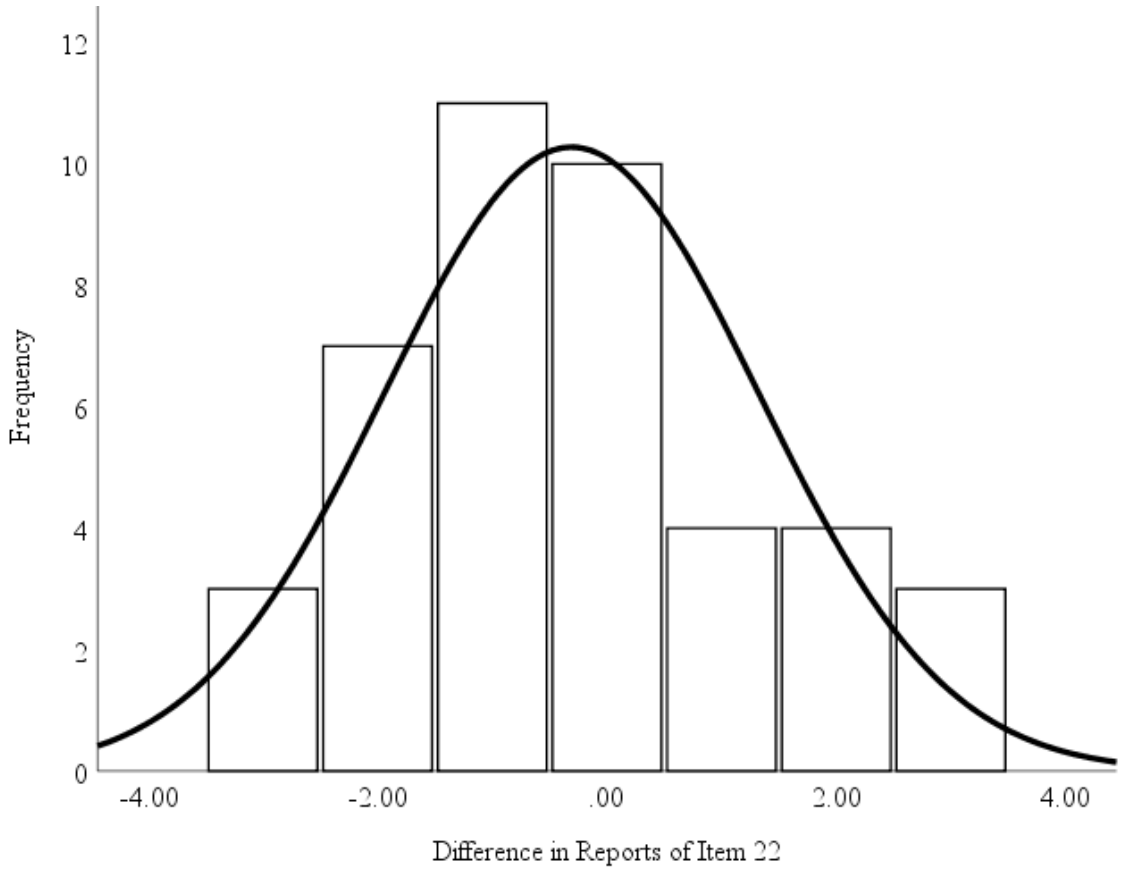

Figure 8. Frequency Distribution of Discrepancies of Caregiver and Adolescent Report of Item 22, “I give my child too many chances when they misbehave” (Demandingness, reverse coded).

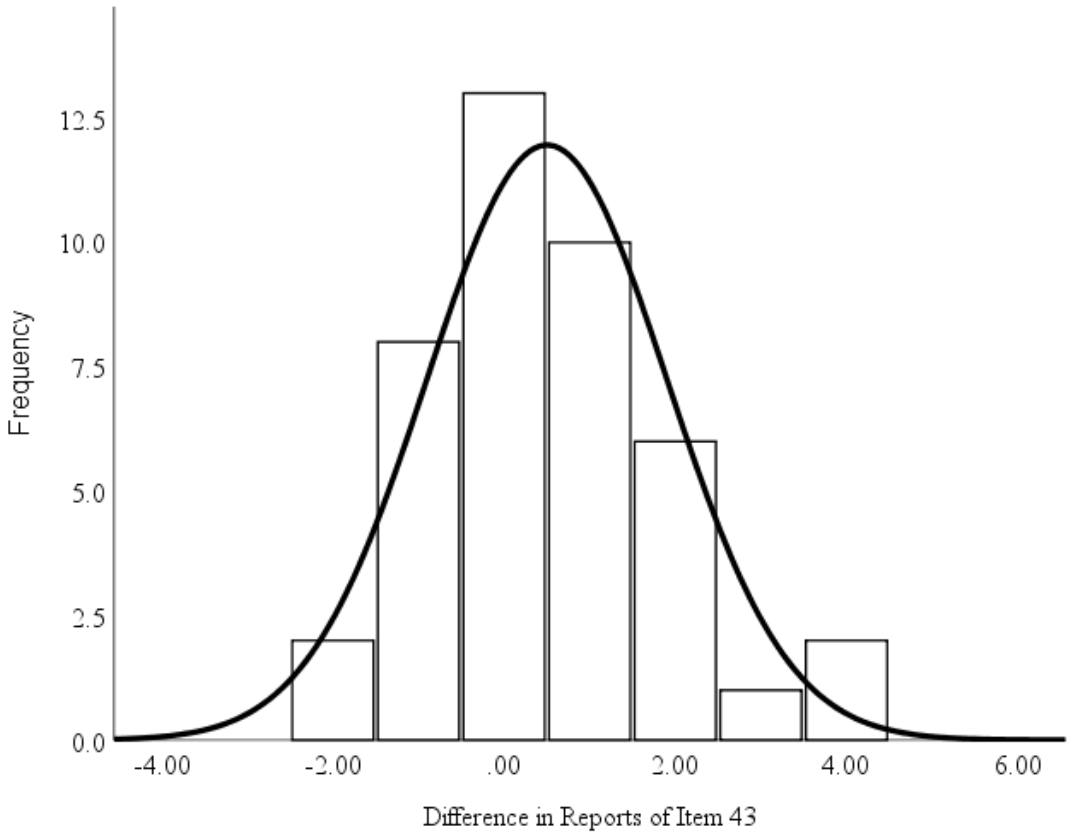

Figure 9. Frequency Distribution of Discrepancies of Caregiver and Adolescent Report of Item 43, “We have very strict rules in our family” (Demandingness).

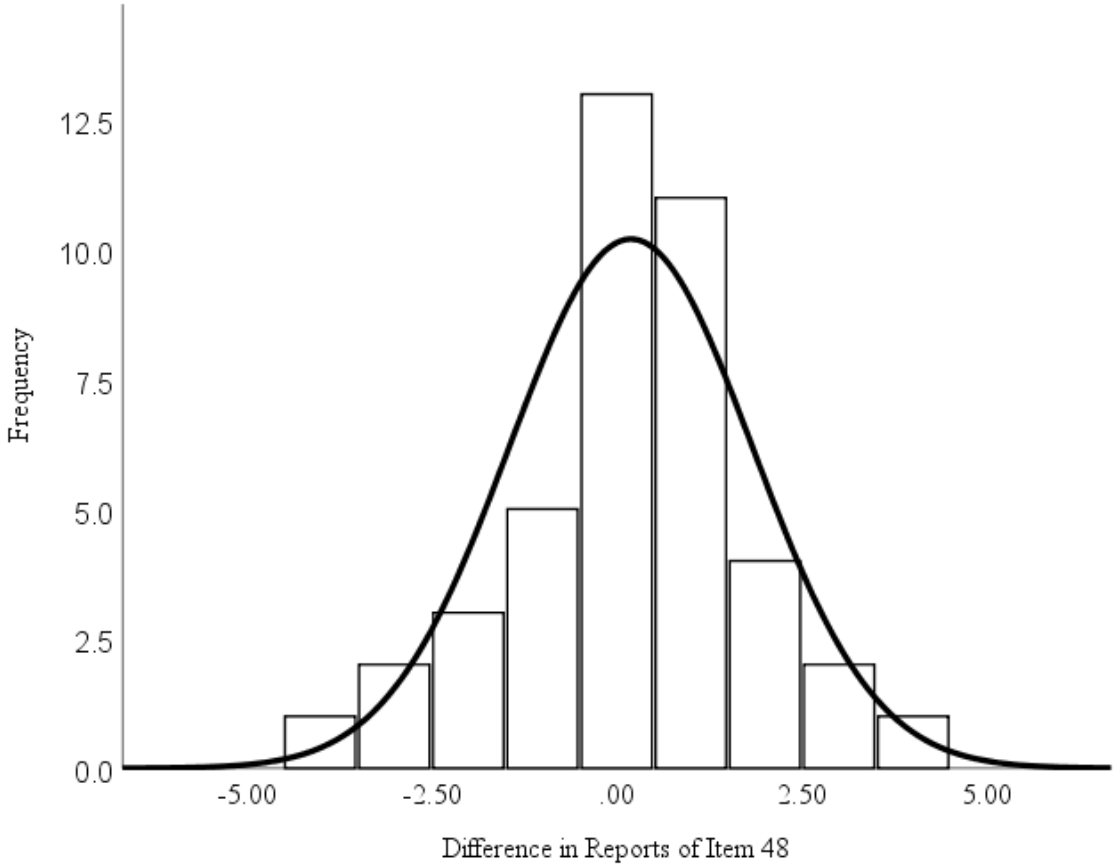

Figure 10. Frequency Distribution of Discrepancies of Caregiver and Adolescent Report of Item 48, “Once I set a rule, I do not allow my child to change it” (Demandingness).

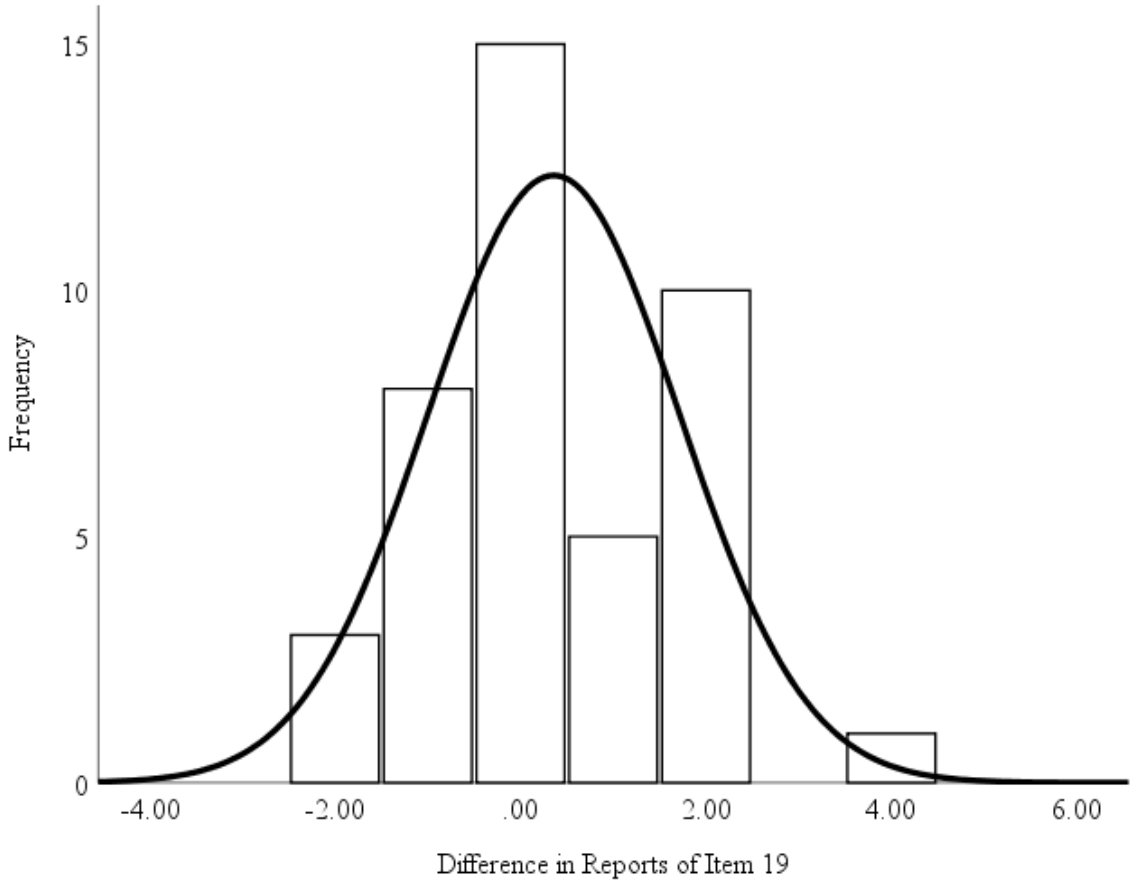

Figure 11. Frequency Distribution of Discrepancies of Caregiver and Adolescent Report of Item 19, “I threaten to hit my child” (Corporal Punishment).

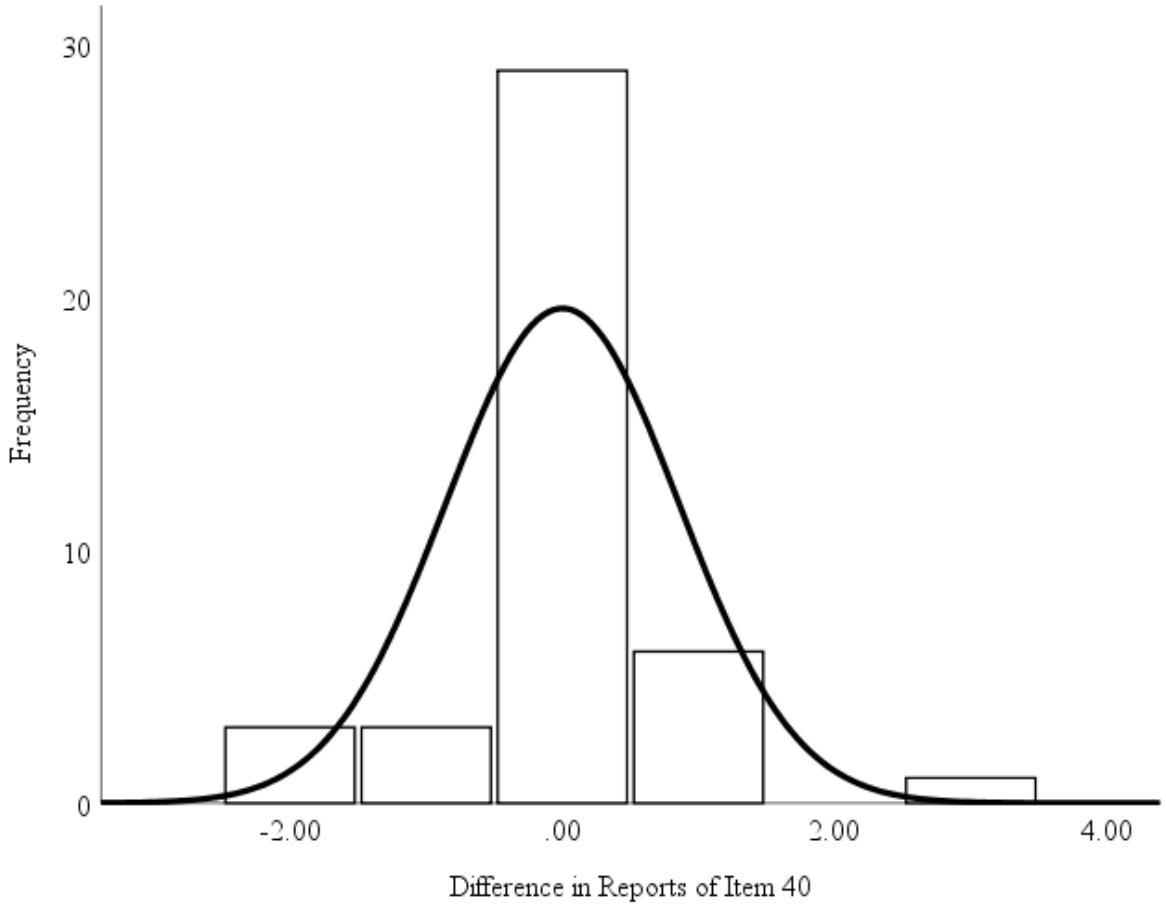

Figure 12. Frequency Distribution of Discrepancies of Caregiver and Adolescent Report of Item 40, “I spank my child” (Corporal Punishment).

Table 12. Correlates of Agreement Between Caregiver and Adolescent Reports of Parenting

	Difference in Warmth (Caregiver - Youth)	Difference in Demandingness (Caregiver - Youth)	Difference in Corporal Punishment (Caregiver - Youth)
Relationship to Youth	.091	-.272	-.263
Caregiver Age	.052	-.103	**-.389****
Caregiver Age when had first child	-.181	.001	-.042
Caregiver Highest Grade	-.271	-.016	.010
Less than college	-.060	-.106	**.352**τ**
Caregiver Employed	-.201	.117	.265
Marital status	-.240	-.037	.055
Family Income	**-.313***	.044	-.051
Youth Internalizing Problems	-.008	.009	.025
Youth Externalizing Problems	-.079	.242	.186
Youth Externalizing Problems	-.087	.056	.110
Youth Age	.019	-.057	-.123
Lifetime Stress Exposure	.046	-.136	.163

τp < .10, *p < .05, ** p < .01

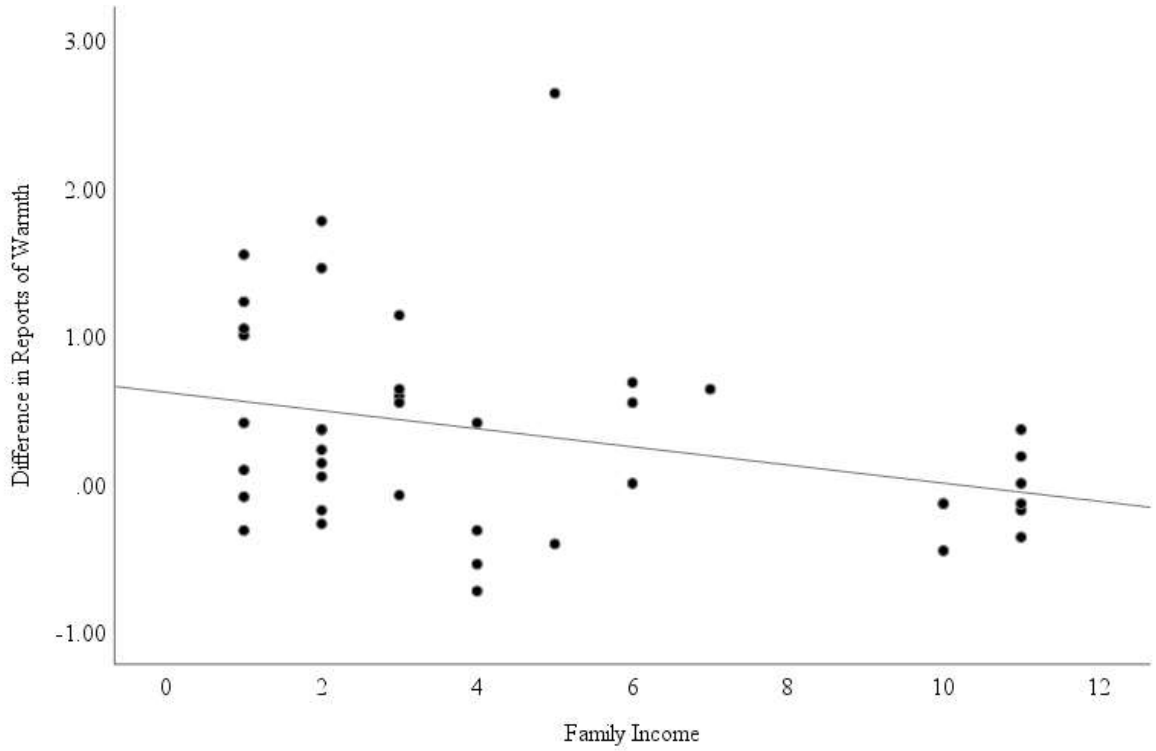

Figure 13. Scatterplot of Relation between Family Income and Caregiver-Youth Agreement on Parenting Warmth (1= 0 to $9,999, 12 > $120,000).

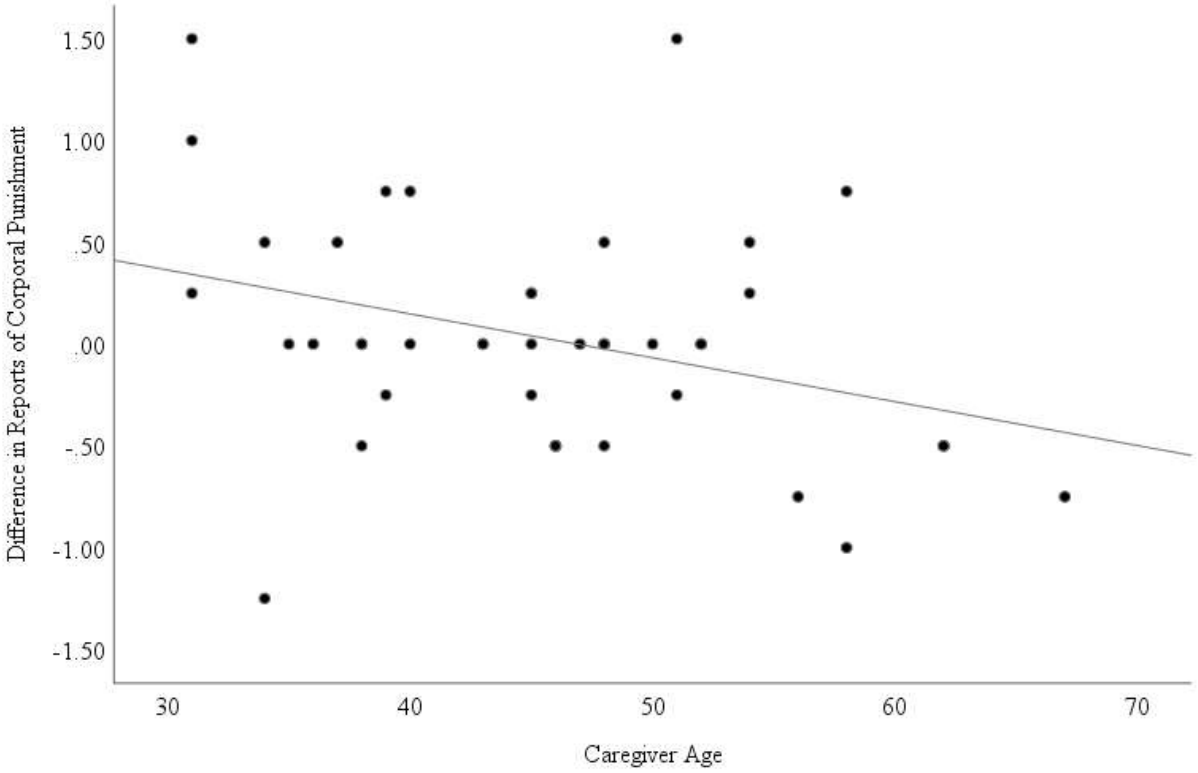

Figure 14. Scatterplot of Relation between Caregiver Age and Caregiver-Youth Agreement on Parenting Corporal Punishment Use.

Table 13. ANOVA Comparisons of Discrepancies in Reporting of Parenting Warmth

		Youth Report More			Similar Reports			Caregivers Report More		
Potential Moderator of Agreement	ANOVA	M	SD	N	M	SD	N	M	SD	N
Caregiver Age	F(40, 2) = 2.808, p = .072$^{\tau}$	31.00	0.00	2	45.74	8.69	27	46.14	9.00	14
Caregiver age when had first child	F(40, 2) = 1.992, p = .150	17.00	0.00	2	23.33	7.32	27	19.79	3.00	12
Caregiver Education Level[1]	F(40, 2) = 4.052, p = .124	2.00	0.00	2	2.22	1.6	27	1.29	0.73	14
Caregiver Employed[2]	F(40, 2) = 1.585, p = .217	1.00	0.00	2	0.52	0.51	27	0.36	0.50	14
Family Income[3]	F(40, 2) = 1.642, p = .207	4.00	0.00	2	5.27	4.19	26	4.50	3.62	14
Youth Internalizing Symptoms	F(40, 2) = .403, p = .671	56.50	2.12	2	57.44	13.71	27	53.79	2.62	14
Youth Externalizing Symptoms	F(40, 2) = 2.78, p = .097$^{\tau}$	69.00	15.56	2	53.22	10.55	27	50.14	12.17	14
Youth Total Symptoms	F(40, 2) = .867, p = .428	64.00	9.90	2	56.93	13.36	27	53.14	10.32	14
Youth Age	F(40, 2) = 1.749, p = .187	13.50	0.71	2	15.44	1.5	27	15.28	1.31	14
Youth Grade	F(40, 2) = 2.664, p = .082$^{\tau}$	7.50	0.71	2	9.89	1.55	27	10.00	1.30	14
Warmth (Caregiver Reported)	**F(40, 2) = 3.333, p = .046***	**3.55**	**0.39**	**2**	**4.00**	**0.38**	**27**	**4.24**	**0.43**	**14**
Demandingness (Caregiver Reported)	F(40, 2) = 1.881, p = .166	3.54	0.09	2	3.03	0.37	27	3.07	0.36	14
Corporal Punishment (Caregiver Reported)	**F(40, 2) = 5.238, p = .010***	**2.50**	**0.71**	**2**	**1.47**	**0.54**	**27**	**1.29**	**0.38**	**14**
Warmth (Youth Reported)	**F(40, 2) = 13.627, p < .001****	**4.18**	**0.26**	**2**	**4.01**	**0.49**	**27**	**3.13**	**0.60**	**14**
Demandingness (Youth Reported)	F(40, 2) = 1.194, p = .313	3.55	0.58	2	3.03	0.43	27	3.05	0.50	14
Corporal Punishment (Youth Reported)	F(40, 2) = .839, p = .440	1.20	0.28	2	1.50	0.58	27	1.66	0.60	14
Cumulative Lifetime Stress	F(40, 2) = 1.971, p = .153	2.99	0.14	2	2.46	0.39	27	2.43	0.36	14
Difference in Reports Warmth	**F(40, 2) = 40.562, p < .001****	**-0.63**	**0.13**	**2**	**-0.01**	**0.27**	**27**	**1.10**	**0.60**	**14**
Difference in Reports Demandingness	F(40, 2) = .006, p = .994	< -.01	0.49	2	> .01	0.62	27	0.02	0.62	14
Difference in Reports Corporal Punishment	**F(40, 2) = 5.019, p = .011***	**1.25**	**0.35**	**2**	**0.11**	**0.69**	**27**	**-0.16**	**0.35**	**14**

Note. N = 43, $^{\tau}$p < .10, *p < .05, ** p < .01, 1 = 0=Did not complete HS, 1=HS/GED, 2=Some college, 3=BA, 4=Graduate level course, 5=Graduate degree; 2 = 0=Not employed, 1= Employed 3 = Income Ranked 1 = $0 to 9,999 to 12 = $120,000+

Table 14. ANOVA Comparisons of Discrepancies in Reporting of Parenting Demandingness

		Youth Report More			Similar Reports			Caregivers Report More		
Potential Moderator of Agreement	ANOVA	M	SD	N	M	SD	N	M	SD	N
Caregiver Age	F(40, 2) = .195, p = .824	46.38	9.12	8	45.29	9.37	28	43.43	8.72	7
Teenage Parenthood	F(40, 2) = .507, p = .606	23.71	5.74	7	22.00	7.16	27	20.21	3.56	7
Caregiver Education Level[1]	F(40, 2) = .849, p = .435	2.13	1.25	8	2.00	1.4	28	1.29	0.76	7
Caregiver Employed[2]	F(40, 2) = 1.336, p = .274	.25	.46	8	.57	.5	28	.43	0.54	7
Family Income[3]	F(40, 2) = 2.710, p = .079$^{\tau}$	3.63	3.34	8	5.37	3.82	27	2.14	1.46	7
Youth Internalizing Symptoms	F(40, 2) = 2.518, p = .093$^{\tau}$	60.75	15.25	8	53.29	11.46	28	62.71	8.08	7
Youth Externalizing Symptoms	F(40, 2) = 3.040, p = .059$^{\tau}$	46.88	11.06	8	52.68	11.29	28	61.00	10.33	7
Youth Total Symptoms	F(40, 2) = 1.797, p = .179	57.50	11.31	8	53.79	11.31	28	63.29	10.32	7
Youth Age	F(40, 2) = 1.279, p = .289	15.75	1.28	8	15.32	1.49	28	14.57	1.40	7
Youth Grade	F(40, 2) = 1.881, p = .166	10.25	1.40	8	9.93	1.44	28	8.86	1.77	7
Warmth (Caregiver Reported)	F(40, 2) = 2.727, p = .078$^{\tau}$	4.36	0.36	8	3.99	0.37	28	3.99	0.56	7
Demandingness (Caregiver Reported)	**F(40, 2) = 6.823, p = .003****	**2.72**	**0.22**	**8**	**3.10**	**0.36**	**28**	**3.33**	**0.36**	**7**
Corporal Punishment (Caregiver Reported)	F(40, 2) = 1.588, p = .217	1.22	0.36	8	1.46	0.51	28	1.71	0.77	7
Warmth (Youth Reported)	**F(40, 2) = 6.473, p = .004****	**4.23**	**0.53**	**8**	**3.74**	**0.62**	**28**	**3.13**	**0.51**	**7**
Demandingness (Youth Reported)	**F(40, 2) = 11.357, p < .001****	**3.46**	**0.32**	**8**	**3.08**	**0.4**	**28**	**2.52**	**0.36**	**7**
Corporal Punishment (Youth Reported)	F(40, 2) = .166, p = .847	1.50	0.51	8	1.54	0.6	28	1.40	0.64	7
Cumulative Lifetime Stress	F(40, 2) = .098, p = .907	2.44	0.33	8	2.50	0.43	28	2.44	0.28	7
Difference in Reports Warmth	F(40, 2) = 2.900, p = .067$^{\tau}$	0.13	0.37	8	0.25	0.63	28	0.33	0.69	7
Difference in Reports Demandingness	**F(40, 2) = 56.406, p < .001****	**-0.73**	**0.23**	**8**	**0.02**	**0.29**	**28**	**0.80**	**0.28**	**7**
Difference in Reports Corporal Punishment	F(40, 2) = 1.171, p = .320	-0.16	0.35	8	0.07	0.65	28	0.36	0.86	7

Note. N = 43, $^{\tau}$p < .10, *p < .05, ** p < .01, 1 = 0=Did not complete HS, 1=HS/GED, 2=Some college, 3=BA, 4=Graduate level course, 5=Graduate degree; 2 = 0=Not employed, 1= Employed 3 = Income Ranked 1 = $0 to 9,999 to 12 = $120,000+

Table 15. ANOVA Comparisons of Discrepancies in Reporting of Parenting Corporal Punishment

		Youth Report More			Similar Reports			Caregivers Report More		
Potential Moderator of Agreement	ANOVA	M	SD	N	M	SD	N	M	SD	N
Caregiver Age	**F(40, 2) = 4.08, p = .024***	**51.18**	**10.55**	**11**	**44.05**	**6.27**	**21**	**41.36**	**9.78**	**11**
Teenage Parenthood	F(40, 2) = .780, p = .466	23.67	7.89	9	20.79	5.08	21	22.91	7.56	11
Caregiver Education Level[1]	F(40, 2) = .122, p = .886	1.73	1.42	11	1.95	1.36	21	2.00	1.55	11
Caregiver Employed[2]	F(40, 2) = 3.066, p = .058$^{\tau}$	0.18	0.41	11	0.62	0.5	21	0.55	0.52	11
Family Income[3]	F(40, 2) = .454, p = .638	3.70	3.65	10	5.00	3.73	21	4.27	3.55	12
Youth Internalizing Symptoms	F(40, 2) = 1.691, p = .197	57.55	12.47	11	53.00	10.93	21	61.00	13.53	11
Youth Externalizing Symptoms	**F(40, 2) = 6.404, p = .004****	**56.36**	**12.10**	**11**	**47.33**	**7.66**	**21**	**60.27**	**3.90**	**11**
Youth Total Symptoms	**F(40, 2) = 4.967, p = .012****	**59.36**	**11.22**	**11**	**50.62**	**9.53**	**21**	**63.00**	**14.30**	**11**
Youth Age	F(40, 2) = 1.142, p = .329	14.91	1.45	11	15.62	1.4	21	15.00	1.55	11
Youth Grade	F(40, 2) = 1.757, p = .186	9.55	1.37	11	10.24	1.38	21	9.27	1.79	11
Warmth (Caregiver Reported)	**F(40, 2) = 3.365, p = .045***	**4.07**	**30.00**	**11**	**4.19**	**0.45**	**21**	**3.80**	**0.38**	**11**
Demandingness (Caregiver Reported)	F(40, 2) = 2.111, p = .134	3.09	0.50	11	3.00	0.34	21	3.07	0.37	11
Corporal Punishment (Caregiver Reported)	**F(40, 2) = 12.050, p < .001****	**1.25**	**0.35**	**11**	**1.27**	**0.37**	**21**	**2.02**	**0.62**	**11**
Warmth (Youth Reported)	F(40, 2) = .673, p = .516	3.56	0.77	11	3.74	0.71	21	3.89	0.45	11
Demandingness (Youth Reported)	F(40, 2) = .923, p = .406	3.22	0.48	11	3.01	0.46	21	2.98	0.45	11
Corporal Punishment (Youth Reported)	**F(40, 2) = 13.508, p < .001****	**2.09**	**0.55**	**11**	**1.42**	**0.5**	**21**	**1.11**	**0.16**	**11**
Cumulative Lifetime Stress	F(40, 2) = .301, p = .742	2.41	0.36	11	2.48	0.42	21	2.55	0.37	11
Difference in Reports Warmth	F(40, 2) = 2.922, p = .065$^{\tau}$	0.50	0.71	11	0.45	0.73	21	-0.09	0.42	11
Difference in Reports Demandingness	F(40, 2) = 1.754, p = .186	-0.13	0.57	11	-0.05	0.51	21	0.26	0.50	11
Difference in Reports Corporal Punishment	**F(40, 2) = 75.533, p < .001****	**-0.66**	**0.26**	**11**	**0.01**	**0.15**	**21**	**0.93**	**0.51**	**11**

Note. N = 43, $^{\tau}$p < .10, *p < .05, ** p < .01, 1 = 0=Did not complete HS, 1=HS/GED, 2=Some college, 3=BA, 4=Graduate level course, 5=Graduate degree; 2 = 0=Not employed, 1= Employed 3 = Income Ranked 1 = $0 to 9,999 to 12 = $120,000+

Table 16. Post-hoc Analysis of Discrepancies in Report of Parental Warmth

	More Youth vs. Similar Reports	More Youth vs. More Caregiver Reports	Similar vs. More Caregiver Reports
Warmth (Caregiver Reported)	p = .379	p = .081$^{\tau}$	p = .242
Corporal Punishment (Caregiver Reported)	p = .022*	p = .007**	p = .785
Warmth (Youth Reported)	p = 1.00	p = .059$^{\tau}$	p < .001**
Difference in Reports Warmth	p = .120	p < .001**	p < .001**
Difference in Reports Corporal Punishment	p = .034*	P = .009**	p = .359

Note. N = 43, τp < .10, *p < .05, ** p < .01, Bonferroni correction

Table 17. Post-hoc Analysis of Discrepancies in Report of Parental Demandingness

Potential Moderator of Agreement	More Youth vs. Similar Reports	More Youth vs. More Caregiver Reports	Similar vs. More Caregiver Reports
Demandingness (Caregiver Reported)	p = .019*	p = .003**	p = .320
Warmth (Youth Reported)	p = .139	p = .003**	p = .056$^{\tau}$
Demandingness (Youth Reported)	p = .050*	p < .001**	p = .004**
Difference in Reports Demandingness	p < .001**	p < .001**	p < .001**

Note. N = 43, τp < .10, *p < .05, ** p < .01, Bonferroni correction

Table 18. Post-hoc Analysis of Discrepancies in Report of Parental Corporal Punishment Use

Potential Moderator of Agreement	More Youth vs. Similar Reports	More Youth vs. More Caregiver Reports	Similar vs. More Caregiver Reports
Caregiver Age	$p = .086^{\tau}$	p = .029*	p = 1.00
Youth Externalizing Symptoms	$p = .074^{\tau}$	p = 1.00	p = .005**
Youth Total Symptoms	p = .133	p = 1.00	p = .016*
Warmth (Caregiver Reported)	p = 1.00	p = .382	p = .040*
Corporal Punishment (Caregiver Reported)	p = 1.00	p = .001**	p < .001**
Corporal Punishment (Youth Reported)	p = .001**	p < .001**	p = .229
Difference in Reports Corporal Punishment	p < .001**	p < .001**	p < .001**

Note. N = 43, $\tau p < .10$, *p < .05, ** p < .01, Bonferroni correction

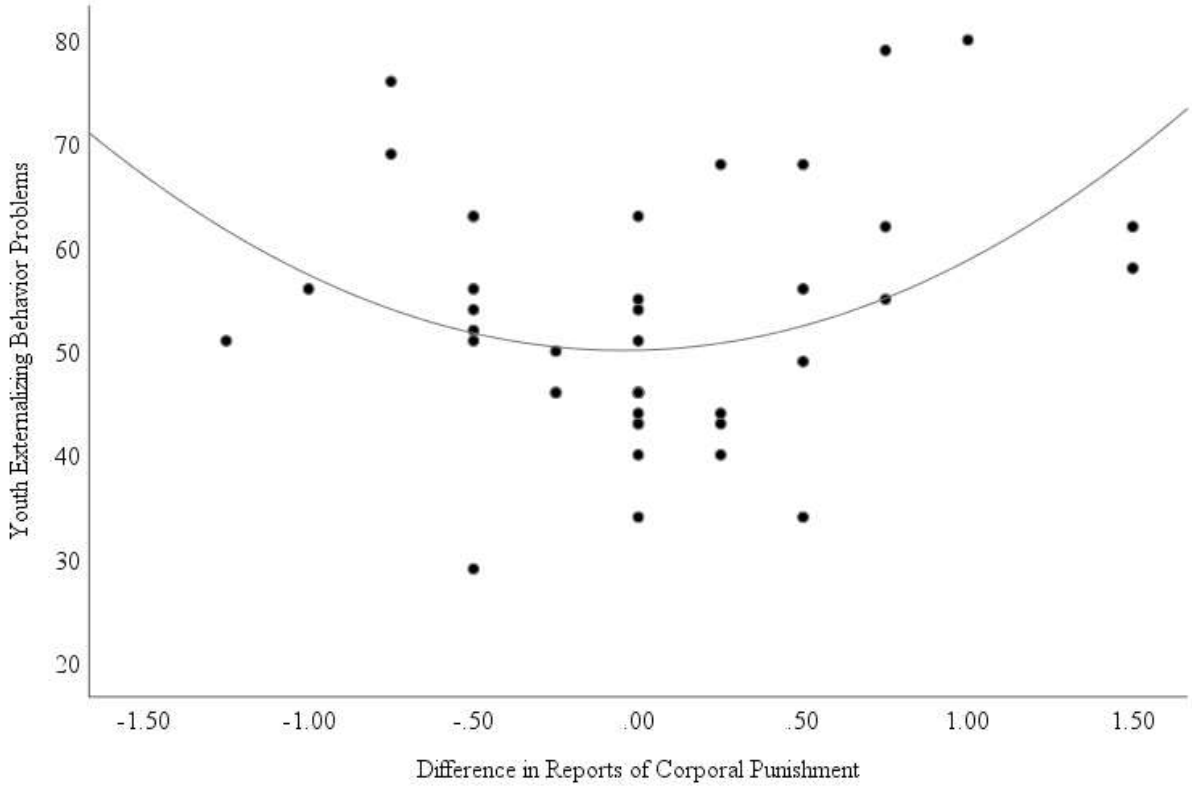

Figure 15. Scatterplot of Relation between Youth Externalizing Behavior Problems and Caregiver-Youth Agreement on Parenting Corporal Punishment Use.

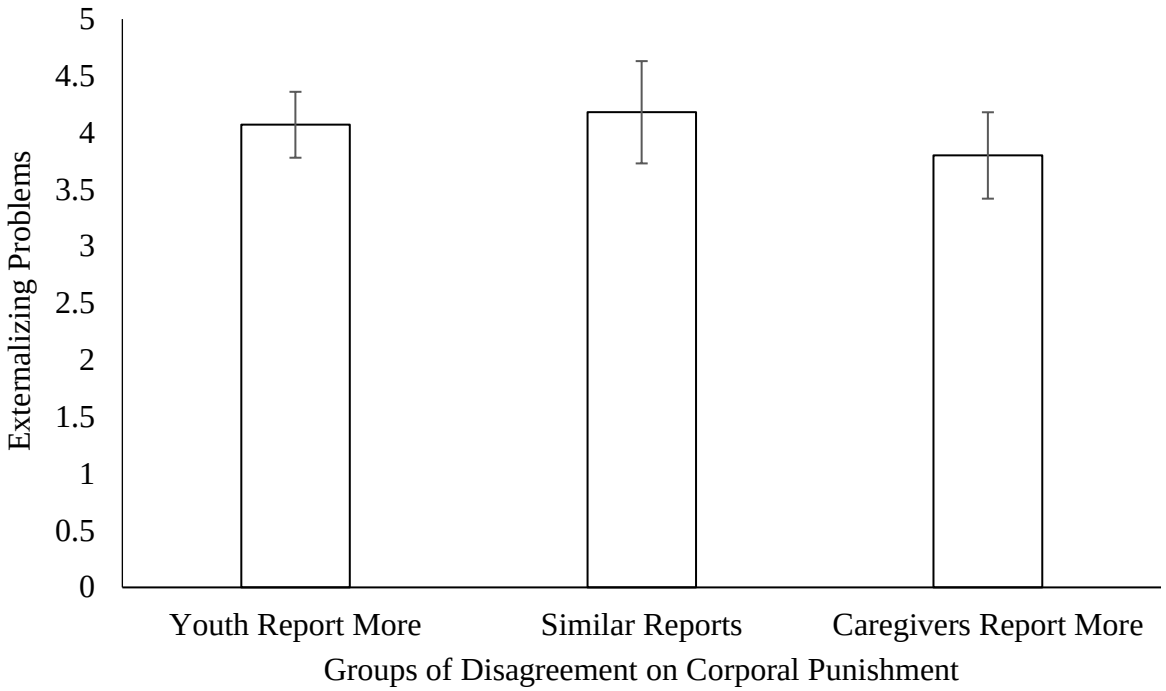

Figure 16. Average Youth Externalizing Problems for Three Different Groups of Caregiver-Adolescent Agreement on Corporal Punishment.

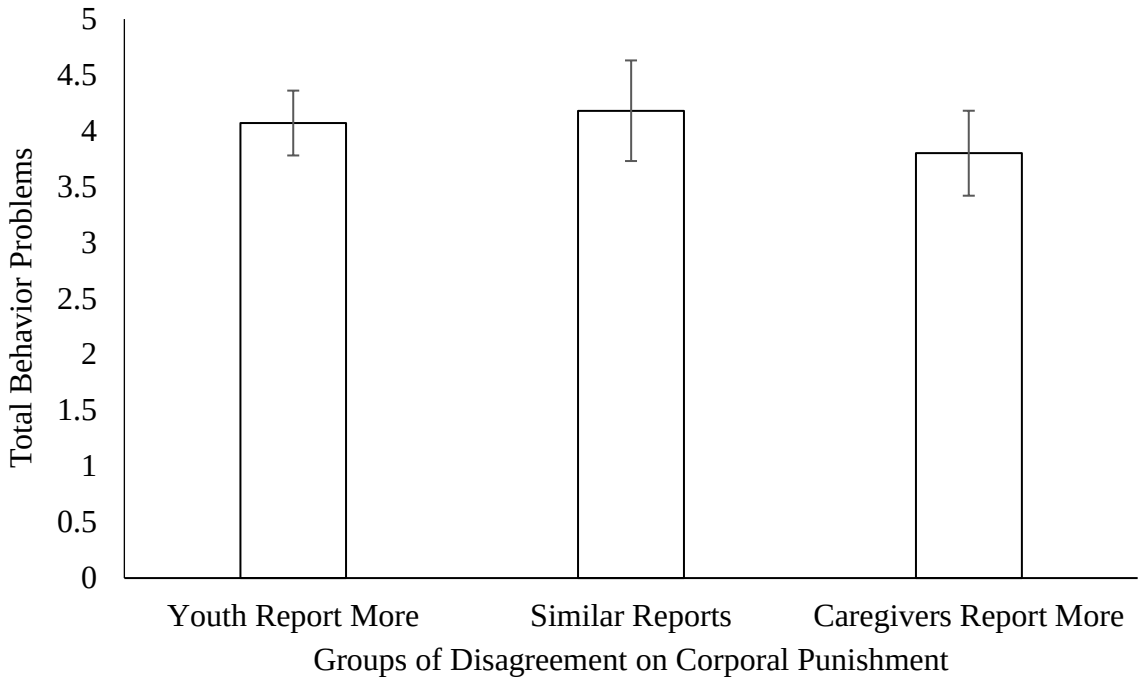

Figure 17. Average Youth Total Behavior Problems for Three Different Groups of Caregiver-Adolescent Agreement on Corporal Punishment.

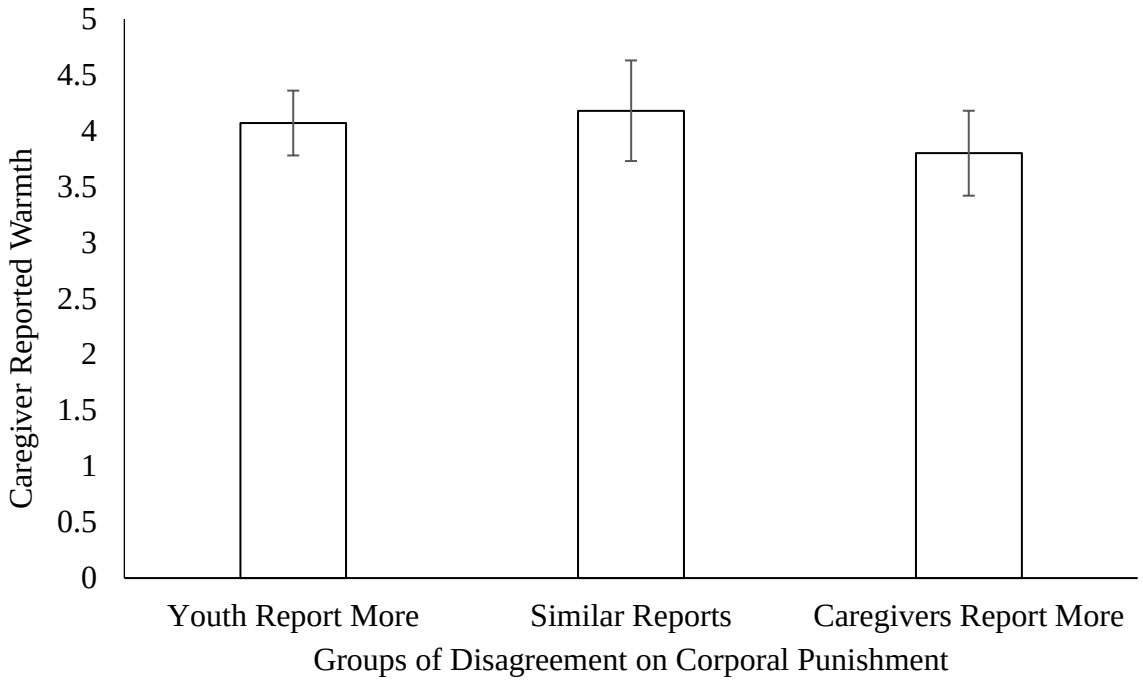

Figure 18. Average Caregiver Reported Warmth for Three Different Groups of Caregiver-Adolescent Agreement on Corporal Punishment.

Table 19. Correlation Matrix of Study Variables

Predictor (Reporter; N)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Lifetime Stress (150)	1														
2. Warmth (CR; 150)	-.224**	1													
3. Demandingness New (CR; 150)	.028	-.143	1												
4. Corporal Punishment (CR; 150)	.092	-.331**	.339**	1											
5. Warmth (YR; 43)	-.152	.257	-.200	-.034	1										
6. Demandingness (YR; 43)	.174	.115	.145	.098	.298	1									
7. Demandingness New (YR; 43)	.155	.067	.156	.117	.305*	.976**	1								
8. Corporal Punishment (YR; 43)	-.110	.102	-.143	-.148	.273	-.301*	-.317*	1							
9. Internalizing Problems (150)	.204*	-.121	-.049	.106	.016	-.136	-.108	.161	1						
10. Externalizing Problems (150)	.218**	-.292**	.263**	.392**	-.060	.064	.077	.009	.593**	1					
11. Total Problems (150)	.223**	-.226**	.111	-.254**	.024	.008	.035	.105	.854**	.862**	1				
12. Caregiver Age (149)	-.055	.059	.051	-.062	.164	.097	.095	-.227	.003	-.123	-.055	1			
13. Caregiver Highest Grade (140)	-.105	-.101	.077	.047	.348*	-.081	-.077	.082	-.290**	-.221**	-.272**	.278**	1		
14. Family Income (140)	-.189*	-.205*	.051	.010	.295	-.106	-.117	.069	-.305**	-.270**	-.319**	.208*	.578**	1	
15. Teenage Parenthood (146)	.047	-.033	.159	.020	-.368*	.078	.074	-.057	.006	.045	.038	-.492**	-.203*	-.128	1
16. Youth Age (150)	.116	-.023	.091	-0.067	.083	-.228	-.250	-.160	-.054	-.146	-.152	.190*	.255**	.331**	.022

Note. †τp < .10, *p < .05, ** p < .01. Demandingness New (CR) = scale created by removing items that did not hang with rest of items

Table 20. Parenting Behaviors (Caregiver-report) Predicting Behavior Problems

	Internalizing				Externalizing				Total			
	B	SE B	β	ΔR^2	B	SE B	β	ΔR^2	B	SE B	β	ΔR^2
Predictor												
Step 1				.079**				.091**				0.103**
Family Income	-.92**	.28	-.28**		-1.16**	.27	-.31**		-1.22**	.29	-.33**	
Lifetime Stress Exposure	2.01	1.95	.08		2.15	1.91	.08		2.13	2.05	.08	
Step 2				.033				.223**				0.110**
Parental Warmth	-4.50*	2.05	-0.19*		-7.85**	2.01	-0.29**		-6.67**	2.16	-0.25**	
Parental Demandingness	-13.95	41.93	-.03		89.71*	41.12	0.16*		33.06	44.11	0.06	
Corporal Punishment	1.50	8.10	0.02		24.90**	7.94	0.24**		15.20$^{\tau}$	8.52	0.15$^{\tau}$	
R^2				.112**				.325**				0.213**

τp < .10, *p < .05, ** p < .01

Note: N= 140, Standardized and unstandardized beta weights for each predictor reflect the final weights after all predictors were entered. ΔR2 reflects increments in variance for each block after that particular block was entered. All variables were converted into Z scores before being entered into the regression. $^{\tau}$p < .10, *p < .05, ** p < .01

Table 21. Parenting Behaviors (Adolescent-report) Predicting Behavior Problems

	Internalizing				Externalizing				Total			
	B	SE B	β	ΔR^2	B	SE B	β	ΔR^2	B	SE B	β	ΔR^2
Predictor												
Step 1				.225**				.179*				.261**
Family Income	-1.87**	.55	-.54**		-1.37*	.51	-.42*		-1.97**	.52	-.57**	
Lifetime Stress Exposure	-2.95	5.10	-.09		3.04*	4.71	.10		0.47	4.86	.02	
Step 2				.094*				.022				.052*
Parental Warmth	4.98	3.27	.27		3.23	3.02	.18		-4.66	3.12	.25	
Parental Demandingness	-7.51$^{\tau}$	4.40	-.29$^{\tau}$		-1.51	4.06	-.60		-3.10	4.19	-.12	
Corporal Punishment	.27	6.32	.01		4.09	5.84	.11		.28	6.03	.01	
Step 3				.060*				.212*				.134**
Stress X Parental Warmth	-1.40	9.66	-.03		-9.65	8.93	-.19		-.87	9.22	-.02	
Stress X Parental Demandingness	21.05	12.57	.25		34.90**	11.62	.43**		25.59*	11.10	.29*	
Stress X Corporal Punishment	6.8	23.49	.42		-37.65$^{\tau}$	21.71	-.30$^{\tau}$		-30.30	22.42	-.23	
R^2				.397**				.413*				.447**

$\tau p < .10$, *p < .05, ** p < .01

Note: N= 43, Standardized and unstandardized beta weights for each predictor reflect the final weights after all predictors were entered. ΔR2 reflects increments in variance for each block after that particular block was entered. All variables were centered before being entered into the regression. $^{\tau}p < .10$, *p < .05, ** p < .01

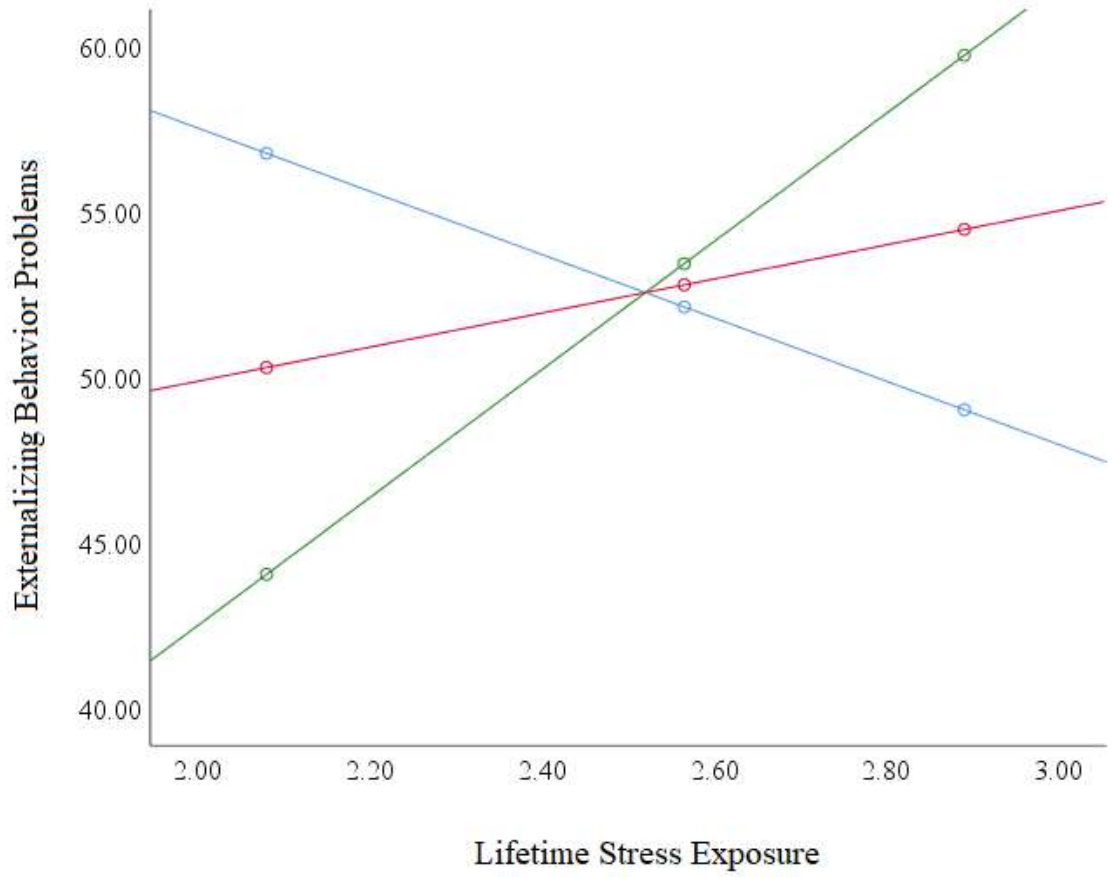

Figure 19. Moderation of the relation between lifetime stress and youth externalizing symptoms by adolescent-reported parental demandingness (Low Demandingness = Blue, Medium Demandingness = Red, High Demandingness = Green).

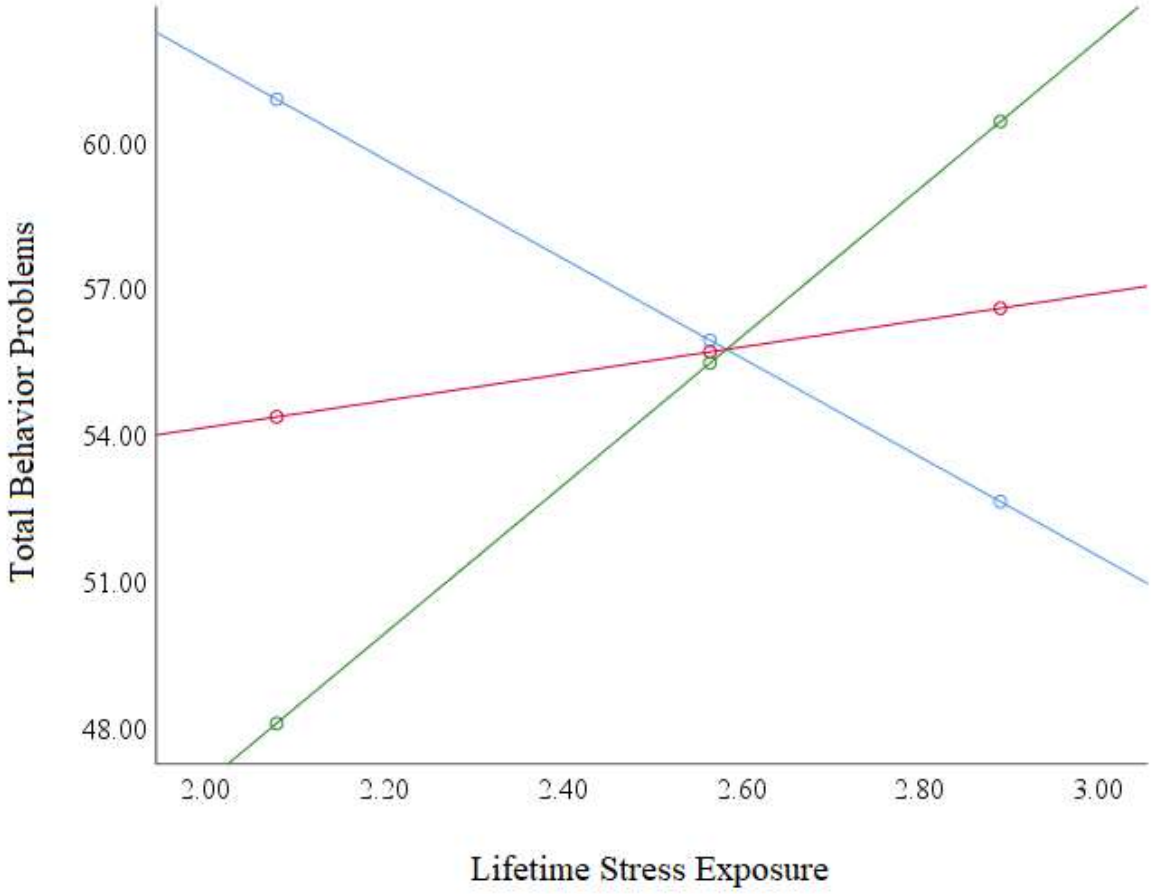

Figure 20. Moderation of the relation between lifetime stress and youth total behavior problems by adolescent-reported parental demandingness (Low Demandingness = Blue, Medium Demandingness = Red, High Demandingness = Green).

APPENDIX B: CAREGIVER MEASURES

Child Behavior Checklist

Below is a list of items that describe children and youths. For each item that describes your child now or within the past 6 months, please circle the 2 if the item is very true or often true of your child. Circle the 1 if the item is somewhat or sometimes true of your child. If the item is not true of your child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to your child

0 Not True

1 Somewhat/ Sometimes true

2 Very/Often True

1	Acts too young for his/her age.	0	1	2
2	Drinks alcohol without parents' approval.	0	1	2
3	Argues a lot.	0	1	2
4	Fails to finish things he/she starts.	0	1	2
5	There is very little he/she enjoys.	0	1	2
6	Bowel movements outside toilet.	0	1	2
7	Bragging, boasting.	0	1	2
8	Can't concentrate, can't pay attention for long.	0	1	2
9	Can't get his/her mind off certain thoughts; obsessions.	0	1	2
10	Can't sit still, restless, or hyperactive.	0	1	2
11	Clings to adults or too dependent.	0	1	2
12	Complains of loneliness.	0	1	2
13	Confused or seems to be in fog.	0	1	2
14	Cries a lot.	0	1	2

15	Cruel to animals.	0	1	2
16	Cruelty, bullying, or meanness to others.	0	1	2
17	Daydreams or gets lost in his/her thoughts,	0	1	2
18	Deliberately harms self or attempts suicide.	0	1	2
19	Demands a lot of attention.	0	1	2
20	Destroys his/her own things.	0	1	2
21	Destroys things belonging to his/her family or others.	0	1	2
22	Disobedient at home.	0	1	2
23	Disobedient at school.	0	1	2
24	Doesn’t eat well.	0	1	2
25	Doesn’t get along with other kids.	0	1	2
26	Doesn’t seem to feel guilty after misbehaving.	0	1	2
27	Easily jealous.	0	1	2
28	Breaks rules at home, school, or elsewhere.	0	1	2
29	Fears certain animals, situations, or places, other than school.	0	1	2
30	Fears going to school.	0	1	2
31	Fears he/she might think or do something bad.	0	1	2
32	Feels he/she wants to be perfect.	0	1	2
33	Feels or complains that no one loves him/her.	0	1	2
34	Feels others are out to get him/her.	0	1	2
35	Feels worthless or inferior.	0	1	2
36	Gets hurt a lot, accident-prone.	0	1	2
37	Gets in many fights.	0	1	2
38	Gets teased a lot.	0	1	2

39	Hangs around others who get in trouble.	0	1	2
40	Hears sounds or voices that aren't there.	0	1	2
41	Impulsive or acts without thinking.	0	1	2
42	Would rather be alone than with others.	0	1	2
43	Lying or cheating.	0	1	2
44	Bites fingernails.	0	1	2
45	Nervous, high-strung, or tense.	0	1	2
46	Nervous movements or twitching.	0	1	2
47	Nightmares.	0	1	2
48	Not liked by other kids,	0	1	2
49	Constipated, doesn't move bowels.	0	1	2
50	Too fearful or anxious.	0	1	2
51	Feels dizzy or lightheaded.	0	1	2
52	Feels too guilty.	0	1	2
53	Overeating.	0	1	2
54	Overtired without good reason.	0	1	2
55	Overweight.	0	1	2
56	Physical problems (without known medical cause):	0	1	2
	a. aches or pains	0	1	2
	b. headaches	0	1	2
	c. Nausea, feels sick	0	1	2
	d. Problems with eyes (Not if corrected by glasses)	0	1	2
	e. rashes or other skin problems	0	1	2
	f. Stomachaches	0	1	2

	g. Vomiting, throwing up	0	1	2
	h. Other	0	1	2
57	Physically attacks people.	0	1	2
58	Picks nose, skin, or other parts of body.	0	1	2
59	Plays with own sex parts in public.	0	1	2
60	Plays with own sex parts too much.	0	1	2
61	Poor school work.	0	1	2
62	Poorly coordinated or clumsy.	0	1	2
63	Prefers being with older kids.	0	1	2
64	Prefers being with younger kids.	0	1	2
65	Refuses to talk.	0	1	2
66	Repeats certain acts over and over.	0	1	2
67	Runs away from home.	0	1	2
68	Screams a lot.	0	1	2
69	Secretive, keeps things to self.	0	1	2
70	Sees things that aren’t there.	0	1	2
71	Self-conscious or easily embarrassed.	0	1	2
72	Sets fires.	0	1	2
73	Sexual problems.	0	1	2
74	Showing off or clowning.	0	1	2
75	Too shy or timid.	0	1	2
76	Sleeps less than most kids.	0	1	2
77	Sleeps more than most kids during day and/or night.	0	1	2
78	Inattentive or easily distracted.	0	1	2

79	Speech problem.	0	1	2
80	Stares blankly.	0	1	2
81	Steals at home.	0	1	2
82	Steals outside the home.	0	1	2
83	Stores up too many things he/she doesn't need.	0	1	2
84	Strange behavior.	0	1	2
85	Strange ideas.	0	1	2
86	Stubborn, sullen, or irritable.	0	1	2
87	Sudden changes in mood or feelings.	0	1	2
88	Sulks a lot.	0	1	2
89	Suspicious.	0	1	2
90	Swearing or obscene language.	0	1	2
91	Talks about killing self.	0	1	2
92	Talks or walks in sleep.	0	1	2
93	Talks too much.	0	1	2
94	Teases a lot.	0	1	2
95	Temper tantrums or hot temper.	0	1	2
96	Thinks about sex too much.	0	1	2
97	Threatens people.	0	1	2
98	Thumb-sucking.	0	1	2
99	Smokes, chews, or sniffs tobacco.	0	1	2
100	Trouble sleeping.	0	1	2
101	Truancy, skips school.	0	1	2
102	Underactive, slow moving, or lacks energy.	0	1	2

103	Unhappy, sad, or depressed.	0	1	2
104	Unusually loud.	0	1	2
105	Uses drugs for nonmedical purposes (don't include alcohol or tobacco)	0	1	2
106	Vandalism.	0	1	2
107	Wets self during day.	0	1	2
108	Wets the bed.	0	1	2
109	Whining.	0	1	2
110	Wishes to be opposite sex.	0	1	2
111	Withdrawn, doesn't get involved with others.	0	1	2
112	Worries.	0	1	2
113	Other problems.	0	1	2

The Parenting Questionnaire

We know that even experts disagree on how to best raise children. The following group of items is made up of behaviors and ideas that some parents do or have about childrearing. Please do not guess about which answers are best, we are just interested in your views.

Using this rating scale, indicate how well each statement describes how you parent your child. The 0 means the item almost never applies to your parenting, while the 5 means the item is very often true of your parenting.

1	**2**	**3**	**4**	**5**
Almost Never	Rarely	Sometimes	Often	Very Often

1. I praise my child	1 2 3 4 5
2. I criticize my child	1 2 3 4 5
3. I encourage my child to talk about her/his troubles	1 2 3 4 5
4. I enjoy spending time with my child	1 2 3 4 5
5. I spend at least 30 minutes a day in an enjoyable or educational activity with my child	1 2 3 4 5
6. I comfort my child when she/he is upset	1 2 3 4 5
7. My child and I have fun together	1 2 3 4 5
8. I hug, kiss, and hold my child	1 2 3 4 5
9. There are times when I just don't have the energy to make my child behave as she/he should	1 2 3 4 5
10. My child can talk me into letting him/her off easier than I had intended	1 2 3 4 5
11. My child convinces me to change my mind after I have refused a request	1 2 3 4 5
12. I punish my child by putting him/her off somewhere by him/herself for a while	1 2 3 4 5
13. I try to make my child feel guilty if he/she misbehaves	1 2 3 4 5
14. I threaten punishment but do not end up punishing my child	1 2 3 4 5
15. I give my child extra privileges when he/she behaves	1 2 3 4 5
16. I use criticism to improve my child	1 2 3 4 5
17. I punish my child by sending him/her to his/her room	1 2 3 4 5

18. I let my child know that he/she hurts me when he/she disobeys	1 2 3 4 5
19. I threaten to hit my child	1 2 3 4 5
20. I slap my child	1 2 3 4 5
21. I hit my child with a belt, strap, or switch	1 2 3 4 5
22. I give my child too many chances when they misbehave	1 2 3 4 5
23. I tell my child I wish they behaved more like certain other kids	1 2 3 4 5
24. I get angry with my child	1 2 3 4 5
25. I am disappointed with my child	1 2 3 4 5
26. I am easy going and relaxed with my child	1 2 3 4 5
27. I yell at my child	1 2 3 4 5
28. I raise my voice with my child	1 2 3 4 5
29. I respect my child's opinion and encourage him/her to express it	1 2 3 4 5
30. I do not allow my child to question my decisions	1 2 3 4 5
31. I feel a child should have time to think, daydream, and even loaf sometimes	1 2 3 4 5
32. My child irritates me	1 2 3 4 5
33. I get upset when my child complains	1 2 3 4 5
34. My child gets in my way when I'm busy	1 2 3 4 5
35. Even when my mind is made up my child can change my opinion	1 2 3 4 5
36. I spend time helping my child with school work	1 2 3 4 5
37. I spend time helping my child with his/her problems	1 2 3 4 5
38. My child talks to me about what's going on with their friends	1 2 3 4 5
39. My son/daughter confides in me about things that concern him/her	1 2 3 4 5
40. I spank my child	1 2 3 4 5
41. I believe that once a family rule has been made, it should be strictly enforced	1 2 3 4 5
42. We have a regular dinner schedule	1 2 3 4 5
43. We have very strict rules in our family	1 2 3 4 5
44. I do not let my child disobey me	1 2 3 4 5
45. I'm very careful about what my child eats and when he/she eats	1 2 3 4 5
46. I try to keep my child away from children or families who have different ideas or values from our own	1 2 3 4 5
47. I expect my child to obey me without questioning me	1 2 3 4 5
48. Once I set a rule, I do not allow my child to change it	1 2 3 4 5
49. I do not allow my child to get angry with me	1 2 3 4 5

Follow Up Questions

What do you think about parents using corporal punishment (spanking or other forms of mild physical punishment) on their adolescent children?

Think back to your child's childhood, when was the earliest time you using spanking or physical discipline? _____ years

What happened?

When was the most recent time you remember using spanking or physical discipline? _____ years

What happened?

Think about your family's use of spanking or other forms of mild physical discipline (corporal punishment). How much of those patterns (the age you were, the frequency of use, etc.) do you think were influenced by cultural factors, meaning you and your family's ethnic group, cultural background, religion or community culture?

Stressful Life Events Checklist

To be completed by *caregivers* to reflect on their child's experiences. Check the first box if the child has ever experienced that event. Check both boxes if the child has experienced the event in the past year.

Which of the following events has your child experienced in their past?	**Ever?** (Including the past year)	**In the past year?**
1. Death of a family or household member	**0 1 2 3 4**	**YES NO**
2. Parent's (LTP's) divorced (separated)	**0 1 2 3 4**	**YES NO**
3. Family or household member has had serious behavior or psychiatric problem	**0 1 2 3 4**	**YES NO**
4. Family or household member has had problem with drugs or alcohol	**0 1 2 3 4**	**YES NO**
5. Family or household member has had serious illness or accident requiring hospitalization	**0 1 2 3 4**	**YES NO**
6. Parent has spent time in jail	**0 1 2 3 4**	**YES NO**
7. Family has come to the attention of Protective Services	**0 1 2 3 4**	**YES NO**
8. Family, household member, or friend has been victim of serious crime	**0 1 2 3 4**	**YES NO**
9. Angry violence between member of household (i.e. parents, parent and sibling, parent and child)	**0 1 2 3 4**	**YES NO**
10. Child has lived at home of relative or friend because of parent problems	**0 1 2 3 4**	**YES NO**
11. Child has been in foster care	**0 1 2 3 4**	**YES NO**
12. Child has had some serious illness or accident requiring hospitalization	**0 1 2 3 4**	**YES NO**
13. Child has witnessed serious violence in the home	**0 1 2 3 4**	**YES NO**
14. Child has been victim of serious crime	**0 1 2 3 4**	**YES NO**
15. Child has witnessed serious crime	**0 1 2 3 4**	**YES NO**
16. Child has moved to a new home	**0 1 2 3 4**	**YES NO**
17. Child has been homeless	**0 1 2 3 4**	**YES NO**

18. Child has had legal trouble	**0 1 2 3 4**	**YES NO**
19. Child has used alcohol or drugs	**0 1 2 3 4**	**YES NO**
20. Child has been evicted from home	**0 1 2 3 4**	**YES NO**
21. Child has witnessed violent crime in neighborhood	**0 1 2 3 4**	**YES NO**
22. Child has witnessed someone badly hurt	**0 1 2 3 4**	**YES NO**

APPENDIX C: ADOLESENT MEASURES

The Parenting Questionnaire

We know that even experts disagree on how to best raise children. We also know that different parents act in different ways and believe different things about parenting. We would like to learn more from you about how your **parent or primary caregiver** parentings YOU.

Using this rating scale, indicate how well each statement describes how **your parent or primary caregiver** behaves towards you. For each item, think about how your parent behaves (on average) during a typical month in the last year. The 0 means the item almost never applies to your parent's behavior, while the 5 means the item is very often true of your parent.

Please write down the person you will be answering these questions about. This person should be your **primary caregiver**, the person who is most responsible for parenting or who spends the most time taking care of you.

_____

1	**2**	**3**	**4**	**5**
Almost Never	Rarely	Sometimes	Often	Very Often

1. My parent praises me	1 2 3 4 5
2. My parent criticizes me	1 2 3 4 5
3. My parent encourages me to talk about my troubles	1 2 3 4 5
4. My parent enjoys spending time with me	1 2 3 4 5
5. My parent spends at least 30 minutes a day in an enjoyable or educational activity or discussion with me	1 2 3 4 5
6. My parent comforts me when I am upset	1 2 3 4 5
7. My parent and I have fun together	1 2 3 4 5
8. My parent hugs, kisses, and holds me	1 2 3 4 5
9. There are times when my parent does not have the energy to make me behave as I should	1 2 3 4 5
10. I can talk my parent into letting me off easier than she/he had intended	1 2 3 4 5
11. I convince my parent to change their mind after they have refused a request	1 2 3 4 5
12. My parent punishes me by sending me off somewhere by myself for a while	1 2 3 4 5
13. My parent tries to make me feel guilty if I misbehave	1 2 3 4 5

14. My parent threatens punishment but does not end up punishing me	1 2 3 4 5
15. My parent gives me extra privileges when I behave	1 2 3 4 5
16. My parent uses criticism to improve me	1 2 3 4 5
17. My parent punishes me by sending me to my room	1 2 3 4 5
18. My parent lets me know that I hurt them when I disobey	1 2 3 4 5
19. My parent threatens to hit me	1 2 3 4 5
20. My parent slaps me	1 2 3 4 5
21. My parent hit me with a belt, strap, or switch	1 2 3 4 5
22. My parent gives me too many chances when I misbehave	1 2 3 4 5
23. My parent tells me they wish I behaved more like certain other kids	1 2 3 4 5
24. My parent gets angry with me	1 2 3 4 5
25. My parent is disappointed with me	1 2 3 4 5
26. My parent is easy going and relaxed with me	1 2 3 4 5
27. My parent yells at me	1 2 3 4 5
28. My parent raises their voice with me	1 2 3 4 5
29. My parent respects my opinion and encourages me to express it	1 2 3 4 5
30. My parent does not allow me to question their decisions	1 2 3 4 5
31. My parent feels a child should have time to think, daydream, and even loaf sometimes	1 2 3 4 5
32. I irritate my parent	1 2 3 4 5
33. My parent gets upset when I complain	1 2 3 4 5
34. My parent feels that I get in the way when they are busy	1 2 3 4 5
35. Even when my parent's mind is made up I can change their decision	1 2 3 4 5
36. My parent spends time helping me with school work	1 2 3 4 5
37. My parent spends time helping me with my problems	1 2 3 4 5
38. I talk to my parent about what's going on with my friends	1 2 3 4 5
39. I confide in my parent about things that concern me	1 2 3 4 5
40. My parent spanks me	1 2 3 4 5
41. My parent believes that once a family rule has been made, it should be strictly enforced	1 2 3 4 5
42. We have a regular dinner schedule	1 2 3 4 5
43. We have very strict rules in our family	1 2 3 4 5
44. My parent does not let me disobey him/her	1 2 3 4 5
45. My parent is very careful about what I eat and when I eat	1 2 3 4 5

46. My parent tries to keep me away from children or families who have different ideas or values from his/her own	1 2 3 4 5
47. My parent expects me to obey me without questioning him/her	1 2 3 4 5
48. Once my parent set a rule, he/she does not allow me to change it	1 2 3 4 5
49. My parent does not allow me to get angry with him/her	1 2 3 4 5

Follow Up Questions

What do you think about parents using corporal punishment (spanking or other forms of mild physical punishment) on their adolescent children?

Think back to your childhood, when was the earliest time you remember being spanked or physically disciplined? _____ years

What happened?

When was the most recent time you remember being spanked or physically disciplined? _____ years

What happened?

Think about your family's use of spanking or other forms of mild physical discipline (corporal punishment). How much of those patterns (the age you were, the frequency of use, etc.) do you think were influenced by cultural factors, meaning you and your family's ethnic group, cultural background, religion or community culture?

Things I have seen and heard

First, please tell me how many times this event has happened to you in **your lifetime, including the past year.** Using this scale, please indicate how many times you have experienced the event described **ever**.

0	**1**	**2**	**3**	**4**
0 times	1 time	2 times	3 times	Many times

Next, tell me if this event has happened to you **in the past year**.

	Ever? (Including the past year)	**In the past year?**
1. I have heard guns being shot	**0 1 2 3 4**	**YES NO**
2. I have seen someone arrested	**0 1 2 3 4**	**YES NO**
3. I feel safe when I am at home	**0 1 2 3 4**	**YES NO**
4. I have seen drug deals	**0 1 2 3 4**	**YES NO**
5. I have seen somebody being beat up	**0 1 2 3 4**	**YES NO**
6. I have been beat up	**0 1 2 3 4**	**YES NO**
7. I have seen somebody get stabbed	**0 1 2 3 4**	**YES NO**
8. I have seen somebody shot	**0 1 2 3 4**	**YES NO**
9. I have seen a gun in my home	**0 1 2 3 4**	**YES NO**
10. I have seen drugs in my home	**0 1 2 3 4**	**YES NO**
11. I feel safe when I'm at school	**0 1 2 3 4**	**YES NO**
12. Somebody threatened to kill me	**0 1 2 3 4**	**YES NO**
13. I have seen a dead body outside	**0 1 2 3 4**	**YES NO**
14. Somebody threatened to shoot me	**0 1 2 3 4**	**YES NO**
15. Somebody threatened to stab me	**0 1 2 3 4**	**YES NO**
16. Grown ups are nice to me	**0 1 2 3 4**	**YES NO**
17. Grown ups at my home hit each other	**0 1 2 3 4**	**YES NO**
18. Grown ups in my home threaten to stab or shoot each other	**0 1 2 3 4**	**YES NO**
19. Grown ups in my home yell at each other	**0 1 2 3 4**	**YES NO**

20. I have seen somebody in my home get shot or stabbed.	**0 1 2 3 4**	**YES NO**

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ABSTRACT

THE PROTECTIVE ROLE OF PARENTING BEHAVIORS IN THE DEVELOPMENT OF URBAN, IMPOVERISHED AFRICAN AMERICAN ADOLESCENTS

by

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August 2019

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Major: Psychology (Clinical)

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This dissertation aimed to understand how African American parents protect their teens from developing psychopathology in the face of extreme adversity. To do this, I examined three dimensions of parenting behavior, stress exposure, and behavior problems in order to understand the direct and moderating relations between parenting behaviors, cumulative stress and youth internalizing, externalizing, and total psychological problems. 150 African American primary caregivers reported on their adolescent children's internalizing, externalizing and total behavior problems, exposure to stressful events, and their own parenting behavior. 150 inner-city African American adolescents reported on their exposure to traumatic stressors and a subsample of 43 reported on their primary caregiver's parenting behavior. Analyses revealed that lifetime stress exposure was not a unique predictor of youth outcomes when the covariate of family income was included in the model. Family income and caregiver-reported parental warmth uniquely predicted variance in adolescent internalizing, externalizing and total behavior problems. Caregiver-reported demandingness and corporal punishment use predicted externalizing symptoms but not internalizing symptoms. Youth reported parental demandingness predicted youth outcomes as well as buffered the effects of stress on youth behavior problems.

This study was also a preliminary step in exploring utility of a newly revised behaviorally-based measure, the Parenting Questionnaire by comparing caregiver and adolescent. Caregiver- and adolescent-reports demonstrated adequate reliability, better than or comparable to other parenting measures. Reports by caregivers and adolescents of parenting behaviors were weakly correlated, suggesting they were related, yet unique. Distinct groups of caregiver-adolescent dyads who were found to report significantly different levels caregiver corporal punishment use were associated with higher levels of youth behavior problems and lower levels of caregiver warmth reported by their children, suggesting concern over differential reporting of physical punishment on youth outcomes and perceptions of their caregivers.

AUTOBIOGRAPHICAL STATEMENT

Kelsey Johanna Sala-Hamrick is an adopted Michigan native. She is currently a predoctoral intern at the University of New Mexico Health Sciences Center and will graduate with her Doctor of Philosophy in Clinical Psychology from Wayne State University in August 2019. She received a Bachelor of Science with High Distinction and High Honors in 2013 from the University of Michigan where she majored in Psychology and Biology. She graduated with a Master of Arts in Clinical Psychology from Wayne State University in Detroit, MI in 2015.

Kelsey's research focuses broadly on the resilient and multidimensional development of children and young people who have experienced trauma, community stressors, and demographic and associated risks (e.g. racism, poverty, medical conditions). She is interested brief interventions and transforming integrated medical clinics as ways to reduce barriers to mental health services for marginalized populations. Clinically, Kelsey works with underserved youth and families who have experienced trauma and co-morbid medical conditions in integrated pediatric primary care and specialty clinics. Kelsey is passionate about diversity and inclusion issues and works to combat prejudice and integrate understanding and acceptance of each individual's diverse experiences into every environment she works in. She enjoys nature, novels, black coffee, and spending time with her family, friends and two cats, Luna and Neville.