

Psychosocial Adjustment of Low-Income African American Youth From Single Mother Homes: The Role of the Youth–Coparent Relationship

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African American youth from single mother homes are at greater risk for internalizing and externalizing problems relative to their peers from two-parent homes. Although the predominance of psychosocial research on these youth has focused on maternal parenting and mother–child relationship quality, far less attention has been devoted to the quality of the relationships that youth have with “nonmarital coparents,” or other adults and family members who assist African American single mothers with child-rearing. This study examined the contribution of the youth–coparent relationship to psychosocial adjustment among African American youth from single mother families ($n = 141$). Findings revealed that maternal parenting and youth–coparent relationship quality interacted to predict both youth internalizing and externalizing problems. Specifically, greater youth–coparent relationship quality enhanced the protective role of maternal positive parenting. Findings suggest the potential role of broader familial and social contexts for enhancing the protective effects of positive parenting.

Children and adolescents from single mother homes, especially those living in impoverished and under-resourced communities, are at an increased risk for adjustment problems, including psychological distress (Barrett & Turner, 2005; O’Connor, Dunn, Jenkins, Pickering, & Rasbash, 2001; Rubenstein, Halton, & Kasten, 1998) and behavior problems (e.g., Lipman, Boyle, Dooley, & Offord, 2002; McLoyd, Jayaratne, Ceballo, & Borquez, 1994; Simons,

Chen, Simons, Brody, & Cutrona, 2006). African American youth are increasingly more likely to grow up in single mother homes (51%), relative to American youth generally (23%; U.S. Census, 2006). Given the disproportionate number of African American youth being raised in single mother homes, growing research attention has been devoted to developing a better understanding of those youth who fare well in spite of this risk factor (e.g., Brody & Flor, 1998; Jessor, 1993; Kim & Brody, 2005). The current study examined the relationship that African American youth have with other adults or family members who assist single mothers with parenting (i.e., nonmarital coparents) and the role of this relationship in youth adjustment.

Social ecological theory contends that, in addition to intrapersonal characteristics, environmental factors, including interpersonal relationships, shape the psychosocial adjustment of youth (e.g., Baumrind, 1967; Bronfenbrenner, 1979; Conger et al., 1992). In early to middle childhood, the caregiver–youth relationship appears to be the singular, most important interpersonal characteristic that affects psychosocial well-being of youth (e.g., Ainsworth, 1978; Amato & Fowler, 2002;

We express our sincerest appreciation to Drs. Rex Forehand and Gene Brody for their permission to conduct secondary analysis of this data. Support for this project was provided by the William T. Grant Foundation, the Centers for Disease Control and Prevention, and the Institute for Behavioral Research at the University of Georgia. Support for secondary analyses of data was provided by the American Psychological Association, Minority Fellowship Program. Additional support for data analyses and manuscript preparation was provided by the Ethnicity, Culture, and Health Outcomes (ECHO) Program, the University Research Council, and the College of Arts & Sciences at UNC Chapel Hill and a Mentored Public Health Research Scientist Development Award from the Centers for Disease Control and Prevention (1K01PS000795–02).

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Baumrind, 1989). Despite the growing influence of peers as children enter adolescence, research suggests that children's relationships with their caregivers, as well as caregiver parenting behaviors, continue to play a significant role in youth adjustment (e.g., Liddle, Rowe, Dakof, & Lyke, 1998; Smetana, Campione-Barr, & Metzger, 2006; Steinberg, 2001). Consistent with the growing number of African American youth raised in single mother homes, mother-child relationship quality and maternal parenting factors have been the primary research focus in this population (e.g., Brody & Flor, 1998; Brody, Flor, & Gibson, 1999; Bynum & Brody, 2005). Of importance, African American single mothers who maintain a balance of warmth/support and monitoring/control, often referred to as "positive parenting" or "authoritative parenting," have youth who exhibit lower levels of a broad range of adjustment difficulties, including internalizing symptoms, such as depression and anxiety symptoms, and externalizing symptoms, such as disruptive behavior and hyperactivity (e.g., Brody & Flor, 1998; Jones, Forehand, Brody, & Armistead, 2002b; Kim & Brody, 2005).

In addition to maternal parenting, some attention has been devoted to the role of the broader extended family and community networks in which many African American youth are embedded (e.g., Hill, 1999; Pallock & Lamborn, 2006; Wilson, 1986). Of importance, the study of "coparenting," or the processes by which two adults negotiate their childrearing responsibilities, originated with the study of intact or divorced European American mothers and fathers (i.e., mothers and fathers as "coparents"). A growing literature suggests, however, that a coparenting framework is also relevant to diverse families as well, including African American single mother families (see Jones, Zalot, Foster, Sterrett, & Chester, 2007; McHale et al., 2002, for reviews). For example, in one study, the majority (97%) of low-income African American single mothers identified a nonmarital coparent or another adult or family member who collaborated in childrearing responsibilities (Jones, Shaffer, Forehand, Brody, & Armistead, 2003). These nonmarital coparents included the children's nonresidential biological fathers (26%), who have been largely neglected in parenting studies of African American families, as well as extended family members, such as the child's maternal grandmother (31%), maternal aunt (11%), sister (11%), or other adults or family members, such as maternal friends or more distal relatives (11%). Moreover, the quality of the relationships between African American single mothers and their nonmarital coparents is associated with maternal and youth well-being. For example, mother-coparent relationship quality predicts both maternal parenting and youth internalizing and externalizing symptoms (Jones et al., 2003) and buffers

youth from well-established risk factors, such as neighborhood violence (Forehand & Jones, 2003).

Although increased attention has been given to mother-coparent relationship quality (see Jones et al., 2007), far less empirical attention has considered the quality of the relationship that nonmarital coparents have with youth, or the impact of this relationship on youth adjustment. Social support theory contends that social support, which encompasses various types of support, including emotional, appraisal, informational, and instrumental assistance, can improve well-being and buffer the effects of stressors (Secco & Moffatt, 1994). Furthermore, support from a male role-model or family member has been linked to lower levels of externalizing behaviors among African American youth (Florsheim, Tolan, & Gorman-Smith, 1998) as well as to psychosocial adjustment among adolescents in both two-parent and single mother families (Bryant & Zimmerman, 2003; Lamborn & Nguyen, 2004). In addition, some empirical work suggests that it is normative for youth to form relationships with "very important" nonparental adults, or adults who have a significant influence on the adolescent, who serve as a support person during difficult times or who engage in good "role-model" behavior (Beam, Chen, & Greenberger, 2002). Building on the aforementioned theory and research, the current study examined the role of the relationship that African American youth from single mother homes have with their nonmarital coparents on youth psychosocial adjustment. Specifically, it was predicted that youth who have a more positive relationship with their nonmarital coparents would have lower levels of psychosocial maladjustment.

In addition to the predicted main effect of youth-coparent relationship quality, a positive relationship with a nonmarital coparent may also interact with other familial predictors of youth adjustment, most notably maternal parenting, to predict youth psychosocial adjustment. One way in which maternal positive parenting and youth-coparent relationship quality may interact follows the "risk-protection" resiliency model, in which one factor decreases the negative impact of another factor (see Murry, Bynum, Brody, Willert, & Stephens, 2001, for a review). The other way in which these two constructs may interact is consistent with the recently articulated "protective-protective" model, in which one factor enhances or amplifies the effect of another factor (Zimmerman, Bingenheimer, & Notaro, 2002). For example, among Hispanic youth, low father control and high father communication have been found to enhance the protective role of greater family orientation and greater ethnic identity on youth well-being (Brook, Pahl, Balka, & Fei, 2004). Therefore, considering the plausibility of these two alternative interaction models, and because a "protective-protective" model has not been well-studied among African American youth, this study

investigates two competing hypotheses with regards to the moderating role of youth–coparent relationship quality on maternal positive parenting. It was predicted that (a) consistent with a “risk-protection” model, higher levels of youth–coparent relationship quality would decrease the negative impact of lower levels of maternal positive parenting on youth psychosocial adjustment among youth in the current study or (b) consistent with a “protective–protective” model, higher levels of relationship quality with nonmarital coparents would enhance the protective role of maternal positive parenting on youth psychosocial adjustment.

The indices of youth psychosocial adjustment chosen for this study were internalizing and externalizing symptoms. Of importance, both internalizing and externalizing symptoms are linked to various constructs of youth functioning, as well as predict future well-being and behavior. Youth who have higher levels of internalizing symptoms are at a heightened risk for substance abuse problems (Kumpulainen, 2000; Rowe, Liddle, & Dakof, 2001) and for anxiety and depression in adulthood (Rueter, Scaramella, Ebert-Wallace, & Conger, 1999). In addition, externalizing symptoms are linked to an array of academic problems (Hinshaw, 1992; Richards, Symons, Greene, & Szuszkiewicz, 1995), and predict future delinquency (Fergusson & Horwood, 1995).

METHODS

Design Overview

The data for the current investigation are part of the Family Health Project (see Forehand et al., 1998), which focused on the psychosocial functioning of inner-city African American mothers residing in New Orleans, Louisiana, approximately half of whom were infected with HIV/AIDS, and their noninfected children (7 to 15 years old; see Forehand et al., 1998). Specific eligibility criteria for the Family Health Project were as follows. Mothers ranged in age from 18 to 45 years, had to report no intravenous drug use for at least 6 months prior to the first assessment, and had to have at least one biological child in the 6- to 11-year-old age range. The noninfected mothers and their children are the focus of the current analyses.

Participants

The initial noninfected sample for this study was drawn from the same zip code areas in which the maternal HIV/AIDS sample resided. Mother–child dyads were recruited through five of the six public schools serving the targeted zip code areas. Recruitment occurred in two waves, spanning two school years, with an equal number of participants recruited each year. In each of

the two waves, letters describing the study and invitations to participate were sent to the homes of 30 African American mothers randomly selected by the staff at each school. Of the 300 invitations (150 per wave), 282 (94%) were returned indicating interest in participating and the first 15 mothers at each school to return a reply card constituted the sample (a total of 75 in each wave or 150 total, all of whom confirmed that they were noninfected during the first interview).

Of these initial 150 mothers, all (100%) participated in the initial (sociological) interview and all but 1 ($n = 149$) participated in the subsequent (psychological) interview. Thus, the initial noninfected sample consisted of 149 mother–child dyads. Thirty-two of these mothers were married and, therefore, were excluded from the subsequent analyses. Eleven of the remaining 117 dropped out before Assessment 3 because they moved or declined to participate. Accordingly, using an additional funding source letters were again sent to the homes of mothers randomly selected by the staff at two schools. The first 35 mothers who returned their responses indicating an interest in participation were enrolled, yielding a final sample of 141 inner-city African American single mother dyads who participated in Assessment 3. A comparison of demographic variables for the original sample ($n = 149$) and the 35 additional families revealed no differences other than maternal ($t = -3.29$, $p < .001$) and child ($t = -4.85$, $p < .001$) age. Mothers in the initial sample were younger (M age = 32.91, $SD = 5.75$) than the 35 mothers recruited for Assessment 3 ($M = 36.5$, $SD = 6.33$). Similarly, children in the initial sample (M age = 8.64, $SD = 1.71$) were younger than those later recruited (M age = 10.13, $SD = 1.30$). It is important to note that Assessment 3 is utilized as the first time point of the current analyses because it is the assessment when the combination of measures necessary to address the current hypotheses and maximum power were available (Note that Assessments 3 and 4 of the larger study are referred to as Assessments 1 and 2, respectively, in the current analyses.)

As reflected by the U.S. Census (1990) data reported at the time of data collection, the majority (67%) of residents of the city of New Orleans were African American (relative to 12.3% African Americans in the United States), nearly one third (30%) of families living in New Orleans were living below the poverty level (relative to U.S. poverty level of 12.4%), and the neighborhoods in which the families resided were characterized by overcrowding (2,684 people per square mile in New Orleans relative to 79.6 people per square mile in the United States). Demographic characteristics of the 141 families appear in Table 1. On average, mothers were 36 years 4 months old and either failed to complete high school (45%) or earned a high school diploma (32%).

Sixty-two percent of mothers worked outside the home at least part time. In addition to the mothers, one child from each family participated in the study. Children were an average of 11 years 7 months old and 51% were girls.

Procedure

Each family participated in a two-part data collection process, each lasting between 1 and 2 hours. During the first session, the mother completed an informed consent form and was interviewed regarding demographic information. Mothers completed informed consent forms, indicating consent for her own and her child's participation. Youth also provided a signature indicating assent. In the second session, all of the study variables of interest (e.g., maternal support and control, coparent support, and externalizing and internalizing symptoms and cognitive competence) were assessed. At both data collection sessions, self-report questionnaires were administered in an interview format, and each interview was conducted privately. Self-report questions were asked verbally, with response options presented on a series of cue cards for participant reference, as the reading level of participants could not be determined. Participants' verbal responses

were recorded by the interviewers. The mothers were paid \$50 for participation in each data-collection session. All study and recruitment procedures were approved by the Institutional Review Boards at Louisiana State University Medical School, Tulane University, and the University of Georgia.

Measures

The accurate assessment of the population to be studied was a concern because most instruments used to assess family processes and children's outcomes have been developed for use with and standardized on European American, middle-class families. Consequently, available measures may not describe validly child or family processes among the African American families participating in the project. This issue was resolved through the formation of focus groups composed of African American family members ($n = 60$) recruited from the same schools and communities from which the sample was later drawn.

The focus groups evaluated each instrument to determine whether it was appropriate for use with African American families. Group leaders presented one

TABLE 1
Demographic Characteristics of the Sample

<i>Variable</i>	<i>M (SD)</i>	<i>N (%)</i>	<i>Range</i>	<i>% in Clin. Range</i>
Child				
Age (yr)	11.60 (1.75)		8.08–14.92	
% Female		72 (51)		
Mother				
Age	35.85 (6.0)		25–52	
Education				
Less Than High School		63 (44.7)		
High School or GED		46 (32.6)		
High School + Vocational		13 (9.2)		
High School + Some College		19 (13.5)		
Employment				
Not Employed		60 (42.6)		
Part-Time		49 (34.8)		
Full-Time		32 (22.7)		
Family				
Monthly Income	759.78 (481.05)		65–2,500	
Coparent Identity				
Father		36 (25.5)		
Grandmother		30 (21.3)		
Sister		21 (14.9)		
Other		46 (32.6)		
Primary Study Variables				
Assessment 1				
Positive Parenting	27.34 (3.27)		14.5–33	
Coparent Support	15.35 (3.01)		6–20	
Internalizing Problems	55.86 (10.17)		31–86	18
Externalizing Problems	58.28 (11.68)		30–90	33

Note: % in Clin. Range = percentage of the sample scoring within the clinical range in a given domain; Assessment 1 = current first assessment of current analyses (Assessment 3 of larger investigation).

instrument at a time, described its purposes, and asked the focus group to review the measure and indicate in a group discussion whether the instrument was a valid assessment for African American families. The focus group members agreed that all measures selected by study investigators were appropriate for the study population. The groups then reviewed each scale and suggested wording changes, as well as the deletion of items that they perceived as unclear or irrelevant to families and children in their communities. These suggestions were reviewed by project staff and implemented if it was decided that the changes would likely not compromise the psychometrics of the measure.

After the data were collected, exploratory factor analyses were executed on any measures that had been revised based on focus group feedback and/or measures that had not been previously used with a similar study sample. Items were retained on these measures if they attained a factor loading of .40 or above. Reliability analyses were conducted on all study measures for the current sample. To decrease common-method variance, this study utilized youth report of the family relationship variables (maternal positive parenting and youth-coparent relationship quality) and mother report of youth internalizing and externalizing symptoms.

Demographic information. During the first session of each assessment, mothers completed a lengthy demographic interview. Items examined as potential covariates in the current study included the following: child age and gender; maternal age, education, and employment; family income; and identity of the coparent.

Maternal positive parenting. Youth report of maternal warmth and control were assessed using the Children's Report of Parenting Behavior Inventory. Children and adolescents rated each item as *a lot like*, *somewhat like*, or *not like* the target parent. The original instrument includes 30 items, which comprise three subscales—Acceptance/Rejection, Psychological Autonomy/Control, and Firm/Lax Behavioral Control. Only the Acceptance/Rejection (e.g., *My mother always listens to my ideas and opinions*) and Firm/Lax Behavioral Control (e.g., *My mother lets me go any place I want without asking*) subscales, as measures of maternal warmth and maternal control, were administered in the present investigation. Higher scores on these subscales indicate more warmth and control, respectively. Discriminant and convergent validity for the Children's Report of Parenting Behavior Inventory have been established for this measure in prior research (Schludermann & Schludermann, 1970). However, as slight modifications were made in the instructions and items (e.g., adjusting reading level,

items presented in second person) to simplify verbal administration, exploratory factor analysis was conducted. Items loading at .40 or above were retained for acceptance/rejection and for the firm/lax behavioral control. Scores on the two subscales were then averaged to construct an overall positive parenting score, which evidenced adequate internal consistency for the current sample ($\alpha = .75$).

Youth-coparent relationship quality. Consistent with the literature on "very important nonparental adults" (Chen, Greenberger, Farruggia, Bush, & Dong, 2003) and natural/informal mentors (DuBois & Silverthorn, 2005; Stanton-Salazar & Spina, 2003), in which associations between relationships with youth-identified supportive adults and youth outcomes have been found, youth report of the quality of his or her relationship with the coparent was used. Youth were asked, "Who do you think is the second most important person who takes care of you?" and then asked the extent to which 10 items from a revised version of the Parenting Convergence Scale (Ahrons, 1981) were true on 4-point scale of 1 (*never*) to 4 (*often*). As the Parenting Convergence Scale was developed to assess the quality of a parent's relationship with a coparent, the wording was revised to assess aspects of the youth's relationship with the coparent (seven items), as well as the youth's perception of the mother's relationship with the coparent (three items). Of the seven items assessing the youth-coparent relationship, two items ("How often do you ask [caregiver] for permission to do something instead of asking your mom" and "How often does your [caregiver] take your side if you and your Mom have an argument or you get in trouble") were excluded from the current study because they assess the extent to which the coparent is supportive relative to the mother and, hence, may introduce some possible problematic aspects of the youth-coparent relationship, such as role-confusion of the caregivers (Apfel & Seitz, 1991). Therefore, the remaining five items were summed and used as a measure of the positive aspects of the youth's relationship with the coparent. Sample items on this subscale include "How often do you go to [caregiver] when you have a problem?", "Tell [caregiver] how you are feeling?" and "How often is [caregiver] a help to you?" Exploratory factor analyses suggested that all five items loaded at .40 or above and were retained, yielding adequate internal consistency for the current sample ($\alpha = .72$). Higher scores indicate a more positive youth-coparent relationship.

Youth psychosocial adjustment. Mothers completed the Externalizing and Internalizing subscales of the parent-report form of the Child Behavior Checklist

TABLE 2
Correlations Among Main Study Variables

	<i>Mat. Age</i>	<i>Monthly Income</i>	<i>Maternal Education</i>	<i>Mat. Emp. Status</i>	<i>Child Age</i>	<i>Child Gender</i>	<i>Pos. Par.</i>	<i>Youth-Cop. Rel.</i>	<i>Internal. Sx</i>	<i>External. Sx</i>
Mat. Age	—	.05	.03	-.08	.24**	-.04	.06	-.03	-.12	-.12
Monthly Income		—	.18*	.47**	.06	.04	-.10	-.11	-.22*	-.04
Maternal Education			—	.41**	-.07	.03	.10	-.13	-.19*	-.16
Mat. Emp. Stat.				—	.02	.03	.03	-.16	-.20*	-.24**
Child Age					—	.08	.14	0	.04	.07
Child Gender						—	-.02	-.04	-.04	.11
Pos. Par.							—	.33**	-.17*	-.24**
Youth-Cop. Rel.								—	-.05	-.06
Internal. Sx									—	.66**
External. Sx										—

Note: Mat. age = maternal age; Mat. Emp. Stat. = maternal employment status; Pos. Par. = positive parenting; youth-cop rel. = youth-coparent relationship quality; Sx = symptoms.

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

(Achenbach, 1991). This measure requires mothers to indicate how true a given behavior is for their youth on a 3-point scale: 0 (*not true*), 1 (*sometimes or somewhat true*), and 2 (*very or often true*). The 27-item internalizing subscale includes three subscales measuring anxiety, depression, and somatic problems. The 32-item Externalizing subscale is composed of two subscales measuring aggression and conduct problems. Given the scales' use with nationally representative samples, subscales were not modified and factor analyses were not conducted. Adequate psychometrics were obtained for the Internalizing ($\alpha = .85$) and Externalizing ($\alpha = .92$) subscales in the current sample. Higher *T*-scores indicate more total internalizing and externalizing problems, with *T*-scores above 70 indicating problems that are in the clinically significant range.

RESULTS

Preliminary Analyses

Descriptive statistics, including means and standard deviations, on all sociodemographic and major study variables are presented in Table 1. In addition, coparent identity was examined and the following four categories of the coparents' identity, as defined by the relationship to the youth, emerged: father (25.5%), grandmother (21.3%), sister (14.9%), and other (32.6%), which included a wide range of individuals (e.g., brother, step-father, and grandfather). Although coparent age was not reported, given this breakdown of coparent identity and that sisters and brothers made up 14.9% and 7% of coparents, respectively, the majority (around 78%) of coparents are assumed to be adults.

Bivariate correlations among demographic and major study variables are presented in Table 2. As expected (Jones, Forehand, Brody, & Armistead, 2002a;

Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Pittman & Chase-Lansdale, 2001), positive parenting was significantly correlated with internalizing ($r = -.17$, $p < .05$) and externalizing ($r = -.23$, $p < .05$) problems. Youth who reported higher levels of positive parenting had lower levels of mother-reported internalizing and externalizing problems. Contrary to the first study hypothesis, however, youth-coparent relationship quality was not correlated at the bivariate level with youth internalizing ($r = -.05$, *ns*) or externalizing ($r = -.06$, *ns*) problems.

Primary Analyses

Although youth-coparent relationship quality was not associated with either youth outcome at the bivariate level, hierarchical regression analyses were conducted to examine the proposed interaction of maternal positive parenting and youth-coparent relationship quality.¹

Sociodemographic variables (e.g., child age, gender) associated with the outcome variables were entered in the first block. In the second block, youth report of maternal positive parenting was entered. Youth report of youth-coparent relationship quality was entered in the third block. Finally, Maternal Positive Parenting \times Youth-Coparent Relationship Quality was entered in the fourth block. Both variables were centered prior to creating the interaction term to reduce multicollinearity among variables (Baron & Kenny, 1986).

The results of the regression analyses are presented in Table 3. After entering the socioeconomic variables in

¹In addition, associations between coparent identity and the outcome variables were examined using unweighted effects coding, based on the four major categories of coparents. Neither coparent identity nor interactions between coparent identity and major study variables were significantly linked to either externalizing or internalizing symptoms.

TABLE 3
Regression Analyses Examining Internalizing Symptoms and Externalizing Symptoms

	<i>F</i>	<i>R</i> ² Δ	<i>β</i>	<i>t</i>
Internalizing Symptoms				
Block 1: Demographics	2.52	.07		
Monthly Income			-.17	-1.94 ^a
Maternal Education			-.18	-2.05*
Child Gender			-.04	-.45
Child Age			-.03	-.37
Block 2: Positive Parenting	2.26	.01	-.10	-1.11
Block 3: Youth-Cop. Rel. Quality	2.05	.01	-.09	-1.00
Block 4: Pos. Parent. × Youth-Cop. Rel. Quality	2.43	.03	-.19	-2.09*
Externalizing Symptoms				
Block 1: Demographics	.83	.01		
Child Gender			.11	1.26
Child Age			.02	.176
Block 2: Positive Parenting	2.10	.03	-.19	-2.15*
Block 3: Youth-Cop. Rel. Quality	1.57	.00	-.01	-.141
Block 4: Pos. Parent. × Youth-Cop. Rel. Quality	3.02	.06	-.26	-2.91**

Note: Pos. Parent. × Youth-Cop. Rel. Quality = positive parenting by youth-coparent relationship quality interaction.
p* < .05. *p* < .01. ^a*p* < .10.

the multivariate model, the association of maternal positive parenting and internalizing problems was no longer statistically significant ($\beta = -.10$, *ns*). Consistent with the bivariate analyses, there was also not a significant association between youth-coparent relationship quality and youth internalizing problems in the multivariate model ($\beta = -.09$, *ns*). Although the increase in the amount of variance explained by adding each complete block was relatively small, ranging from .01 to .06, there was a significant association between Maternal Positive Parenting × Youth-Coparent Relationship Quality and youth internalizing problems ($\beta = -.19$, *p* < .05).

The significant Maternal Positive Parenting × Youth-Coparent Relationship Quality interaction was probed utilizing procedures advocated by Jaccard, Turrisi, and Wan (1990) and by the Preacher, Curran, and Bauer (2006). Explication of the interaction revealed that more positive youth-coparent relationship quality enhanced the protective impact of maternal positive parenting on internalizing symptoms (see Figure 1). The negative association between maternal positive parenting and youth internalizing problems was significantly stronger at higher levels of youth-coparent relationship quality than at lower levels of relationship quality. It should also be noted that although the combination of high positive parenting and high youth-coparent relationship quality resulted in lower internalizing symptoms, the combination of low positive parenting and high youth-coparent relationship quality

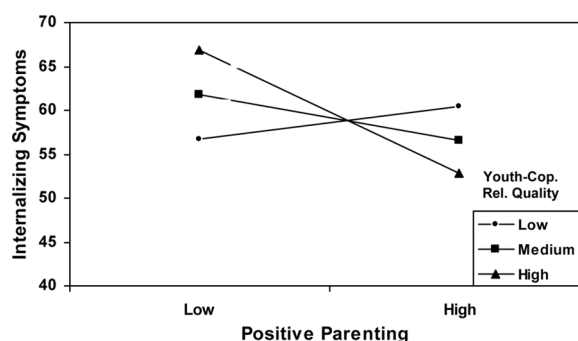


FIGURE 1 The association between positive parenting and internalizing symptoms at different levels of youth-coparent relationship quality.

led to the highest level of internalizing symptoms (see Table 4).

For externalizing symptoms, consistent with the bivariate associations, there was a significant association of maternal positive parenting in the multivariate model ($\beta = -.19$, *p* < .05). Higher levels of maternal positive parenting, as reported by youth, were associated with lower levels of mother-reported externalizing problems. There was not a significant association of youth-coparent relationship quality with externalizing problems ($\beta = -.01$, *ns*). In addition, although, once again, the overall change in *R*² gained from adding the entire blocks was relatively small, ranging from .01 to .06, Maternal Positive Parenting × Youth-Coparent Relationship Quality was significant ($\beta = -.26$, *p* < .05).

Consistent with the pattern of findings for internalizing symptoms, probing of the interaction revealed that more positive youth-coparent relationship quality strengthened the negative association between maternal positive parenting and externalizing problems (see Figure 2). In addition, similar to internalizing symptoms, youth reporting high levels of both positive parenting and youth-coparent relationship quality had the lowest level of externalizing symptoms. However, youth who reported low levels of positive parenting in the context of high youth-coparent relationship quality

TABLE 4
Values of Internalizing and Externalizing Symptoms at Fixed Levels of Positive Parenting and Youth-Coparent Relationship Quality

	Youth-Coparent Relationship Quality	Low Positive Parenting	High Positive Parenting
Internalizing Symptoms	Low	51.16	64.42
	Medium	61.72	56.62
	High	68.76	51.42
Externalizing Symptoms	Low	48.37	62.82
	Medium	67.21	53.10
	High	73.05	46.62

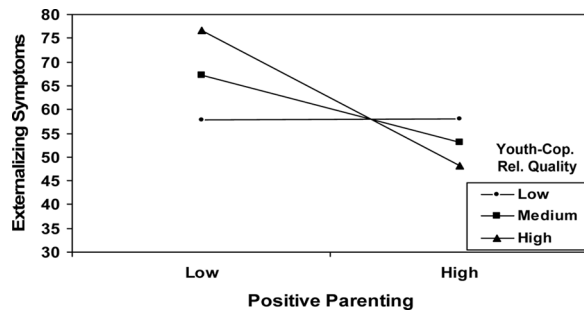


FIGURE 2 The association between positive parenting and externalizing symptoms at different levels of youth-coparent relationship quality.

had the highest level of externalizing symptoms (see Table 4).

DISCUSSION

This study examined the main and interactive associations of youth-coparent relationship quality with youth psychosocial adjustment among low-income African American youth from single mother homes. Contrary to the proposed hypothesis, youth-coparent relationship quality was not directly associated with youth adjustment. However, the protective effect of maternal positive parenting on both internalizing and externalizing problems was enhanced when youth reported more supportive relationships with their coparents. Conversely, at low levels of youth-coparent relationship quality there was a positive association between positive parenting and adjustment problems.

Before addressing the primary findings of the study, it is notable that neither youth age nor gender was correlated with internalizing or externalizing problems. In terms of age, it is important to note that although children ranged in age from 7 to 15 years old in the sample, approximately 70% of the children fell within the 10- to 13-year-old age range. This constrained variability in age may account for the nonsignificance of the age variable. Furthermore, findings have been inconsistent regarding the association of age with socioemotional difficulties, with some studies showing no significant age differences in the prevalence of conduct disorder (Costello et al., 1996; Offord et al., 1996) or depression (Bean, Barber, & Crane, 2006). Youth gender also was not associated with the outcome variables. Although several studies have documented gender differences in behavior problems (see Lahey et al., 2000, for a review), the findings have been much less consistent for less severe oppositional behaviors and several studies have reported no gender differences (Lewinsohn, Hops, Robert, Seeley, & Andrews, 1993; Verhulst, Van der

Ende, Ferdinand, & Kasius, 1997; Williams, McGee, Anderson, & Silva, 1989). In addition, some studies have demonstrated no gender difference in terms of youth internalizing symptoms during early adolescence, particularly in studies of low-income and African American youth (e.g., Klein & Forehand, 2000; Shaffer, Forehand, & Kotchick, 2002). Therefore, the concentration of youth in this study in the 10- to 13-year-old age range may have diluted gender effects.

Although any interpretation of any main effects of positive parenting should be done with caution given the obtained interaction, positive parenting was associated with youth externalizing, but not internalizing, symptoms in the multivariate analyses. Although positive parenting has been associated with a wide range of child outcomes (e.g., Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987; Jones et al., 2002b; McCabe, Clark, & Barnett, 1999), some evidence suggests that it may be a more robust correlate of externalizing than internalizing problems (e.g., Galambos, Barker, & Almeida, 2003; McCarty, Zimmerman, Digiuseppe, & Christakis, 2005; Mesman & Koot, 2000).

Contrary to our hypothesis, youth-coparent relationship quality did not contribute significant variance to youth outcomes in our study. Several possible explanations for this null finding should be considered. First, it may be the case that a child's relationship with a nonmarital coparent may contribute little to child internalizing and externalizing problems, once the well-established role of maternal positive parenting is taken into account. Another possibility, however, is that the methods used to assess youth-coparent relationship quality were not sensitive enough to detect the impact of the youth-coparent relationship. Perhaps including coparent report or observation of youth-coparent relationship quality, neither of which were available in the current study, would have yielded significant findings. In addition, both inadequate power and lack of longitudinal data precluded the opportunity to examine whether the role of the youth-coparent relationship differed depending on the developmental level of the child, as well as the potential bidirectional relationships in the youth-coparent relationship and child outcomes (Cummings, Davies, & Campbell, 2000). Similarly, we did not have access to coparent age, which may also have moderated the effect of the youth-coparent relationship. Of importance, however, the interpretation of the lack of the hypothesized main effect of youth-coparent relationship quality should be done with caution given the two-way interaction of Positive Parenting \times Youth-Coparent Relationship Quality.

Although the relative amount of variance accounted for by the Maternal Positive Parenting \times Youth-Coparent Relationship Quality was relatively small (3–6% depending on outcome), explication of the interaction

suggested that higher levels of coparent support strengthened the negative association between maternal positive parenting and both internalizing and externalizing symptoms. In other words, the protective role of maternal positive parenting was enhanced when youth reported having a higher quality relationship with the nonmarital coparent. Notably, this pattern of findings is consistent with a “protective–protective” moderation model, discussed by Zimmerman and colleagues (2006), which suggests that the role of a protective factor, in this case maternal positive parenting, can be enhanced in the context of other protective factors, in this case higher quality relationships between youth and the other adults or family members who assist in parenting them. Although future research is necessary to fully explain this finding, it is likely that a higher quality relationship affords an added layer of support to children who are otherwise being raised in contexts characterized by fairly high degrees of risk (e.g., low income, single mothers, urban neighborhoods). This added layer of support from another adult or family member may bolster the effects of maternal parenting in several ways. First, a positive relationship between coparents and youth may decrease the overall stress a family experiences by, for example, increasing emotional resources in the family or by facilitating an overall more positive family environment. This lowered family stress may, in turn, allow a mother’s parenting to be more effective. Consistent with this idea, parent training that includes a problem-solving component to address stressors affecting families, including relationships with extended family, has been found to be more effective than parent training that did not take those factors into account (Kazdin & Whitley, 2003). In addition, another possible explanation is that a positive youth–coparent relationship may improve factors intrinsic to youth, such as self-esteem, which may make parenting more effective. Related to this idea, studies have shown that a child’s personality and behavioral tendencies can moderate the association between parenting practices and youth adjustment (O’Connor & Dvorak, 2002; Prinzie et al., 2003). Finally, it has been suggested elsewhere that an involved secondary caregiver can improve and strengthen the legitimacy of mothers as authority figures (Murry et al., 2001).

It should also be noted that youth who received low levels of positive parenting in the context of a more positive relationship with their coparents evidenced the highest levels of both internalizing and externalizing symptoms. While this finding was not expected, it is consistent with a recent study which found that older adolescents and young adults who had stronger relationships with their grandparents, but poorer relationships with their parents, displayed higher levels of depressive symptomatology (Ruiz & Silverstein, 2007). One explanation

for this finding is that, as a result of observing high levels of youth disruptive behavior in the context of low maternal positive parenting, coparents exhibited more involvement and engagement with youth, in an effort to offset perceived effects of compromised parenting. Consistent with this idea, externalizing behaviors have been shown to predict an increase in parental involvement among two-parent families (Reitz, Dekovic, & Meijer, 2006). However, this increased involvement by the coparent may not be enough to compensate for the major negative influence of poor parenting. Another possible explanation may be that mothers who exhibit maladaptive parenting choose coparents who are poor role models or otherwise have a negative influence on the youth, thus more involvement by the coparents amplifies the youth’s externalizing behaviors. A third potential explanation is that this pattern of findings could be evidence of youth responding to compromises in maternal parenting and their resultant adjustment difficulties by turning to the coparent to make up for the deficiencies in positive parenting. In turn, coparents may actually reinforce or exacerbate these behaviors through deficiencies in their own parenting skills. Replication of these findings in longitudinal studies, however, will be necessary before a thorough understanding of this association can be established.

As already discussed, this study was an initial attempt to characterize the unique and interactive roles of the relationships that youth have with the relatively broad range of adults and family members who are assisting African American single mothers with parenting. Accordingly, the findings should be viewed as an initial step in a program of research that will continue to develop an increasingly sophisticated understanding of the involvement of nonmarital coparents in the lives of African American youth from single mother homes. As such, we note several limitations of our study that should be addressed in the next steps of this research. First, perceived support has been identified as the most important variable in caregiver–child relationships (Johnston, Steele, Herrera, & Phipps, 2003). However, youth report of the Youth–Coparent Relationship \times Maternal Parenting interaction accounted for a relatively small percentage of variance (3–6%) in this study. Although not inconsistent with an ecological framework, which suggests that multiple factors from a range of ecological contexts contribute to youth adjustment (e.g., Baumrind, 1967; Brofenbrenner, 1979; Conger et al., 1992), the magnitude of the effect of youth–coparent relationship quality may be bolstered by examining additional measures of the youth–coparent relationship, such as the use of objective indicators (i.e., observations) or qualitative methods. In addition, assessing multiple dimensions of relationship functioning (e.g., conflict) and obtaining both youth and coparent report may be helpful. Third, although

the current findings suggest that the youth–coparent relationship matters, future research should examine whether it matters more or less depending on characteristics of the coparent (e.g., residential arrangement of coparent, daily involvement of coparent with youth). Although our study did not collect this information, it is likely that youth–coparent relationship quality has a more robust role when coparents are more intricately involved in the lives of youth. Other moderators of youth–coparent relationship quality may be youth and/or coparent age. Although we controlled for youth age, limited power precluded examining Youth Age \times Youth–Coparent Relationship Quality and we did not collect information on coparent age. Fourth, although the measures were modified based on focus group feedback to increase the cultural relevance, this is not a substitute for the development and standardization of measures with African American samples. Fifth, we do not view our focus on African American single mother families as a limitation of the study given the importance of examining within group variability in diverse samples. However, caution is warranted in generalizing findings to other groups.

This study also had several strengths that merit attention. First, the sample consisted of African American single mothers and youth living in a high-risk urban community, which has traditionally been an understudied group. Accordingly, our findings contribute to a growing literature that highlights the relevance of culturally informed models of child and family functioning (e.g., Ball, Pelton, Forehand, Long, & Wallace, 2004; Coard, Wallace, Stevenson, & Brotman, 2004; Murry et al., 2005). This study also used multiple reporters (i.e., youth report of maternal positive parenting and coparent support and mother report of child internalizing and externalizing symptoms), minimizing the likelihood that significant findings were due to common-reporter variance. Future studies with larger sample sizes and greater power should consider the same model with multiple reporters of each construct as well. Third, the obtained two-way interaction was replicated across two outcomes, internalizing and externalizing problems, increasing our confidence in the findings. Finally, but perhaps most important, this study represents an initial attempt to understand the implications of the youth–coparent relationship for youth raised in single mother homes.

Implications for Research, Policy, and Practice

The findings of this study demonstrate the need to consider the role of relationships with nonmarital coparents on youth adjustment, which may be particularly important when studying low-income African American single mother families. A growing literature has examined mediators and moderators of relationships between

African American single mothers and their children, as well as child adjustment (e.g., Bynum & Brody, 2005; Kim & Brody, 2005; Jones et al., 2002a). However, far less research attention has been devoted to the relationships that many African American youth have with the other adults and family members who assist their single mothers with parenting. Of course, replication and extension of the current findings are necessary before definitive recommendations can be made regarding the role nonmarital coparents or addressing the youth–coparent relationship in prevention and intervention programs targeting African American youth from single mother homes. However, the current findings provide preliminary evidence that programs that address maternal parenting alone, without attention to the broader extended family context, particularly quality of the youth–coparent relationship may miss valuable opportunities to enhance the protective effects of maternal parenting and, in turn, to enhance child outcomes.

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