

Parenting Behaviors and Children's Coping with Stress:

Socialization of Coping Methods and Messages

Elizabeth C. Watkins

Mentor: Dr. Bruce Compas

Vanderbilt University

Abstract

In a follow up to Watson (2015), the current study examined the potential association of the methods that parents use to communicate coping strategies to their children, the messages that parents communicate, the impact of positive parenting, and how their children cope with stress. In a sample of 111 children (9 – 15 years old) and their mothers, reports of children's ways of coping with interpersonal stress were obtained from children and mothers, and mothers reported on the messages they used to coach their children's coping. Parent and child interactions, in which parents were given the opportunity to coach their child through a stressful situation, were observationally coded based on methods of socialization, positive parenting, and type of coping message communicated. Findings indicated that positive parenting was negatively correlated with maternal socialization of disengagement coping, suggesting that mothers who typically display positive parenting qualities are less likely to suggest disengagement coping strategies to their children. There were no statistically significant correlations between positive parenting and socialization of primary control or secondary control coping. Additional bivariate correlational analyses revealed that parents who exhibited more positive parenting characteristics were more likely to utilize either Questions in Service of Advisement or Modeling as methods of coping socialization. Linear regression analyses showed that maternal socialization of secondary control coping predicted child use of secondary control coping. Child age also predicted child use of secondary control coping strategies. There were no direct associations between maternal socialization of primary control coping or disengagement coping with children's use of these specific coping strategies.

Parenting Behaviors and Children's Coping with Stress:
Socialization of Coping Methods and Messages

Stress is a large part of day-to-day life and learning the skills needed to cope with stressful events is an essential aspect of child development. As children grow through childhood into adolescence and begin to encounter more varied types of stress, parents can be an important resource for helping their children learn how to cope with this stress (Abaied & Rudolph, 2010a). Parents vary not only in the messages that they deliver to their children about how to cope with stress, but also how they deliver these messages (Abaied & Rudolph, 2010a). With a potentially large influence over their children, parents could have the opportunity to help teach their children how to effectively cope with stress. Further, the coping strategies that children and adolescents use to cope with stress are an important mediator and moderator of the effects of stress on child and adolescent emotional and behavioral problems (Compas et al., 2017). For example, Abaied and Rudolph (2010a) found that girls benefitted from their mothers' suggestions of coping, with more suggestions of positive coping predicting less externalizing psychopathology in the context of interpersonal stress. On the other hand, Dempsey (2002) found that disengagement coping strategies were significantly associated with symptoms of depression, anxiety, and PTSD after accounting for age and violence exposure. Given the impact of coping on outcome of stressful situations combined with the potential impact of parents' suggestions on their children's outcomes, it is important to continue to investigate how children learn coping strategies in order to help them cope best with stress.

Coping Strategies

Coping has been defined to include three main types of coping: primary control coping, secondary control coping, and disengagement coping (e.g., Compas, Connor-Smith, Saltzman,

Thomsen, & Wadsworth, 2001; Connor-Smith et al., 2000). The three coping scales are defined as follows: Primary control refers to acting directly on a stressor or one's emotions in response to a problem through problem-solving, expressing emotions, or emotional modulation; secondary control refers to adapting to stressors through acceptance, positive thinking, distraction, or cognitive reappraisal; disengagement refers to evading the stressor or emotions through denial, avoidance, or wishful thinking (Compas et al., 2001, 2017) (see Figure 1 and Table 1). This three-part model of coping has been successfully validated using confirmatory factor analysis in samples of children, adolescents, and adults from a wide range of cultural backgrounds and nationalities in response to a wide range of stressors (Compas et al., 2017; Connor-Smith et al., 2000).

Coping is an important topic for research in part because certain coping techniques may be more effective for adapting to stressful situations than other strategies (Compas, Jaser, Dunn, & Rodriguez, 2012; Compas et al., 2017). The different types of coping have been studied in an attempt to quantify their impact, and results have varied. For example, Jaser et al., (2005) did not find a significant relationship between primary control coping and children's depressive symptoms when children were faced with the stressor of parental depression. However, as a whole, more recent studies have found significant relationships between adolescent coping and internalizing and externalizing symptoms, being that primary control and secondary control coping are typically more adaptive than disengagement coping strategies, especially in context of stressors (e.g., Compas et al., 2001, 2012, 2014, 2017; Connor-Smith et al., 2000, Jaser et al., 2007). Jaser et al., (2007) found primary control coping to be related to fewer symptoms of internalizing and externalizing symptoms in response to peer stressors, but more symptoms in context of parental depression. Secondary control coping strategies, however, were related to

fewer internalizing and externalizing symptoms in context of both peer stressors and parental depression (Jaser et al., 2007). Additionally, Dunbar et al., (2013) found both primary control and secondary control coping to be significantly related to lower depressive symptoms.

Parent Socialization of Coping

Although there are many possible influences on how children learn coping strategies, I have chosen to focus on parent socialization of coping because I believe that not only is socialization of coping an important factor for guiding children's coping skills, but also that effective communication and socialization methods could eventually be taught to parents to better help their children learn to cope with stress. The term "socialization of coping" refers to the way in which parents influence their children's coping strategies, and is defined as parenting styles and practices that are used to help their child learn to use emotional, cognitive, and behavioral strategies in order to manage stressful personal and external situations (Miller, Kliewer, & Partch, 2010). Several studies have examined these processes in parents and children (e.g., Abaied & Stanger, 2017; Monti, Rudolph, & Abaied, 2013; Abaied & Rudolph, 2010a, 2010b; Kliewer et al., 2006).

Abaied and Stanger (2017) conducted a short-term longitudinal study with 65 children and parents at a baseline and a 6-month follow-up. Parents and children were asked to work together on a stressful task during which parents were instructed to assist their child as they normally would, and parent socialization of coping was coded from video recordings of these tasks (Abaied & Stanger, 2017). Video recordings of these tasks were also coded to measure the frequency of primary, secondary, and disengagement coping suggestions, as well as to determine extent of Parent Positive Involvement on a scale of 0 to 3 in order to quantify the presence of parental warmth, responsiveness, and attentiveness (Abaied & Stanger, 2017). Children

completed the Autonomy Support Questionnaire, assessing how children think parents support their autonomy, as well as the friendship section of the Inventory of Parent and Peer Attachment to determine the extent to which children had positive social support (Abaied & Stanger, 2017). Finally, parents completed the Child Behavior Checklist to measure child adjustment and social problems (Abaied & Stanger, 2017). Results indicated that parents' suggesting primary control coping predicted fewer social problems for children, and that suggestions of disengagement coping predicted lower friendship quality (Abaied & Stanger, 2017). In a different study, Abaied and Rudolph (2010a) found that for girls, parents' suggestions of primary and secondary engagement control coping strategies predicted less externalizing psychopathy. On the other hand, Abaied and Rudolph (2010a) found that high disengagement coping suggestions, and low levels of engagement suggestions, predicted depression for youth exposed to high levels of stress.

Kliewer et al., (2006) examined 101 African American adolescents (ages 9-13) and their maternal caregivers living in an area of high-violence to determine if socialization of coping modeling impacted children's coping outcomes. Children and their mothers viewed a film depicting community violence, and their conversations were coded for the suggestions regarding coping strategies that the mothers made, the coping strategy that the mothers use themselves, and the type of coping that the child used (Kliewer et al., 2006). An interesting result from this study showed that children of mothers who suggested proactive coping strategies, but whose mothers modeled distraction-avoidance coping, had higher levels of distraction-avoidance coping (Kliewer et al., 2006). This finding shows the importance of the method by which the mother teaches their children how to cope, as children were more likely to follow their mothers' modeling than verbal suggestions (Kliewer et al., 2006). Abaied and Rudolph (2010a) and

Abaied and Stanger (2017) examined content of parental suggestions, and Kliewer et al., (2006) examined parental modeling as an influence on child coping.

Watson (2015) devised a coding model for the three main methods of parent socialization of coping, which account for the content as well as the method of communicating. Parents can teach their children how to cope in three ways: direct instruction, modeling, and questions in service of advisement (Watson, 2015). Previous models of parent socialization of coping have included direct instruction, but perhaps excluded other communication techniques that could be equally as informative and influential (Watson, 2015). Examples of each socialization method include:

1. Direct instruction. Example: "If people are continuously being mean, say 'stop being mean it's not cool'." (Primary Control Coping).
2. Questions in Service of Advisement. Example: "Did you report this to your teacher?" (Primary Control Coping).
3. Modeling. Example: "I was frustrated that she would cause that kind of problems with you after you had been such a good friend to her" (Primary Control Coping).

These methods of socialization are paired with whichever of the three types of coping is being communicated to create the final codes (Watson, 2015). Table 2 in the Appendix includes descriptions of each method of socialization in terms of each type of coping. Watson (2015) found inter-rater reliability of her coding system to be an acceptable 80% accuracy. Validity was assessed by determining correlations of the assigned codes with the mothers' self-reports of coping socialization, finding strong correlations with this questionnaire (Watson, 2015). Watson (2015) concluded that there was preliminary evidence and partial support for this system.

Parenting Style

As suggested by Watson et al. (2014), parenting style can impact children's perceptions of emotions, as parents who are aware of their children's emotional experiences may communicate a message that emotions are not only understandable but able to be expressed and thus may help their children learn to modulate their emotions to cope with stress. Abaied and Rudolph (2010b) tested 157 children and their mothers to determine whether or not maternal attachment predicted success of coping suggestions that mothers made to their children. Results indicated that maternal insecure attachment predicted mothers making fewer primary control and secondary control suggestions, and more disengagement coping suggestions (Abaied & Rudolph, 2010b). Additionally, Watson (2015) found preliminary evidence that warm parenting was a moderating variable on the relationship between maternal socialization of coping and children's coping, reporting that children use more primary coping strategies when mothers communicated these messages in a warm and responsive way. Watson (2015) suggested that future research continue to investigate the impact of warm/responsive parenting on socialization of coping, as it could be important that parents communicate their messages in a warm and responsive way in order to increase the likelihood that the children will use the suggested coping strategies. The present study has followed these recommendations.

Another important factor to consider is parents' emotional states, as parental depression is a chronic stressor for many adolescents in the United States (Gruhn et al., 2016). Depressed parents often have difficulty executing their parenting duties, which can lead to children internalizing symptoms, which is related to increased psychological depression and anxiety symptoms in children (Gruhn et al., 2016). Depressed parents are more likely to display negative parenting styles, such as withdrawn or intrusive parenting, which creates an uncertain and

stressful environment for their children (Gruhn et al., 2016). Fifty percent or more of children with depressed parents have developed depression themselves by adulthood (Goodman et al., 2011). Perhaps teaching parents how to most effectively communicate primary and secondary coping skills to their children could prevent this.

In order to better understand the role of parenting style in the relationship between parental socialization of coping and child coping, positive parenting will be considered in the current study as a moderating variable in the interaction of parenting socialization of coping and child coping with stress. The observational codes for positive parenting include warmth, listener responsiveness, communication, prosocial behaviors, quality time, and child-centeredness. As previously mentioned, Watson (2015) found some preliminary evidence that warm parenting was a moderating variable on the relationship between maternal socialization of coping and children's coping, reporting that children use more primary coping strategies when mothers communicated these messages in a warm and responsive way. In order to replicate and build upon these findings, I examined the potential of an interaction effect of positive parenting on the association between maternal socialized coping message and child coping. I then analyzed the association between positive parenting and the method used to socialize coping messages.

First, I hypothesized that children of parents who exhibit positive parenting styles would be more likely to utilize the coping strategies taught by their parents. The second hypothesis was that mothers that exhibit more positive parenting traits would be more likely to use direct instruction to socialize coping to their children, as I believed that this method of instruction would be the most effective for the nature of the interaction task. The third hypothesis was that children would exhibit the coping strategies taught by their parents (e.g. – children of mothers who socialize primary control coping would use primary control coping).

Method

Participants

The participants were pairs of mothers and their oldest eligible child, between the ages of 9 and 15 years old. The final sample included 111 children (63 boys, 48 girls) and their mothers. The mothers had an average age of 41.22 ($SD = 5.95$), and their children had an average age of 12.24 ($SD = 1.85$). Two-thirds (67.0% of mothers and 68.0% of children) were Euro-American. At the time of the assessment, five of the mothers were currently in a depressive episode, 40 had previously had a depressive episode in the life of their child, and 52 had never been depressed. 77% of mothers reported earning a college degree or higher, and 63% of mothers were either married or co-habiting. The median household income was \$65,000, however, the sample ranged from incomes of less than \$10,000 to more than \$300,000.

Procedure

The present study utilized previously collected data from Vanderbilt University's Stress and Coping Lab, and was conducted as a follow-up to Watson (2015). Participants were recruited between May of 2011 and December of 2013. Children completed the Responses to Stress Questionnaires (RSQ; Connor-Smith et al., 2000) about how they cope with stress, and mothers completed the RSQ about their child in order to quantify how the children coped with stress. The mothers also filled out the Socialization of Coping Questionnaire (Abaied, 2010; Abaied & Rudolph, 2010a, 2010b), a self-report measure of how they encourage their children to cope in peer-related stressful situations. The mothers were then given the opportunity to coach their child through a stressful peer situation, which was a 10-minute recorded conversation that was coded for positive parenting, parent socialization of coping message, and parent socialization of coping method. Families were compensated \$100 in total for their time (\$60 for the parent and \$40 for

the child). At the end of the visit, mothers were also given a packet of information about parenting, communicating with children, and the effects of parental depression on parenting.

Measures

Socialization of Coping Message. The Socialization of Coping Questionnaire (SOC; Abaied, 2010; Abaied & Rudolph, 2010a, 2010b) was used to measure how mothers encourage their children to cope with stressful peer situations. The Socialization of Coping Questionnaire consists of 24-items. For each item, mothers indicated on a 5-point Likert scale the degree to which they suggest their child use each coping strategy in response to a stressful peer situation (1 = not at all, 3 = some, 5 = very much). The questionnaire was written based on the coping factor structure of the RSQ (Connor-Smith et al., 2000), including primary control coping, secondary control coping, distraction coping (including some aspects of secondary and some aspects of disengagement), and behavioral avoidance (disengagement) coping suggestions (Watson, 2015). All of the analyses in the present study focused on the three coping strategies previously described (primary control coping, secondary control coping, and disengagement coping) that have been confirmed in factor analytic studies (e.g. Connor-Smith et al., 2000). Internal consistencies of each coping message was $a = .78$ for primary control coping, $a = .80$ for secondary control coping, and $a = .76$ for disengagement coping. Additionally, mother and child interaction tasks were observationally coded for Socialization of Coping Message to allow for comparison with mothers' reports on the Socialization of Coping Questionnaire. Codes were consistent with coping messages represented in the RSQ as well as the SOC Questionnaire (Connor-Smith et al, 2000; Abaied & Rudolph, 2010a). Descriptions of these codes can be found in Table 1. Maternal Socialization of Coping Message, as reported in the questionnaire and as observed, was analyzed for associations (see Table 5). Only two of nine correlations between the

observations and maternal reports of socialization were significant, indicating relatively low correspondence between these two methods. Mothers' reports of their socialization methods from the Socialization of Coping Questionnaire were used in the primary analyses for the current study.

Socialization of Coping Method. The observational coding method developed by Watson (2015) was used to determine how the mothers communicate the previously mentioned message to their children, or the type of socialization method the mothers used. The video interaction of the mothers coaching their children was observationally coded for method of coping socialization based on the system that Watson (2015) used in her dissertation (see Table 2). Watson (2015) found inter-rater reliability of her coding system to be an acceptable 80% accuracy. Descriptions of the three Socialization of Coping Methods can be seen in Table 2.

Positive Parenting. The Iowa Family Interaction Rating Scale (IFIRS; Melby & Conger, 2001) has been used to code observed parenting behaviors in the video interaction, as used by many researchers of this topic in the past (e.g., Watson et al., 2014; Gruhn et al., 2016). Rodriguez et al., (2015) found strong intraclass correlations between these positive parenting codes. Descriptions of the positive parenting codes in the present study, which includes warmth, listener responsiveness, communication, prosocial behaviors, quality time, and child-centeredness can be found in Table 3. Internal consistencies of these codes in the present study were analyzed and found to be reliable ($\alpha = 0.87$).

Child Coping Strategy. Coping strategies that the children use has been measured by the 57-item Response to Stress Questionnaire – Peer Stress version (RSQ; Connor-Smith et al., 2000; Jaser et al., 2007; Watson, 2015) completed by the mothers about their child and also completed as a self-report by the child. Both mother reports on child and child self-reports were

used in the analyses of this study. This measure was used to assess how children cope with stress. All of the analyses in the present study focused on the three coping strategies previously described (primary control coping, secondary control coping, and disengagement coping) that have been confirmed in factor analytic studies (e.g. Connor-Smith et al., 2000). Internal consistencies of child coping with stress by child self-report were $a = .87$ for primary control coping, $a = .86$ for secondary control coping, and $a = .81$ for disengagement coping. Internal consistencies of child coping with stress by parent report were, $a = .78$ for primary control coping, $a = .82$ for secondary control coping, and $a = .76$ for disengagement coping.

Study Design

The independent variables measured, or manipulated through participant variation, in analyses for the present study include Parental Socialization of Coping Message, Parental Socialization of Coping Method, and Parenting Style (Positive Parenting). The dependent variable measured was Child Coping Strategy. The maternal self-reports of socialization of coping message from the Socialization of Coping questionnaire have been used in analyses for the independent variable of Parent Socialization of Coping Message. Parental Socialization of Coping Method was coded observationally from the interaction task using Watson's model (2015) (see Table 2). Positive Parenting has been coded observationally using the IFIRS rating scale, and analyzed as a potential moderating variable. The dependent variable was the child's demonstrated coping strategy, as measured by both the child self-report and the parent report of the child's RSQ.

Descriptive statistics. All data was analyzed using SPSS. Means, standard deviations, and ranges of scores were calculated for all variables (see Table 4).

Correlational analyses. Bivariate Correlations using Pearson's r were calculated to determine if Parent Self-Reported Socialization of Coping Message (from the SOC Questionnaire) was associated with Parent Observed Socialization of Coping Message (from the interaction tasks), as well as to determine if Parent Socialization of Coping (from the SOC Questionnaire) was associated with Child Coping (from the RSQ, both parent report and child self-report) (see Table 5). Correlational analyses were also calculated to determine associations between Positive Parenting and both observed and self-reported Socialization of Coping Message, as well as between Positive Parenting and both mother-reported and child-self reported Child Coping (see Table 5). Additional correlational analyses were executed to determine associations between Positive Parenting and Socialization of Coping Method (see Table 6).

Regression analyses. A series of linear multiple regressions were executed to determine the main effect of Maternal Socialization of Coping Message on Child Coping, as well as the interaction effect of Positive Parenting with Maternal Socialization of Coping Message on Child Coping, as it was hypothesized that the relationship would be contingent on a positive parent-child relationship (see Tables 7, 8, and 9). The data that was used included the SOC questionnaire information of Maternal Socialization of Coping Message, the observation data of Positive Parenting, and both mother report on child and child self-report from the RSQ for Child Coping. The interaction of Positive Parenting with each of the Maternal Socialization of Coping Messages was determined by calculating the product of the variables (e.g. Positive Parenting x Primary Control Coping).

Results

Descriptive Statistics

Table 4 provides descriptive statistics for demographic information, child coping

variables (according to the RSQ child self-report and mother report on child), observed maternal coping socialization messages, observed maternal socialization of coping methods, maternal self-reported coping socialization messages (according to the SOC questionnaire), and IFIRS coded positive parenting behaviors.

Bivariate Correlation Analyses

Table 5 displays the correlations of the Socialization of Coping Questionnaire Measure of Maternal Socialization of Coping Message as well as observed Positive Parenting with observed mother and child characteristics. These characteristics included both observed and self-reported maternal coping message (primary, secondary, and disengagement), as well as child coping strategy (self-reported as well as mother report on child). Mother self-reports of communicating primary control coping messages were statistically significantly correlated with self-reported communication of secondary control coping messages ($r = .41, p < .01$) as well as disengagement coping messages ($r = .35, p < .01$). Mother self-reports of communicating secondary control coping messages were also statistically significantly correlated with communicating disengagement coping messages ($r = .27, p < .01$). When examining associations between mother self-reports of coping socialization messages according to the questionnaire with observed mother coping socialization messages, the only coping message that was statistically significantly correlated between measures was disengagement coping ($r = .26, p < .01$). However, observed communication of primary control coping was statistically significantly negatively correlated with self-reported communication of secondary control coping ($r = -.21, p < .05$). When examining positive parenting as it relates to socialization of coping message, positive parenting was statistically significantly negatively correlated to disengagement coping measured by the questionnaire ($r = -.27, p < .01$), and measured by observation ($r = -.25, p <$

.01). When examining maternal reports of socialization of coping message as it relates to child coping strategy, mother self-reported communication of secondary control coping was statistically significantly positively correlated with mother's reports of how much their children used secondary control coping as a coping strategy ($r = .37, p < .01$). Additionally, mother self-reported communication of primary control coping was statistically significantly negatively correlated with child self-reported use of secondary control coping ($r = -.19, p < .05$).

Table 6 displays the correlations between Positive Parenting, as observed, with Method of Socialization of Coping, as observed. Positive parenting was positively correlated with observed Questions in Service of Advisement ($r = .26, p < .01$). Positive parenting was also positively correlated with observed Modeling ($r = .20, p < .05$).

Linear Regression Analyses

Linear regression analyses were executed to analyze the association between parent socialization of coping (self-reported use of primary control, secondary control, or disengagement according to the SOC Questionnaire) message and child coping (both mother-reported and child self-reported use of primary control, secondary control, or disengagement) strategies when controlling for child age, gender, additional parental socialization of coping messages, positive parenting, and the interaction between positive parenting and the socialization of coping message. Thus, there were six dependent variables (child use of primary control coping as reported by mother and child, child use of secondary control coping as reported by mother and child, and child use of disengagement coping as reported by mother and child). Regression analyses were run six times, once for each dependent variable. In Step 1, the regression analyses controlled for child gender, child age, and maternal socialization of the same coping strategy that was the current dependent variable (e.g. if the dependent variable was child use of primary

control coping, maternal SOC of primary control coping was used in Step 1). In Step 2, maternal socialization of the other two coping messages (e.g. maternal SOC of secondary control coping and disengagement coping) was added, as was observed positive parenting. In Step 3, the interaction effects of all three coping messages and positive parenting were added. The results were as follows.

Predicting Child Use of Primary Control Coping Strategies. When analyzing the association between maternal socialization coping messages (as reported through the SOC questionnaire) and child exhibition of primary control coping strategies (mother report on child), maternal socialization of disengagement coping, but not primary control coping or secondary control coping, significantly predicted a lack of child primary control coping in Step 2 ($\beta = -.244$, $p < .05$) and Step 3 ($\beta = 0.245$, $p < .05$). Thus, maternal communication of disengagement coping strategies was associated with less use of primary control coping strategies by the child. Additionally, maternal socialization of secondary control coping approached significance as a predictor of child primary control coping in Step 2 ($\beta = .181$, $p = .082$), and 3 ($\beta = .193$, $p = .069$) (See Table 7).

The same negative predictive relationship was not significant when examining maternal socialization of disengagement coping as a predictor of child exhibition of primary control coping using the child self-report as the dependent variable. There was no significant association of maternal socialization of primary control coping on child primary control coping for either mother or child report. Additionally, there was no significant interaction effect of positive parenting. Child age approached significance as a predictor of child use of primary control coping (child self-report) in Step 1 ($\beta = .175$, $p = .077$) (See Table 7).

Predicting Child Use of Secondary Control Coping Strategies. When analyzing the

association between maternal socialization of coping messages (as reported through the SOC questionnaire) and child exhibition of secondary control coping strategies (RSQ mother report on child), maternal socialization of secondary control coping strategies was initially statistically significantly predictive with child use of secondary control coping strategies ($\beta = .358, p < .001$). This predictive association was maintained through Step 2, when controlling for the other socialized methods (primary control and disengagement), as well as child age, gender, and positive parenting ($\beta = .394, p < .001$). Additionally, this predictive association was maintained through Step 3, when controlling for the previously mentioned variables in addition to the interaction effect of positive parenting and maternal socialized coping message ($\beta = .399, p < .001$). In Steps 1 ($\beta = .187, p < .05$) and 3 ($\beta = .202, p < .05$), Child Age was also a predictor of child use of secondary control coping strategies (mother report), and approached significance for Step 2, ($\beta = .191, p = .057$) (See Table 8).

However, these predictive associations between maternal socialization of secondary control coping and child use of secondary control coping were not found when using the child self-report as the dependent variable. Rather, maternal socialization of primary control coping was found to be a negative predictor of child use of secondary control coping in Steps 2 and 3, ($\beta = -.239, p < .05, \beta = -.245, p < .05$). Additionally, in Step 1, child age approached significance as a predictor of use of secondary control coping ($\beta = .187, p = .052$). Finally, the interaction effect of disengagement coping and positive parenting approached significance when predicting child use of secondary control coping ($\beta = -.187, p = .088$) (See Table 8).

Predicting Child Use of Disengagement Coping Strategies. When analyzing the association between maternal socialization of coping messages (as reported through the SOC questionnaire) and child exhibition of secondary control coping strategies (RSQ mother report on

child), there were no statistically significant associations. Maternal socialization of secondary control coping approached significance as a negative predictor of child use of disengagement coping ($\beta = -.188, p = .083$). No other statistically significant predictions of child use of disengagement coping strategies were found (See Table 9).

Discussion

The aim of the present study was to examine maternal socialization of coping messages as they relate to children's coping strategies, with positive parenting as a possible moderating variable in the relationship, as well as to examine potential associations between positive parenting and socialization of coping method. Maternal self-reported questionnaires regarding socialization of coping messages were compared to child coping strategies, with data from both self-reports and mother report on child. Observed measures of positive parenting were included as a potential moderating variable. The first hypothesis, regarding the data from the questionnaires, was that the children of parents who exhibit positive parenting styles would be more likely to utilize the coping strategies taught by their parents. The second hypothesis was that mothers that exhibit more positive parenting traits would be more likely to use direct instruction to socialize coping to their children. The third hypothesis was that children would exhibit the coping strategies taught by their parents (e.g. – children of mothers who socialize primary control coping will use primary control coping).

Hypothesis 1: Association of Positive Parenting with Socialization of Coping

There was a statistically significant negative correlation between exhibited positive parenting and maternal self-reported socialization of disengagement coping, as well as maternal observed socialization of disengagement coping. These results indicate that mothers who typically behave with positive parenting qualities also do not typically suggest disengagement

coping strategies to their children. There were no statistically significant relationships between positive parenting and socialization of primary control coping or secondary control coping. As previously mentioned, for the linear regression analyses, the present study chose to focus on data from questionnaires as a measure of maternal socialization of coping message. Upon further analysis in the linear regression analyses, no interaction effect of positive parenting and maternal socialization message was found on exhibited child coping strategy. However, when examining the child self-report, the interaction effect of positive parenting and maternal socialization of disengagement coping approached significance when predicting child use of secondary control coping.

The first hypothesis, that the children of parents who exhibit positive parenting styles would be more likely to utilize the coping strategies taught by their parents, was not confirmed. However, the interaction effect of socialization of disengagement coping and positive parenting on child use of secondary control coping approached significance, but was not statistically significant. These results still provide an interesting direction for future research. As secondary control coping has been shown to be adaptive when facing both peer and parental depression stressors (e.g. Jaser et al., 2007), the potential for determining a predictive relationship that leads to children using less secondary control coping, thus not helping themselves as much as they could, is important to explore further. Future studies could combine observations of socialization of coping message with observations in order to examine a more holistic picture of the mother-child interaction. Additionally, further studies could gather questionnaire data, such as the Inventory of Parent and Peer Attachment (Abaied & Stanger, 2017), for the measure of positive parenting, as observations from a 10-minute interaction could be an inaccurate representation of consistent positive parenting. Finally, further studies could consider gathering longitudinal data

from mothers and children when examining this relationship, as there are many other factors in a mother-child relationship that data from just one time point may not cover.

Hypothesis 2: Socialization of Coping Method and Positive Parenting

When examining the relationships between socialization of coping method and positive parenting, bivariate correlational analyses revealed that parents who exhibited more positive parenting characteristics were more likely to utilize either Questions in Service of Advisement or Modeling as methods of coping socialization. Thus, the second hypothesis, that mothers that exhibit more positive parenting traits will be more likely to use direct instruction to socialize coping to their children, was not confirmed. However, the implications of these results provide an important direction for future research. If mothers who exhibit more positive parenting behaviors are more likely to use either Questions in Service of Advisement or Modeling as their method of socializing coping, it would be interesting for future studies to examine the effectiveness of this method of socialization over multiple time points. For example, asking mothers how they provide their children with coping-related advice on a specific peer stressor and then following up to see how the child coped with the specific stressor could be an interesting way to reveal an effective method to socialize coping.

Hypothesis 3: Socialized Coping Messages and Child Coping Strategies

The linear multiple regressions also revealed interesting relationships between socialized coping messages and the impact on child coping which yield potential for future research to further investigate these relationships. For instance, the statistical significance of age as a predictor of use of secondary control coping strategies suggests that maybe neurological and/or cognitive development is important for the use of secondary control coping skills. Additionally, the statistical significance of maternal socialization of secondary control coping as a predictor of

child use of secondary control coping is a notable finding, as this predictive relationship didn't appear for either of the other types of coping. Additionally, the correlational analyses indicated that the more mothers socialized secondary control coping strategies, the more they reported their children used these skills. This relationship between maternal socialization of secondary control coping predicting child use of secondary control coping could also be examined further in future research to determine if there is a specific method of socialization that is most effective when teaching children how to cope using secondary control coping skills.

The statistically significant negatively predictive relationship between mother socialization of disengagement coping and child use of primary control coping indicates that the more mothers socialized disengagement coping strategies, the less they reported their children using primary control coping skills, and the less mothers socialized disengagement strategies, the more they reported their children using primary control coping skills. Additionally, the statistically significant negative predictive relationship between mother socialization of primary control coping and child use of secondary control coping indicates that the more mothers socialized primary control coping, the less their children reported using secondary control coping, and the less mothers socialized primary control coping, the more their children reported using secondary control coping. Similarly, Watson (2015) found that child coping strategies were often opposite to the messages that mothers were communicating and hypothesized that this may be due to the mothers socializing skills that they believe their child is lacking. Given this logic, perhaps the fact that there were few statistically significant predictive results within types of coping (e.g. maternal socialization of primary control coping predicting child use of primary control coping) is not surprising, as mothers know when their children are already utilizing primary control coping strategies and thus would suggest them less, because they believe their

child already knows how to problem solve. In this case, it would make sense that two (primary control coping and disengagement coping) within-coping type correlations and predictive relationships were not significant if the mothers did not want to repeat what their child already knows.

For future research, it would be interesting to gather data from multiple time points, as well as to begin with children of a younger age and their mothers, thus gathering data in a longitudinal manner in order to track the child's development of coping skills. Gathering data regarding initial child coping strategy, and tracking the development and changes of the strategies the children use as their parents socialize them to other coping skills could be important to learning more about how coping is socialized. Thus, the nature of younger participants and longitudinal data could yield more relevant findings regarding how parents can most effectively teach their children to cope, over time, before the child has already learned how to cope with stressors, causing the mothers to no longer suggest the coping strategies that the child already uses. Additionally, this longitudinal data could be further analyzed to determine which method of coping socialization is the most effective for teaching children how to cope with stress, as well as examined for potential interaction effects of positive parenting.

Strengths and Limitations

The strengths of this study include the use of multiple informants on utilized child coping strategy, reducing problems of shared method variance when only a single method is used. The sample was representative regarding maternal marital status, maternal history of depressive episodes, child gender, and child age. Additionally, the access to data from both questionnaires and observational recordings regarding maternal socialization of coping message provided an opportunity to examine the validity of these measures. The present study examined observed

positive parenting as a moderator of coping socialization messages and child utilized coping strategies as measured through questionnaires, thus using multiple sources and measures, which can increase confidence in the findings.

However, there are quite a few limitations to this study. Regarding demographic data, although the median household income was \$65,000, the sample ranged from less than \$10,000 to more than \$300,000, which is not an extremely representative sample. 67% of the sample was Caucasian, which is also not representative and yields another limitation of this data. Additionally, the setting in which the parents are completing the interaction task with their child is not a real life environment and could bias the data, specifically the maternal socialization coping message and method data. Methods of coping socialization such as modeling could be more difficult to observe in this type of task, even if parents are modeling as a method of coping socialization at home. Or, mothers could typically suggest that their children should avoid peer stress-related problems, but feel the need to make more proactive suggestions when being recorded. There could be additional, unforeseen reactivity effects from being recorded that bias the data recorded in a forced communication setting and detract from the validity of the measure, making the data not representative of how mothers help their children cope with real life stressor settings. The present study has attempted to overcome the limitations of observational data from the interaction task by using mother self-report survey results of actions at home when possible to ensure within-participant reliability.

There are also many other factors that could play a role in children's ability to learn to cope with stress that were not measured or controlled for in the present study. Previous research has shown a relationship between everyday executive functioning and coping (e.g., Campbell et al., 2009). So, is coping a socially learned skill or is it as a result of our working memory and

inhibitory control abilities? What about the socialization of coping strategies from other role models that the children could learn from, such as father figures, friends, teachers, siblings, or even characters on television shows? Finally, are the children able to synthesize what they have learned socially to be able to exhibit these coping skills in a real life scenario? Child and adolescent development is an important growth period in which there are many factors that could be confounds, and the present study does not account for all of them. Rather, I hope that the present study's findings will provide a direction for future research in order to improve our understanding of how parents can socialize coping strategies to their children, in order to help them learn better from their parents and therefore cope more effectively.

References

- Abaied, J. L. (2010). *Socialization of coping with peer victimization and negative emotionality: Interactive contribution to children's responses to stress and depressive symptoms*. (Unpublished Doctoral Dissertation).
- Abaied, J. L., & Rudolph, K. D. (2010a). Parents as a resource in times of stress: Interactive contributions of socialization of coping and stress to youth psychopathology. *Journal of Abnormal Child Psychology*, *38*, 273-289.
- Abaied, J. L., & Rudolph, K. D. (2010b). Contributions of maternal adult attachment to socialization of coping. *Journal of Social and Personal Relationships*, *27*, 637-657.
- Abaied, J. L., & Stanger, S. B. (2017). Socialization of coping in a predominately female sample of caregivers: Contributions to children's social adjustment in middle childhood. *Journal of Family Psychology*, *31*(7), 958-964.
- Campbell, L. K., Scaduto, M., Van Slyke, D., Niarhos, F., Whitlock, J. A., & Compas, B. E. (2009). Executive function, coping and behavior in survivors of childhood acute lymphocytic leukemia. *Journal of Pediatric Psychology*, *34*, 317-327.
- Compas, B.E., Connor-Smith, J.K., Saltzman, H., Thomsen, A.H., & Wadsworth, M.E. (2001). Coping with stress during childhood and adolescence: Progress, problems, and potential in theory and research. *Psychological Bulletin*, *127*, 87-127.
- Compas, B.E., Jaser, S.S., Dunn, M.J., & Rodriguez, E.M. (2012). Coping with chronic illness in childhood and adolescence. *Annual Review of Clinical Psychology*, *8*(15), 15.1-15.26.
- Compas, B.E., Jaser, S.S., Dunbar, J.P., Watson, K.H., Bettis, A.H., Gruhn, M.A., & Williams, E.K. (2014). Coping and emotion regulation from childhood to early adulthood: Points of convergence and divergence. *Australian Journal of Psychology*, *66*, 71-81.

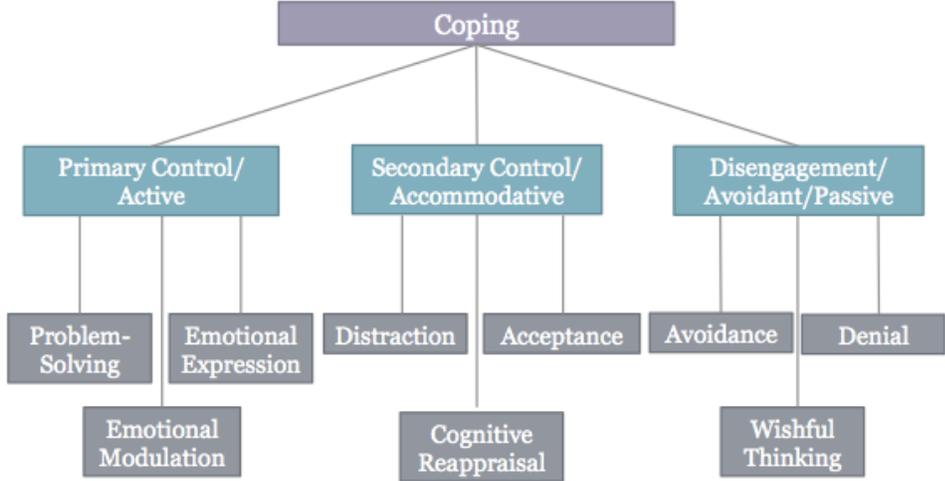
- Compas, B. E., Jaser, S. S., Bettis, A. H., Watson, K. H., Gruhn, M. A., Dunbar, J. P., Williams, E., & Thigpen, J. C. (2017). Coping, emotional regulation, and psychopathology in childhood and adolescence: A meta-analysis and narrative review. *Psychological Bulletin, 143*, 939-991.
- Connor-Smith, J.K., Compas, B.E., Wadsworth, M.E., Thomsen, A.H., & Saltzman, H. (2000). Responses to stress in adolescence: Measurement of coping and involuntary stress responses. *Journal of Consulting and Clinical Psychology, 68*, 976-992.
- Dempsey, M. (2002). Negative coping as a mediator in the relation between violence and outcomes: Inner-city African American youth. *American Journal of Orthopsychiatry, 72*, 102-109.
- Dunbar, J. P., McKee, L., Rakow, A., Watson, K. H., Forehand, R., & Compas, B. E. (2013). Coping, negative cognitive style and depressive symptoms in children of depressed parents. *Cognitive Therapy and Research, 37*, 18-28.
- Goodman, S. H., Rouse, M. H., Connell, A. M., Broth, M. R., Hall, C. M., & Heyward, D. (2011). Maternal depression and child psychopathology: A meta-analytic review. *Clinical Child and Family Psychology Review, 14*, 1-27.
- Gruhn, M. A., Dunbar, J. P., Watson, K. H., Reising, M. M., Forehand, R., McKee, L., Cole, D. A., & Compas, B. E. (2016). Specificity among parents' depressive symptoms, parenting, and child internalizing and externalizing symptoms. *Journal of Family Psychology, 30*, 309-319.
- Jaser, S. S., Langrock, A. M., Keller, G., Merchant, M. J., Benson, M., A., Reeslund, K. L., Champion, J. E., & Compas, B. E. (2005). Coping with the stress of parental depression

- II: Adolescent and parent reports of coping and adjustment. *Journal of Clinical Child and Adolescent Psychology*, 34, 193-205.
- Jaser, S. S., Champion, J. E., Reeslund, K. L., Keller, G., Merchant, M. J... Compas, B. E. (2007). Cross-situational coping with peer and family stressors in adolescent offspring of depressed parents. *Journal of Adolescence*, 30, 917-932.
- Kliewer, W., Parrish, K. A., Taylor, K. W., Jackson, K., Walker, J. M., & Shivy, V. A. (2006). Socialization of coping with community violence: Influences of caregiver coaching, modeling, and family context. *Child Development*, 77, 605-623.
- Melby, J. N. & Cogner, R. D. (2001). The Iowa Family Interaction Rating Scales: Instrument summary. In P. K. Kerig & K.M. Lindahl (Eds.), *Family observational coding systems* (pp. 33-58). Mahwah, NJ: Erlbaum.
- Monti, J., D., Rudolph, K. D., & Abaied, J. L. (2013). Contributions of maternal emotional functioning to socialization of coping. *Journal of Social and Personal Relationships*, 31, 247-269.
- Miller, P.A., Kliewer, W., & Partch, J. (2010). Socialization of children's recall and use of strategies for coping with interparental conflict. *Journal of Child and Family Studies*, 19, 429-443.
- Rodriguez, E. M., Murphy, L., Vannatta, K., Gerhardt, C. A., Young-Saleme, T., Saylor, M., Bemis, H., Desjardins, L., Dunn, M. J., & Compas, B. E. (2015). Maternal coping and depressive symptoms as predictors of mother-child communication about a child's cancer. *Journal of Pediatric Psychology*, 329-339.
- Watson, K.H., Dunbar, J.P., Thigpen, J.C., Reising, M.M., Hudson, K... Compas, B.E. (2014). Observed parental responsiveness/warmth and children's coping: Crosssectional and

prospective relations in a family depression preventive intervention. *Journal of Family Psychology, 28(3)*, 278-286.

Watson, K. H. (2015). *Individual Differences in Children's Coping: The Independent and Interactive Roles of Coping Socialization and Parenting Behaviors in Families With and Without a History of Maternal Depression*. Unpublished Doctoral Dissertation, Vanderbilt University.

Figure 1: Coping Strategies.



Source: Watson (2015)

Table 1. Coping factors, definitions, parcels, and example items.

COPING FACTOR	DEFINITION	PARCELS	ITEMS FROM THE RESPONSES TO STRESS QUESTIONNAIRE
Primary Control Coping	Efforts to act directly on a stressor or emotions	Problem-Solving	I try to think of different ways to change the problem or fix the situation.
		Emotional Modulation	I keep my feelings under control when I have to, then let them out when they won't make things worse.
		Emotional Expression	I let someone or something know how I feel.
Secondary Control Coping	Efforts to adapt a stressor or emotions	Acceptance	I realize that I just have to live with things the way they are.
		Positive Thinking	I tell myself that everything will be all right.
		Cognitive Restructuring	I think about the things that I am learning from the situation, or something good that will come from it.
		Distraction	I keep my mind off the problem by (check all that you do): exercising, playing video games, seeing friends, doing a hobby, watching TV.
Disengagement Coping	Efforts to evade the stressor or emotions	Denial	When something goes wrong with peers, I tell myself, "This isn't real."
		Avoidance	I try to stay away from people and things that make me feel more upset or remind me of the problems.
		Wishful Thinking	I deal with the problem by wishing it would just go away, that everything would work itself out.

Source: Watson (2015)

Table 2. Description of Socialization Method Codes.

Process Code	Description of the Code	Examples of the Content
Instruction	The parent provides the child with direct instruction on the specific strategies that the child <i>should</i> use to cope with the stressor.	Primary Control Instruction P: "You should come talk to me about it or tell the teacher if that happens."
		Secondary Control Instruction C: "You encourage me to focus on the positive."
		Disengagement Instruction P: "There are some people that are evil and you need to avoid."
Questions in Service of Advisement	This code is given to a leading question asked by the parent that is intended to communicate to the child that there is a particular coping strategy the parent wants the child to use.	Primary Control Question in Service of Advisement P: "Would you go tell the teacher or go tell your mom?"
		Secondary Control Question in Service of Advisement P: "I wonder if it would be helpful to remind yourself that a lot of people love you?"
		Disengagement Question in Service of Advisement P: "Don't you think you should just ignore kids like that?"
Modeling	This code is given to a parent who demonstrates coping skills in the immediate task or shares with/tells the child about what they do to cope with stressors experienced <i>outside</i> of the immediate task.	Primary Control Modeling P: "I am having a similar problem with a friend. I could call her to talk it over. Maybe I could apologize in a card. Or actually maybe I should let her cool off for a while since I really think I hurt her feelings."
		Secondary Control Modeling P: "I am sad that other kids are rude to you, but I know a lot of people love you and it is helpful to remind myself of that."
		Disengagement Modeling P: "I tend to try to stay away from people who act that way."

Source: Watson (2015)

Table 3. Description of IFIRS Codes for Positive Parenting.

Parental Responsiveness/Warmth Composite Codes	Definition	Examples
Warmth (WM)	This code assesses the degree to which the parent expresses liking, appreciation, praise, care, concern, or support for the child.	1. "I love you." 2. "You're wonderful." 3. "You were very brave."
Listener Responsiveness (LR)	This code assesses the parent's listening skills. It is a measure of how well the parent attends to, shows interest in, acknowledges, and validates the child's statements.	1. A smile that says, "I like your idea." 2. A brief verbal response such as, "yeah" while the person is speaking. 3. Nodding
Communication (CO)	This code assesses the parent's skill in communication, including the extent to which the parent conveys ideas in a neutral/positive manner, considers the child's point of view, solicits information from the child, and offers explanations and reasoning for their opinions.	1. "This is really important to me because..." 2. "I realize that you think..." 3. "That is an interesting idea."
Prosocial Behaviors (PR)	This code assesses the extent to which the parent relates competently and effectively with the child. It measures the parent's interpersonal skills, cooperation, sensitivity, and helpfulness.	1. "I'm sorry, I didn't know that bothered you." 2. "I liked your idea about how to clean the house." 3. "Mary, what do you think about our plans?"
Quality Time (QT)	This code assesses the extent or quality of the parent's "well-spent" involvement in the child's life outside of the immediate setting.	1. "I really enjoy spending time with you." 2. "I always look forward to our Saturday evenings together playing games and eating popcorn." 3. Evidence of meaningful and mutually enjoyable routines
Child-Centeredness (CC)	This code assesses the extent to which the parent's behavior is centered on the needs, feelings, and desires of the child.	1. "How did that make you feel when she did that?" 2. "I know this is upsetting to you. Let's try the next question." 3. "What do you want to talk about?"

Source: Watson (2015)

Table 4. Descriptive Statistics for Demographics, Child Coping, Maternal Coping Socialization Messages and Methods, and Parenting Behaviors.

Variable	Min	Max	M	SD
Demographics				
Income	300.00	315,000.00	73,048.00	50,587.59
Child Age	9	15	12.29	1.856
Child Gender	1	2	1.43	0.498
Child Coping Variables				
RSQ Mother on Child Primary Control Coping (M on C)	.07	0.30	0.20	0.04
RSQ Mother on Child Secondary Control Coping (M on C)	.10	0.39	0.25	0.05
RSQ Mother on Child Disengagement Coping (M on C)	.09	0.22	0.15	0.02
RSQ Child Primary Control (C)	0.08	0.31	0.19	0.05
RSQ Child Secondary Control (C)	0.11	0.39	0.26	0.06
RSQ Child Disengagement (C)	0.09	0.24	0.16	0.03
Observed Coping Socialization Messages				
<i>Content Codes</i>				
Primary Control Coping Total (O)	0	47	7.22	7.18
Secondary Control Coping Total (O)	0	41	6.36	6.16
Disengagement Coping Total (O)	0	15	1.53	2.76
<i>Method Codes</i>				
Instruction Total (O)	0	45	4.69	6.41
Questions in Service of Advisement Total (O)	0	17	3.00	3.40
Modeling Total (O)	0	35	7.41	6.15
Reported Coping Socialization Messages				
SOC Primary Control Coping Total (M)	2.50	5.00	4.17	0.62
SOC Secondary Control Coping Total (M)	1.60	5.00	3.54	0.86
SOC Disengagement Coping Total (M)	1.33	5.00	3.54	0.86

IFIRS Positive Parenting Behaviors (O)	2.67	7.67	5.00	0.95
--	------	------	------	------

Note. N = 111. RSQ = Response to Stress Questionnaire. SOC = Socialization of Coping

Questionnaire. M = Mother Self-Report; M on C = Mother Report on Child; C = Child Self-

Report; O = Observation.

Table 5. Bivariate Pearson's Correlations of Socialization of Coping Questionnaire Measure of Maternal Coping Socialization Message with Mother and Child Characteristics.

	SOC Primary Control (M)	SOC Secondary Control (M)	SOC Disengagement (M)	Positive Parenting (O)
Maternal Characteristics				
SOC Primary Control Coping (M)	---	.41**	.35**	.15
SOC Secondary Control Coping (M)	.41**	---	.27**	-.01
SOC Disengagement Coping (M)	.35**	.27**	---	-.27**
Primary Control Coping (O)	-.02	-.21*	-.06	.15
Secondary Control Coping (O)	.04	-.05	-.03	.17
Disengagement Coping (O)	-.09	.01	.26**	-.25**
Child Characteristics (Mother-Report)				
RSQ Primary Control Coping (M on C)	.16	.17	-.13	.06
RSQ Secondary Control Coping (M on C)	.04	.37**	.05	-.01
RSQ Disengagement Coping (M on C)	-.03	-.16	.06	-.02
Child Characteristics (Self-Report)				
RSQ Primary Control Coping (C)	-.02	.09	.16	-.11
RSQ Secondary Control Coping (C)	-.19*	.02	.01	-.00
RSQ Disengagement Coping (C)	-.04	-.14	-.04	.08

Note. N = 111, II, RSQ = Responses to Stress Questionnaire; SOC = Socialization of Coping Questionnaire; M = Mother Self-Report; M on C = Mother Report on Child; C = Child Self-Report; O = Observation. *p < .05, **p < .01.

Table 6. Bivariate Pearson's Correlation Matrix of Positive Parenting Observations and Maternal Socialization of Coping Method Observations.

	Positive Parenting (O)	Instruction (O)	Questions in Service of Advisement (O)	Modeling (O)
Positive Parenting (O)	--	--	--	--
Instruction (O)	-.10	--	--	--
Questions in Service of Advisement (O)	.26**	.12	--	--
Modeling (O)	.20*	.14	.14	--

Note. O = Observation. * $p < .05$, ** $p < 0.01$.

Table 7. Multiple Linear Regressions Examining Maternal Socialization of Coping Message (PCC) and Positive Parenting Predicting Children's Primary Control Coping with Stress.

Predictor Variables	RSQ Child Primary Control (M on C)	
	β	t
Peer RSQ (Mother-Report)		
Step 1		
Child Gender	.133	1.420
Child Age	-.131	-1.356
Maternal SOC of PCC	.127	1.315
Step 2		
Child Gender	.124	1.329
Child Age	-.153	-1.502
Maternal SOC of PCC	.142	1.275
Maternal SOC of SCC	.181	1.756 [†]
Maternal SOC of DIS	-.244	-2.322*
Positive Parenting	-.062	-.593
Step 3		
Child Gender	.113	1.166
Child Age	-.147	-1.422
Maternal SOC of PCC	.148	1.277
Maternal SOC of SCC	.193	1.835 [†]
Maternal SOC of DIS	-.245	-2.296*
Positive Parenting	-.071	-.669
PCC x Positive Parenting	.067	.579
SCC x Positive Parenting	-.077	-.741
DIS x Positive Parenting	.030	.274

Note. N = 111; SOC = Socialization of Coping Questionnaire; PCC = Primary Control Coping; SCC = Secondary Control Coping; DIS = Disengagement Coping, RSQ= Responses to Stress Questionnaire, M on C = Mother Report on Child, C = Child Self-Report
 *p < .05
 **p < .001
 † p < .10

Predictor Variables	RSQ Child Primary	
	Control (C)	
Peer RSQ (Child-Report)	β	<i>t</i>
Step 1		
Child Gender	.100	1.053
Child Age	.175	1.785 [†]
Maternal SOC of PCC	.015	.158
Step 2		
Child Gender	.088	.906
Child Age	.144	1.366
Maternal SOC of PCC	-.077	-.669
Maternal SOC of SCC	.072	.675
Maternal SOC of DIS	.160	1.473
Positive Parenting	.003	.024
Step 3		
Child Gender	.076	.763
Child Age	.159	1.506
Maternal SOC of PCC	-.027	-.226
Maternal SOC of SCC	.076	.712
Maternal SOC of DIS	.140	1.289
Positive Parenting	.005	.047
PCC x Positive Parenting	.192	1.634
SCC x Positive Parenting	.049	.466
DIS x Positive Parenting	-.158	-1.431

Table 8. Multiple Linear Regressions Examining Maternal Socialization of Coping Message (SCC) and Positive Parenting Predicting Children's Secondary Control Coping with Stress.

Predictor Variables	RSQ Child Secondary Control (M on C)	
	β	t
Peer RSQ (Mother-Report)		
Step 1		
Child Gender	.004	.049
Child Age	.187	2.118*
Maternal SOC of SCC	.358	4.045**
Step 2		
Child Gender	.014	.155
Child Age	.191	1.927 [†]
Maternal SOC of SCC	.394	3.941**
Maternal SOC of PCC	-.079	-.736
Maternal SOC of DIS	-.017	-.169
Positive Parenting	.066	.651
Step 3		
Child Gender	-.007	-.078
Child Age	.202	2.019*
Maternal SOC of SCC	.399	3.932**
Maternal SOC of PCC	-.041	-.371
Maternal SOC of DIS	-.025	-.246
Positive Parenting	.064	.626
PCC x Positive Parenting	.141	1.270
SCC x Positive Parenting	.015	.150
DIS x Positive Parenting	-.043	-.416

Note. N = 111; SOC = Socialization of Coping Questionnaire; PCC = Primary Control Coping; SCC = Secondary Control Coping; DIS = Disengagement Coping, RSQ= Responses to Stress Questionnaire, M on C = Mother Report on Child, C = Child Self-Report.

*p < .05

**p < .001

[†] p < .10

Predictor Variables	RSQ Child Secondary Control (C)	
	β	<i>t</i>
Peer RSQ (Child-Report)		
Step 1		
Child Gender	-.064	-.668
Child Age	.187	1.963 [†]
Maternal SOC of SCC	.015	.160
Step 2		
Child Gender	-.054	-.561
Child Age	.162	1.551
Maternal SOC of SCC	.087	.819
Maternal SOC of PCC	-.239	-2.107*
Maternal SOC of DIS	.102	.945
Positive Parenting	.112	1.040
Step 3		
Child Gender	-.022	-.226
Child Age	.172	1.653
Maternal SOC of SCC	.107	1.014
Maternal SOC of PCC	-.245	-2.112*
Maternal SOC of DIS	.077	.720
Positive Parenting	.104	.972
PCC x Positive Parenting	.102	.884
SCC x Positive Parenting	-.121	-1.161
DIS x Positive Parenting	-.187	-1.720 [†]

Table 9. Multiple Linear Regressions Examining Maternal Socialization of Coping Message (DIS) and Positive Parenting Predicting Children's Disengagement Coping with Stress.

Predictor Variables	RSQ Child Disengagement (M on C)	
	β	t
Peer RSQ (Mother-Report)		
Step 1		
Child Gender	-.128	-1.330
Child Age	-.016	-.163
Maternal SOC of DIS	.071	.737
Step 2		
Child Gender	-.118	-1.210
Child Age	-.005	-.050
Maternal SOC of DIS	.114	1.044
Maternal SOC of PCC	.014	.117
Maternal SOC of SCC	-.188	-.1751 [†]
Positive Parenting	-.009	-.080
Step 3		
Child Gender	-.111	-1.094
Child Age	-.003	-0.31
Maternal SOC of DIS	.111	.998
Maternal SOC of PCC	.004	.029
Maternal SOC of SCC	-.179	-1.624
Positive Parenting	-.015	-.138
PCC x Positive Parenting	.014	.117
SCC x Positive Parenting	-.077	-.708

Note. N = 111; SOC = Socialization of Coping Questionnaire; PCC = Primary Control Coping; SCC = Secondary Control Coping; DIS = Disengagement Coping, RSQ= Responses to Stress Questionnaire, M on C = Mother Report on Child, C = Child Self-Report

*p < .05

**p < .001

[†] p < .10

DIS x Positive Parenting	-.004	-.034
Predictor Variables	RSQ Child Disengagement (C)	
Peer RSQ (Child-Report)	β	<i>t</i>
Step 1		
Child Gender	.048	.494
Child Age	-.062	-.644
Maternal SOC of DIS	-.043	-.450
Step 2		
Child Gender	.068	.693
Child Age	-.027	-.255
Maternal SOC of PCC	.022	.196
Maternal SOC of SCC	-.014	-.123
Maternal SOC of DIS	-.141	-1.296
Positive Parenting	.088	.798
Step 3		
Child Gender	.042	.413
Child Age	-.037	-.342
Maternal SOC of PCC	.044	.399
Maternal SOC of SCC	-.013	-.112
Maternal SOC of DIS	-.159	-1.450
Positive Parenting	.094	.854
PCC x Positive Parenting	-.102	-.856
SCC x Positive Parenting	.098	.905
DIS x Positive Parenting	.175	1.557