

Running Head: AN ANALYSIS OF RACE AND RISK

Economic Disadvantage and Parental Depression:

An Analysis of Race and Children's Coping Skills

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Abstract

Depression currently affects approximately 16% of the current United States population and the numbers are steadily rising. The prevalence of the mood disorder has significant effects, especially for children of depressed parents. Additional, contributing factors such as economic disadvantage and financial strain within the same household leads to a multitude of behavioral and developmental risks for children and adolescents. A variety of factors such as negative parenting and lack of communication can directly contribute to behavioral problems, a lack of coping skills, and decreased family functioning for children and adolescents. In examining race and ethnic background for a child experiencing the pressures of parental depression and economic strain, there are substantial group differences for minority children in comparison to Euro-American children. Relevant research and findings for this difference have implications towards underlying factors between the groups, with a distinctive focus on varying levels of economic disadvantage.

Introduction

Exposure to stressful events can lead to negative and lasting effects on mental and physical health. Specifically, research shows that stress in varying forms and degrees can lead to negative mental health outcomes in common societal units such as family households. Parental depression is a significant source of stress that often goes on to increase the risk of depressive symptoms in children and adolescents. This includes a higher prevalence of both emotional and behavioral problems for the child (Wadsworth & Berger, 2005). The occurrence and prevalence of household economic disadvantage also is a similarly harsh stressor within family households. A lack of financial stability proves hurtful for both the physical and mental health of adults, children, and adolescents (Wadsworth & Santiago, 2008). Because each stressor within a family context dramatically impacts the development of children and adolescents, it is vital to examine the possible differences and variability that occur when looking more specifically at a factor such as race. This study examines and analyzes possible effects and mental health risks on children in households facing stress in the form of economic disadvantage and parental depression. Furthermore, this study enquires the possible, differences and outcomes that are present when analyzing the race of children in these households. By examining whether clear differences are present, there can be a greater understanding of the possible sources of cause that often lead to certain groups of children being at more risk than others.

Parental Depression

The prevalence and extent of mental illness in today's society symbolizes a rapidly growing public issue. Major Depressive Disorder is a mental illness classified as one of the main Mood Disorders by the Diagnostic Statistical Manual of Mental Disorders (*DSM-IV-TR*;

Cockerham, 2011). Mood disorders represent some of the most common and severe mental disorders found present in American society, with Major Depressive Disorder being one of the most prevalent cases. A main characteristic of this mental health disorder is a time period of at least two weeks in which a person experiences depressed mood, or loss of interest in a large amount of previously enjoyable activities, in addition to a minimum of four other commonly associated symptoms. Some other possible and often common indications include a persistent sense of despair, lack of sleep, diminishing appetite, irritability, and decreased self-esteem.

The role of depression in a parent plays an even more detrimental role when it affects others in the household, especially children. Parents may often experience recurring episodes of depression within the lifetime of a child or children. Researchers overwhelmingly indicate the fact that parental depression not only affects the parent(s) themselves, but also leads to an even loftier impact on family functioning (Beardslee et al., 2007). Parental depression exists as a problematic situation for the entire household, contributing high levels of stress and strain on all family members. Having a depressed parent also increases the occurrence rate of child being diagnosed with major depressive disorder within their lifetime, making him or her four times as likely to develop the same or a similar mood disorder (Beardslee et al., 2007). This is often observed in adolescents aged 15-18 years, which owes most particularly to family factors rather than peer relationships. In addition, parental depression is also most frequently found in mothers. Research shows that depression is in fact the most common psychiatric condition among mothers, which is commonly linked towards a resulting multitude of functional and psychiatric problems for their children (Riley et al., 2009)

Depressed parents often lack in positive connections and communication with their offspring. A lack of communication correlates with an often equally stressful environment in which there is a lack of social support and increased conflict. Studies show that families suffering from the effects of parental depression often have less family cohesion in comparison to families not affected by having at least one parent with depression. Furthermore, parents suffering from depression often exhibit negative outward behavior and interactions towards their children.

Negative parenting can be identified as one of the major links connecting the association of parental depression with a child's outcome. Often, negative parenting takes the form of various outward behaviors, such as lack of warmth or psychological control (Rakow et al., 2011). These manifestations of negative parenting are likely to have a significant bearing on the child's outcome. This is especially evident in examining a child's risk for depression and externalizing and internalizing behaviors. There is an elevated level of risk for the mental health and behavior of these children of parents with depression. An example lies within the dynamics between parent and child interactions that become distressed, especially within the realm of communication efforts. It is also important to note that households having even solely a parent with a previous history of depression experience similar consequences (Rakow et al., 2011). Though there have been many implicated and replicated interventions developed to help teach positive parenting skills for at-risk households, it is important to note that research adequately shows that the pressures of psychological distress continually and negatively impact parenting practices (Lee et al., 2009).

Economic Disadvantage

In considering the high level of stress within the context of parental depression, it is also vitally relevant to consider the role that other forms of stress can play as additional stressors. The effects of parental depression alone hold large developmental and coping effects on children. Thus, it is also applicable to inquire what could be the extent of harmful outcomes when other chief stressors exist within the same family. One important example of an additional stressor is the economic disadvantage and financial strain in families. The stress of living in some form of poverty often coincides with also experiencing the problematic tensions and pressures of parental depression. Independently, being economically disadvantaged possesses its own set of negative effects and components. The stress involved is a main source of hardship affecting all members of a family household, leading to or even further stressing parents with depression (Wadsworth & Santiago, 2008).

Research shows that the presence of economic adversity alone often comes with unfavorable cognitive, behavioral, and emotional effects (Conger et al., 2002). In addition, evidence also shows that the reality of a family's economic disadvantages directly represents another chief stressor for not only parents, but also goes on to potentially and likely contributes to accumulating problems for children. As a parallel to outcomes from parental depression alone, incidences of economic strain also include negative internalizing and externalizing behaviors and emotions. Financial hardship appears to hold a large magnitude as it correlates to socioeconomic levels, thereby representing a stressor often thought to be minimally controllable. Evidence shows that a large multitude of children and adolescents are living under very exposed conditions of poverty, yet there is little indication of how these children and adolescents are coping with

such circumstances (Wadsworth & Berger, 2006). Children of ages as young as six have been reported to exhibit the effects of such stressors yielding from economic disadvantage, specifically psychological symptoms of risk (Wadsworth & Santiago, 2008). Exposure to such effects at such a young age comes with expected and long-term consequences. Several studies have shown just how much the capacity of economic disadvantage and financial strain can have on distressing the developmental processes of a child (Wadsworth & Berger, 2006). Example developmental processes include aspects of a child or adolescent's personality, such as aggression or school achievement.

The stress of financial disadvantage also relates to the contribution of overall conflict within a family's household, negatively affecting emotional well-being (Santiago & Wadsworth, 2008). Research shows such conflict transpires in the form of marital discord and verbal confrontation between parents and adolescents. This household conflict also correlates to recent findings that parents tend to implement harsh and forceful styles of parenting as a result of their feelings of irritation and frustration due to economic pressures (Raver 2003). Economic pressures appear to emerge more readily in low-income families of urban environments and surroundings, putting children and adolescents in these households most at risk and with little resources or safety (Riley et al., 2009).

Parental Depression and Economic Disadvantages: Effects on Children

When both economic disadvantage and parental depression are present in a household, there is a combined and increased multitude of dangers. Alone, each stressor alone exerts direct effects on children with a depressed parent or children in a household suffering from economic disadvantages. In combination, these stressors together, hold mounting evidence that

demonstrates severe and negative impacts. These impacts are especially relevant in conjunction with the specific behavior patterns for children (Conger et al., 2002). Children and adolescents suffering from both stressor conditions are more susceptible to developing lasting, negative effects, both mentally and physically. There is also increased risk for the internalizing and externalizing psychological tendencies for the children and adolescents at risk (Compas et al., 2010). There is the very potential and likely risk that these children will lack the necessary coping skills and resources that are characteristically indispensable in such situations. Coping skills act as a vital function for these children and adolescents because they are likely to act as a contributing buffer for behavioral problems during development phases in one's lifetime (Wadsworth & Berger, 2006).

An Analysis and Reasoning for Race as a Component

Focusing on the effects of children and adolescents growing up in a household faced with the threat of daily economic disadvantages as well as a parent suffering from depression is key in understand long-term outcomes. Nevertheless, one significant component of this substantial research that proves to be lacking is the role of race as it stands within this population and sample of families. There has been extensive research examining the correlation of ethnic identity and well-being, there exists a need for a synthesis of parental depression, economic disadvantage, and race in order to better clarify current findings (Smith & Silva, 2010). Research does indeed suggest that there are many racial differences and discrepancies when looking into certain races that are most at risk for a high frequency of living in impoverished living conditions. However, there is relatively little information describing the specific processes linking the potential effects that economic adversity and parental depression among African

American children in two parent homes (Conger et al., 2002). Though specific, movement towards attempting to create more analysis will lead to higher possibilities of understanding such situational circumstances.

Moreover, there is evidence that demonstrates there is an unclear line of difference in determining whether or not there are ethnic differences in children and adolescents' encounters and reactions with stressors involving family conflict, (Santiago & Wadsworth, 2009). Some researchers have alluded to the idea that certain minority children are less vulnerable to effects of stressors, such as marital discord which is due to a greater amount of extended family assistance. Conversely, other research points towards the findings that show that ethnic minorities face more stress and in more varying forms than Euro-Americans (Wadsworth & Santiago, 2008). Likewise, there is a need to look into whether the differences among certain races and ethnicities will also translate into specific, varying depression risk levels in the children of these families. It is clear that one's socioeconomic status directly relates to their well-being and mental health, however analyzing race in families with parental depression and economic disadvantages will help in understanding the likelihood each race faces and the possible risks and consequences.

This current study expands on previous research through the central goals and aims to look at: (1) possible of differences between Euro-American (the majority) children's depressive versus the depressive symptoms found in the collection of minorities, and (2) to examine whether the basis of these differences (if found) correlate with economic strain within the household, or whether this could be attributed to the child's racial background. Based on previous findings and resources detailing the effects of parental depression and/or economic disadvantages in a household, it is hypothesized that children in households experiencing both

parental depression and economic disadvantage have increased levels/risks for depression. I further hypothesize that there will indeed be a clear difference between the Euro-American and minority groups of children, with minority children being most at risk. In addition, this difference will demonstrate that the minority children are in fact at more of a risk as they possess more depressive characteristics than those of their Euro-American counterparts.

Methods

Data collected in regards to this experimentation is based upon a larger ongoing research study investigating the effects of cognitive therapy in parent-child interactions of families experiencing parental depression.

Participants: The participants for this study and analysis came from and around the two, chief principal investigation sites of Nashville, TN and Burlington, Vermont. Participants included 180 children and their parents. All parents included in the study had had a history of major depressive disorder during the lifetime of their child/children. Of these parents, 28% were in a current episode of depression at the time of the study. The study included a total 127 mothers and 16 fathers. From the sample of children, there were a total of 89 girls and 91 boys with a mean age of 11.8 years and 11.2 years, respectively. For the children's age, there was a range from 9 to 15 years old.

In order to examine and analyze the possible differences between groups of children, the study asked for a report of race/ethnic background(s). For the sample of parents, there was a racial makeup of the following percentages: 81% Euro-American, 11.9% African-American, 2.8% Hispanic-American, 0.7% Asian-American, and 2.8% with a background of mixed ethnicity. In regards to the sample of children, the racial makeup of the participants was: 74%

Euro-American, 12.8% African-American, 3.3% Asian American, 1.7% Hispanic American, 0.6% were American Indian, and 7.2% of Mixed Ethnicity.

To measure the effects of economic disadvantage, each family's financial status and parental attainment level of education were also reported. Annual family income ranged from less than \$5000 to more than \$180,000, with a reported mean outcome of \$40,000-\$60,000. Levels of education for the sample of parents included a range starting from "less than high school" to "completion of a graduate program". Approximately 6.3 % of the parents had not completed high school, 7.7% had a high school education, 32.2% had received a degree from a technical school or had completed at least one year of college, 30.8% had received a degree from a 4 year college, and 23.1% had completed graduate education.

Measures

Parental Depression Levels. Parents' current depressive symptoms were examined in order to accurately analyze the possible effects when looking into possible risks for the children. Parents' levels were assessed at the baseline of the research study using the Beck Depression Inventory II (BDI-II). This test measure is a standardized self-report list designed to distinguish the presence and severity of symptoms of depression (Beck, Steer, Ball, & Ranieri, 1996; Steer, Brown, Beck, & Sanderson, 2001). This is assessed in a single, produced score corresponding to 21 items on the self-report with an adequate internal consistency ($\alpha = .91$).

Child/Adolescent's Mental Health Status and Symptoms. In order to assess the child or adolescent's mental health status, three measures were used for evaluation. First, the Child Behavior Checklist (CBCL) is designed to directly determine the social competence and behavioral problems present in children (Achenbach & Rescorla, 2001). It is standardized and

formatted to be assess the behavioral context of a child as reported by the parents. This study implements the CBCL in order to address the prevalence of anxiety, depression and internalizing and externalizing problems of emotional distress in children. Second, the Youth Self-Report (YSR) assessed children's behavior problems as a self-report version from the child (Achenbach & Rescorla, 2001). However, it's important to note that the YSR was designed to be assessed with children from 11 to 18 years old. Third, the Center for Epidemiological Studies Depression scale (CES-D) is a self-report measure that was used to assess adolescents' depressive symptoms. Specifically, this test measures the frequency of some 20 depressive symptoms and signs as it relates to measuring adolescents' depressive symptoms. (Radloff 1977).

Economic Disadvantage. The chief way in determining the level of economic strain as it related to each household of the parent and child(ren) was collected using both the parent's household income and level of education attainment. Parents were asked to report this during the baseline time point of data collection for the study. Parents were able to report annual income of the family based on choosing among the following nine categories of: "less than \$5,000", "\$5,000 to \$9,999", "\$10,000 to \$14,999", "\$15,000 to \$24,999", "\$25,000 to \$39,000", "\$40,000 to \$59,000", "\$60,000 to \$89,999", "\$90,000 to \$179,999", and "lastly over \$180,000". Options to choose for the education levels for the parents ranged from "less than high school" to "completion of a graduate program". Together, parent's income and educational attainment were combined to create a composite score.

Procedure

All study procedures were approved by the Institutional Review Boards at Vanderbilt University and the University of Vermont. All assessments and group intervention sessions were

conducted in the Department of Psychology and Human Development at Vanderbilt University and the Psychology Department at the University of Vermont.

A goal of this study was to enroll a representative sample of children with parents experiencing either a past or current episode of depression during the child's lifetime. Parents were initially screened by telephone and moved to the next stage of possible enrollment based on met criteria. In addition, the following factors of criteria were to be applied and met for consideration: (a) parent had no history of bipolar I, schizophrenia, or schizoaffective disorders; (b) children had no history of autism spectrum disorders, mental retardation, bipolar I disorder, or schizophrenia disorder; and (c) children did not currently meet criteria for conduct disorder or substance/alcohol abuse or dependence. Parents and children who screened eligible for the study were invited to participate in the study and were asked to complete the aforementioned written questionnaires. Questionnaires were calculated scored in relation to their standardizing corresponding scales.

Results

Descriptive Statistics

The sample was divided into two groups: Euro-American and minorities. The minority group was formed by grouping together the ethnic background sample groups of African-American, Hispanic-American, Native-American, and Mixed Ethnicity. The descriptive statistics following the recoding of the data summed to 134 subjects within the Euro-American category and 46 subjects within the minority category, which comes to a total of 180 subjects. Based on these numbers as seen in Table 1, Euro-American children made up approximately 74.4% of the sample group of children in comparison to minorities making up a total of 25.6% of the sample.

Comparisons of Euro-American and Minority Children and Parents

The first step of analysis on the dataset were three sets of t-tests which were run between the children sample groups in order to better investigate any evidence of differences between the groups of Euro-American children versus the minority children. Each set of t-tests run correlates to one of the three main tests administered for the children as a method of measuring and predicting possible depressive symptoms in the children, the YSR, the CBCL, and the CESD. In addition, both the YSR and the CBCL were each analyzed in separate groups comparing internalizing and externalizing symptoms separately while the CESD was scored on a single prorated sum. Independent Samples Test scores and Group Statistics for this set of analyses are shown in the corresponding Table 2.

In comparing the groups of test outcomes, the results show equal variances assumed between the different groups of race. For the YSR internalizing scores, results indicated a mean of 12.45 for Euro-American children (SD = 8.83) and a mean score of 16.93 for minority children (SD = 10.70). The calculation for effect size resulted in a medium effect ($d = 0.46$). For the YSR externalizing scores, results indicated a mean of 8.80 for Euro-American children (SD = 6.82) and a mean score of 11.73 for minority children (SD = 7.08). The calculation for effect size resulted in a medium effect ($d = 0.40$). For the CESD, results indicated a mean of 12.49 for the Euro-American children (SD = 10.21) and a mean of 18.63 for the minority children (SD = 10.94). The calculation for effect size resulted in a large effect ($d = 0.58$) For the CBCL internalizing scores, Euro-American children had a mean of 11.10 (SD = 7.72) and minority children had a mean of 13.82 (SD = 7.96). The calculation for effect size yielded a medium effect ($d = 0.35$). For externalizing scores on the CBCL, Euro-American children had a mean

score of 8.75 (SD = 7.23) while the minority children group had a mean of 12.64 (SD = 10.14).

The calculation for effect size resulted in a medium effect ($d = 0.44$)

Results for comparing the two groups of children based on their level of economic disadvantage showed equal variances between each of the groups. For the Euro-American children, there was a group statistic mean of $-.017$ (SD = 0.77) and for the minority children, there was a mean group statistic of 0.51 (SD = 0.84). Based on these scores, there is large effect size ($d = 0.84$).

Comparing the two groups of children based on their parents' scores on the BDI examination resulted in a mean of $-.10$ for Euro-American children (SD = 0.98) and a mean of 0.35 for minority children (SD = 1.01). There is a medium effect size for this interaction ($d = 0.45$).

Covariance Analyses

Using a general linear model, analysis of covariance (ANCOVA) was conducted to examine whether racial difference in child's internalizing, externalizing and depressive symptoms were better accounted for by family economic disadvantage and parental depressive symptoms. Table 3 depicts the ANCOVA tests between subjects based on the factors of economic disadvantage, parent's BDI score, and race. For Internalizing YSR score effects between subjects, the child's economic disadvantage was a significant covariant ($F = 6.54$, $p = .011$) while parents' BDI score was not significant ($F = 2.63$, $p = .107$); children's race was no longer significant ($F = 2.38$, $p = .125$). For the externalizing YSR score effects between subjects, the child's economic disadvantage approached significance as a covariate ($F = 3.26$, $p = .073$), while the parents' BDI score was not significant ($F = 1.82$, $p = .179$); children's race was no

longer significant ($F = 1.99, p = .160$). For the CESD, results showed that children's race remained significant ($F = 8.08, p = .005$), and children's economic disadvantage ($F = 1.88, p = .173$) and the parent's BDI score ($F = 0.14, p = .714$) were not significant covariates.

Discussion

Summary of Findings

Both having a parent suffering from major depressive disorder and living in a household dealing with the pressures of economic disadvantage can be significantly stressful experience for children and adolescents. There are several consequential ramifications that appear psychologically for all members of the family, especially in focusing on the developmental effects of children. Additionally, there is an observed difference of risk levels when analyzing a child or adolescent's race. The current study investigated the possibility of higher levels of risk in groups of Euro-American children versus minority children.

Based on this study, the data shows an elevated, higher level of economic disadvantage and parental depression more prevalently found in minority children. The data also exhibits an increased amount of evidence for risks in both internalizing and externalizing behaviors on the YSR and CBCL, as well as a noted difference found on the CES-D scale for children and adolescents in the minority category group. As hypothesized, there is a difference between the groups of means indicating that minority children are at more risk for harmful, psychological threats in comparison to their Euro-American counterparts.

However, in analyzing the covariance of factors, it is important to observe that economic disadvantage remains significant as the chief underlying factor for this difference between

groups based on the YSR Internalizing and Externalizing behaviors. However, based on the results of covariance of CES-D result scores, race remained significant through covariance analysis. These findings can be attributed to the original T-test analysis that the minority children and adolescent group suffered from greater levels of economic disadvantage from the start. The parents' levels of depression based on BDI scores does not account for differences as a covariance in examining the difference of each group of children's problems.

Limiting Aspects

The most clear and evident limiting aspect of this current study is the restrained magnitude of statistical power. This is as a result of the sample size of children observed. In relation to this, other possible limiting factors include the availability of minorities recruited in the selected areas of the study in Nashville, Tennessee and Burlington, Vermont.

Relevance

An in-depth examination of the results and findings of this study shows the importance and significance for further promotion of new research on race within these stressor factors. New and continuous research is essential due to the fact that replication is crucial in order to add power to findings. In addition, new research aids in extending information that can discover the true, deeper issues of the findings. In linking these experimental elements to the current study, supplementary research will help determine and dissect issues revolving around the greater quantities of minority children already facing higher levels of economic disadvantage. Furthermore, previous studies show the availability of interventions for children in dual-stressor households, though there is often a greater focus on teaching skills for the parent undergoing depression (Lee 2009). As a result, more extensive research can help to focus on teaching

positive parenting and coping skills for both parents and children, primarily in respect to their corresponding roles.

An incorporation and consideration of race for a child in a household with parental depression and economic disadvantage proves that there are additional necessary implications to explore. Examination of the factor and dataset exposes the difference, but also brings to light how economic disadvantage is continuous underlying feature of influence. Through development of future studies, there will also be an added appeal for the development of parent-child interventions, thereby creating more family-focuses measures. These measures will be especially constructive in the prevention of risks and negative outcomes for children and adolescents at risk.

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Table 1. Children & Adolescent Sample Demographic Statistics

	Children (n = 180)
Age [<i>n</i> (<i>mean in years</i>)]	
Girls	89 (11.8)
Boys	91 (11.2)
Race [<i>n</i> (%)]	
Euro-American/White	134 (74)
Total Minority	46 (26)
<i>African-American</i>	12.8
<i>Asian-American</i>	3.3
<i>Hispanic American</i>	1.7
<i>American Indian</i>	0.6
<i>Mixed Ethnicity</i>	7.2
Annual Family Income (<i>mean</i>)	\$40,000-\$60,000
Education (%)	
Less than high school	6.3
Graduated high school	7.7
Some technical school/one year of college	32.2
Degree from 4 year college	30.8
Completed Graduate Education	23.1

Table 2. T-Test Group Statistics

<i>YSR Internalizing Raw Sum (Child)</i>	<i>Mean</i>	<i>Std. Deviation</i>	<i>Std. Error Mean</i>
<i>Euro-American</i>	12.45	8.83	0.77
<i>Minority</i>	16.93	10.70	1.61
			<i>Cohen's d = 0.46</i>
<i>YSR Externalizing Raw Sum (Child)</i>			
<i>Euro-American</i>	8.80	6.82	0.59
<i>Minority</i>	11.73	7.08	1.07
			<i>Cohen's d = 0.40</i>
<i>CES-D Prorated Sum (Child)</i>			
<i>Euro-American</i>	12.49	10.21	0.90
<i>Minority</i>	18.63	10.94	1.63
			<i>Cohen's d = 0.58</i>
<i>CBCL Internalizing Raw Sum (Child)</i>			
<i>Euro-American</i>	11.10	7.72	0.67
<i>Minority</i>	13.82	7.96	1.19
			<i>Cohen's d = 0.35</i>
<i>CBCL Externalizing Raw Sum (Child)</i>			
<i>Euro-American</i>	8.75	7.23	0.63
<i>Minority</i>	12.64	10.14	1.51
			<i>Cohen's d = 0.44</i>

<i>Economic Disadvantage Composite (Parent's Education & Family Income)</i>			
<i>Euro-American</i>	-0.17	0.77	0.07
<i>Minority</i>	0.51	0.84	0.13
			<i>Cohen's d = 0.84</i>
<i>BDI Score (Parent)</i>			
<i>Euro-American</i>	-0.10	0.98	0.09
<i>Minority</i>	0.35	1.01	0.15
			<i>Cohen's d = 0.45</i>

Table 3. ANCOVA Statistics

Dependent Variable: YSR Internalizing Raw Sum

<i>Covariant Source</i>	<i>F</i>
<i>Economic Disadvantage Composite (Parent's Education & Family Income)</i>	6.54, p = .011
<i>BDI Score (Parent)</i>	2.63, p = .107
<i>Race</i>	2.38, p = .125

Dependent Variable: YSR Externalizing Raw Sum

<i>Covariant Source</i>	<i>F</i>
<i>Economic Disadvantage Composite (Parent's Education & Family Income)</i>	3.26, p = .073
<i>BDI Score (Parent)</i>	1.82, p = .179
<i>Race</i>	2.00, p = .160

Dependent Variable: CES-D Prorated Sum

<i>Covariant Source</i>	<i>F</i>
<i>Economic Disadvantage Composite (Parent's Education & Family Income)</i>	1.88, p = .173
<i>BDI Score (Parent)</i>	0.14, p = .714
<i>Race</i>	8.08, p = .005