

PARENT PROBLEM-FOCUSED COPING AND SOCIAL SUPPORT COPING IN
CHILDREN

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ABSTRACT

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This research examined parent coping socialization using secondary data from the TWU Family Project. Parent-child dyads completed children's social support coping measures and parents' problem-focused coping measures. The first hypothesis: a negative correlation between parent problem-focused coping and child social support seeking coping was not supported by the correlation analysis. The second hypothesis: gender moderates the relationship between parent problem-focused coping strategies and child social support coping, where girls have a weaker relationship, was not supported by the linear regression analysis. Exploratory analyses revealed that parent's expressive encouragement significantly predicted increased child's problem-focused coping, where a significant interaction was observed between parents' expressive encouragement and gender, specifically girls, scored higher. Gender differences were seen in the associations between parents responding with expressive encouragement and their children's social support coping; girls had a marginally significant association, while boys did not. These results highlight parental coping socialization and gender coping differences.

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CHAPTER I

INTRODUCTION

The ability to cope with adversity is an essential feature of a human's ability to adapt and survive as a social being (Caporael, 1997). Coping involves utilizing behavioral, cognitive, or emotional responses to adapt to demands (Lazarus, 2006). Successful coping results in regulating emotions and adapting to the current source of stress. As a goal-oriented process, coping can be dynamic and change across different scenarios. Parent influence (Howe & Zimmer-Gembeck, 2022; Kliever et al., 1996), developmental period (Compas et al., 2001; Howe & Zimmer-Gembeck, 2022), and gender (Hampel & Petermann, 2005; Quy et al., 2020) affect coping.

One significant avenue for developing coping skills is through the social interactions between parents and their children. Parents act as a social support system that can be paramount to the development of coping skills in their children (Sarason et al., 1990). During stressful circumstances, parents can provide empathy through emotional support, pertinent knowledge for informational support, and direct actions for instrumental support. This social support system is the conduit for parents to teach coping skills to their children in order to minimize emotional distress and improve overall psychological well-being (Sarason et al., 1990).

Previous research categorizes coping as either adaptive or maladaptive (also known as active or avoidant; Carver et al., 1989; Quy et al., 2020). Parents can influence whether their children use adaptive or maladaptive coping strategies (Abaied & Rudolph, 2010). Adaptive coping strategies can help manage emotional distress and solve problems effectively. Positive thinking is an example of an adaptive coping strategy that has been linked to having lower levels of internalizing and externalizing behavior problems in adolescents (Compas et al., 2001). In contrast, maladaptive coping strategies may have short-term relief but lead to adverse health

outcomes. An example of a maladaptive coping strategy would be rumination (also referred to as preoccupation), the process of focusing on repetitive and intrusive thoughts about past negative experiences without involving a way to address the source of the stress (Quy et al., 2020). This coping strategy is maladaptive because rumination has been reported to predict anxiety and depression in children (Quy et al., 2020).

While there are many types of coping strategies, the current study will examine the relationship between two forms of coping strategies: parents' problem-focused coping strategies and their children's social support coping strategies. Problem-focused coping (also known as instrumental, task-oriented, or active coping) relates to changing the state of stressors in order to lessen or eliminate them. (e.g., a parent aims to fix a toy when their child accidentally breaks it and cries; Carver et al., 1989; Inguglia et al., 2022). Problem-focused coping is directly attending to the root cause of a stressor. The essence of this coping strategy is to find a way to control or eliminate a stressor via a series of actions. This form of coping tends to be used when people believe they can change or eliminate the stressor (Lazarus, 2006). Problem-focused coping has been researched as a form of coping that is transmitted from parent to child. For instance, a son may display the problem-focused coping strategies modeled by his father (Eisenberg et al., 1998). In another study, problem-focused coping strategies from both parents were positively correlated with problem-focused coping strategies in their children (Liga et al., 2020).

Conversely, emotion-focused coping relates to changing the state of the emotional response related to a stressor (Carver et al., 1989). This coping strategy includes using emotional expression or emotional regulation to adapt to a stressor. For instance, a child may use deep breathing exercises to regain composure before a school presentation. This form of coping tends to be used when people believe they must endure the stressor (Lazarus, 2006). Some research

concludes that emotion-focused coping can lead to more resilient adaptation than problem-focused coping strategies, though other studies have reported the opposite (Lazarus, 2006).

Seeking social support includes reaching out to others for assistance in the coping process (Kochenderfer-Ladd & Skinner, 2002). Seeking social support can involve emotion-focused coping and problem-focused coping strategies (Carver et al., 1989). Seeking social support for emotion-focused coping may be a boy who seeks his mother's emotional warmth when he faces a conflict with another student at school. Emotion-focused coping through social support should be examined closely due to the cross-section between maladaptive and adaptive coping behaviors (Carver et al., 1989; Eisenberg et al., 1998). Seeking social support through emotion-focused coping can be maladaptive if continued emotional regulation is only achieved with the help of others (Lazarus, 2006). Likewise, ruminating or placing too much emphasis on emotion can also impede the progress of identifying sources of stress (Carver et al., 1989).

Seeking social support for problem-focused coping can include reaching out to parents, teachers, or peers for assistance related to the current stressor (Carver et al., 1989). For example, a child who seeks their parent's advice when they want clarity about a social situation involving a bully. Additionally, the child may reach out to others to gather more information on the source of stress. For example, a child may ask their parent questions to gather information on alternative choices for dealing with stress (Carver et al., 1989).

Seeking social support is complex and includes various factors. The effectiveness of social support can depend on the choice of the individual selected as a form of support (Kochenderfer-Ladd & Skinner, 2002). Characteristics of the individual seeking social support can also have an effect. Kochenderfer-Ladd and Skinner (2002) found that the gender of the child influenced how social support seeking behavior was perceived by their peers in school.

Carver and colleagues (1989) found that seeking social support behavior often involved the combination of both problem-focused and emotion-focused coping strategies. In certain situations, multiple coping strategies can be utilized. For instance, a child leaving a conflict with another peer may serve the purpose of calming down (emotion-focused coping) and generating alternative solutions to the conflict (problem-focused coping).

This study will focus on measures of social support seeking behaviors that include both problem-focused and emotion-focused coping strategies children use. Additionally, problem-focused coping strategies from parents will be examined. Investigating the relationship between these coping strategies will add to the existing literature surrounding parental influence on coping strategies. A negative correlation between parent problem-focused coping and child social support seeking would suggest that parents who prioritize problem-focused strategies may influence their children to seek social support less frequently. In other words, when parents tend to focus on solving problems directly, their children may be less inclined to seek support from others during challenging situations. Additionally, by examining gender as a moderator for this relationship, the study examines how this relationship may be more robust for boys or girls.

CHAPTER II

LITERATURE REVIEW

Stress

To comprehensively examine the utilization of coping strategies, it is essential to understand the nature and the ability to control stressors. Choosing coping strategies can be influenced by the perception of how much an individual believes they have control over a stressor and their environment (Compas et al., 2001). For example, an individual may seek emotion-focused coping strategies when the source of stress is something that cannot be manipulated or eliminated by problem-focused strategies (Lazarus, 2006).

The level of stress experienced is another factor that warrants examination. One study demonstrated that disengagement (maladaptive) coping strategies predicted depression in children facing high levels of interpersonal stress, but not those experiencing mild or moderate amounts of stress (Abaied & Rudolph, 2010). Therefore, different levels of stress may involve various coping strategy differences.

In specific environments, some stressors can be expected. For example, peer victimization is a common stressor for children (Kochenderfer-Ladd & Skinner, 2002). Kochenderfer-Ladd and Skinner reported that peer victimization was positively correlated with internalizing and externalizing behaviors in children. Interestingly, bullied children who utilized problem-focused coping strategies were more likely to be rejected by peers. This illustrates the dynamic interplay between coping strategies and sources of stress. Understanding the relationship between stress, coping strategies, and their outcomes provides valuable insight when examining research on coping strategies.

Appraisal, Emotion, and Coping

Before coping strategies are utilized or employed to address stress, there needs to be an initial appraisal and resulting emotion. According to Lazarus's theory of emotions (2006), emotions result from cognitive processes, including appraisals of situations. Lazarus described an appraisal as evaluating situations to interpret significance and consequences. The way in which individuals appraise a situation predicts which emotions and coping responses will be elicited. For example, perceiving an event as non-stressful (e.g., you got hurt at the playground but kept playing) could mean you do not use a coping strategy because it is not applicable. In contrast, not having a coping strategy readily available (e.g., mom is not around for emotional support when you get hurt) can make you appraise the situation as more stressful (Carver et al., 1989). Therefore, how individuals appraise a situation influences the coping strategies they are likely to employ.

The usage of cognitive appraisal, emotional response, and coping strategies can vary between individuals, even in the same situation. To illustrate, consider a scenario in which two children have difficulty in their academic performance at school. One child may evaluate the situation and believe they will not succeed in school (negative appraisal); they may elicit fear (emotion) of telling their parents and avoid (maladaptive coping) telling their parents altogether. Another child may evaluate the situation and believe they can succeed in school (positive appraisal); they may elicit confidence/hope (emotion) in telling their parents they can do better. Discussing their academic challenges with their parents may lead to a plan for overcoming this obstacle (adaptive coping). Researchers continue to find ways to profile specific patterns of appraisals and motivational goals to reflect coping processes (Yih et al., 2020). To comprehend

coping strategies, it is crucial to understand these fundamental components that are interconnected.

Parental Influence on Coping

Coping socialization is the process by which parents influence how their children learn and develop these coping skills in response to stressful circumstances (Abaied & Rudolph, 2010; Kliewer et al., 1996; Liga et al., 2020). This process can unfold through various mechanisms, including verbal instruction, emotional support, co-regulation of emotion, and modeling. While previous research indicated that the socialization of coping strategies was found to be more influential by the mother than the father, this finding needs to be replicated (Kliewer et al., 1996).

Parents' coping socialization can contribute to their children developing adaptive or maladaptive forms of coping strategies (Abaied & Rudolph, 2010). Fostering children's adaptive coping strategies can lead to higher psychological well-being and effective problem-solving (Compas et al., 2001; Liga et al., 2020). In contrast, fostering maladaptive coping strategies in children can lead to behavioral problems, anxiety, drinking behaviors, and higher emotional intensity (Carver et al., 1989; Fabes et al., 2001; Inguglia et al., 2022; Quy et al., 2020). Parents' punitive reactions to emotions may lead to more maladaptive coping in their children (Eisenberg et al., 1998). Previous investigations have found that parental disengagement coping socialization predicted their child's maladaptive coping strategies (Peisch et al., 2020).

Research on how parents influence their children's coping strategies is also seen in the amount of parental control exercised (Inguglia et al., 2022). Inguglia and colleagues described parent control as the amount of supervision, rules, and decisions made on behalf of the child. Parent control was positively correlated to avoidance (maladaptive) coping strategies. When

parents exert more control and manipulation of their children's experiences, their children tend to avoid their emotional expressions in a way that leads to maladaptive coping responses.

Research has also addressed how parenting style and parent-child relationship quality can relate to social support seeking as an active coping mechanism (Maiuolo et al., 2019). Maiuolo and colleagues described parenting style as the combination of parental demands, the ability to set limits, monitor child behavior, and provide support. The parent-child relationship quality can act as a moderator for how likely a child is to respond to the demands of a parent (Maiuolo et al., 2019). In turn, a parent-child relationship could play a role in the children's desire to seek social support through their parents.

Research on the influence that parents have on the coping strategies of children illustrates the complexity of how coping develops. Understanding parent coping socialization is of substantial importance due to its effect on their children's risk of psychopathology. For instance, one study found a positive relationship between parents' emotion-focused coping strategies and their adolescent's anxiety (Inguglia et al., 2022). Another study found that anxious adolescents showed fewer anxiety symptoms when parents encouraged the use of problem-solving coping strategies (Abaied & Rudolph, 2010). Recognition of this research is the key to developing further studies in the realm of parent coping socialization.

Child Development and Coping Skills

Investigating coping strategies through a developmental perspective is necessary for understanding their trajectory and progress over time (Hampel & Petermann, 2005). Coping strategies are adjusted over the course of cognitive and emotional developmental milestones. Early childhood coping strategies revolve around emotional regulation (emotion-focused coping), with children relying on the support of their parents due to their limited emotional self-

regulation capabilities (Hampel & Petermann, 2005). As children transition to middle childhood, the ability to address stress through cognitive processes increases as metacognition capacities increase (Hampel & Petermann, 2005). Problem-focused coping is more available as problem-solving, identifying alternative choices for reducing stress, holding cognitive representations (e.g., what would mom say?), and self-talk capabilities develop (Compas et al., 2001). One self-report coping study developed for pre-adolescent children showed that the inability to see a solution to a problem was more apparent at a younger age (Quy et al., 2020). Consider a 5-year-old child who relies on their mother for emotional support during stressful contexts. In this scenario, it would be appropriate for this child to seek more emotion-focused coping strategies through social support here. Children are often still labeling emotions to understand their feelings at this age (Izard, 2011). Proceeding to their next developmental milestone, the child may not rely on their mother to the same extent. They may employ more problem-focused coping strategies that involve seeking alternative choices through new cognitive capacities. Information regarding the age of children during studies of coping strategies is therefore crucial.

Gender and Coping

Identifying gender differences in coping research is critical for an inclusive approach that allows for modifying coping strategies when required. Scholarly research on coping strategy differences based on gender can inform and enhance the process of coping socialization, allowing for more effective and targeted approaches to support children in developing adaptive coping skills. Gender differences in coping strategies change throughout the lifespan; however, social support coping is utilized by women more than men throughout adolescence and adult years (Hampel & Petermann, 2005). In relation to peer victimization stress, boys tend to cope with more externalizing responses (e.g., yelling) in comparison to girls (Kochenderfer-Ladd &

Skinner, 2002). Social support coping in adolescent girls has been associated with a decrease in depression (Seiffge-Krenke & Stemmler, 2002). In another study, gender differences were seen in cognition and emotion for pre-adolescent participants (Quy et al., 2020). Girls reported having more coping responses related to perseverative responses (maladaptive responses; e.g., “I stay upset for several days;” Quy et al., 2020). This is consistent with previous findings that girls report more maladaptive coping strategies related to rumination compared to boys (Hampel & Petermann, 2005).

One explanation for the gender differences in coping strategies is gender roles and social stigmas surrounding certain gender emotional expressions (Lengua & Stormshak, 2000). Girls and women may be more encouraged to share emotional expression (i.e., emotion-focused coping), while boys and men can be viewed as more self-reliant (i.e., encouraging problem-focused strategies). One self-report study of children (ages 8-12) found that girls use more emotion-focused coping strategies in comparison to boys (De Boo & Spiering, 2010). In contrast, a longitudinal study found no significant differences related to gender and coping styles over the course of 4 years (ages 14-17 years old; Seiffge-Krenke & Stemmler, 2002). These mixed results related to gender differences in coping strategies are likely due to differences in the operationalized concepts of coping strategies and the different measurement methods regarding various scholarly self-report measures available today. For example, coping scales may have differences because one scale was developed empirically, and one scale was developed theoretically (Carver et al., 1989).

Current Study

Previous research is mixed on the outcomes of child coping strategies as a result of their parent’s coping strategies (Eisenberg et al., 1998). For example, some studies find that children

are more likely to model the coping strategies that their parents are using, while other studies find that parent coping strategies may not predict their children using these strategies (Kliewer et al., 1996; Spinrad et al., 2006). The current study explored additional evidence to address if children's coping strategies reflect the strategies that their parents' model. This study aims to add to the existing literature surrounding coping in the developmental stage of early adolescence. The association between problem-focused coping in parents and social support seeking coping strategies in their children will be examined to research the relationship between specific coping strategies from parent to child. Gender of the child will be examined to see if it moderates the relationship between parents' coping strategies and their children's coping strategies. Based on the literature, higher social support coping in girls may lead to a weaker relationship between the problem-focused strategies that parents use and the resulting social support coping their children employ. The present research question asks: Is a parent's emphasis on problem-focused coping strategy influence how much their children seek social support coping strategies? How does gender affect this relationship? This study has two hypotheses.

H1: There is a negative correlation between parent problem-focused coping and child social support coping.

H2: Gender moderates the relationship between parent problem-focused coping and child social support coping. Girls will have a weaker negative correlation between parent problem-focused and social support coping strategies than boys.

In addition to our primary research questions and hypotheses, this study will incorporate exploratory questions that can extend the scope of research within the same data analysis. These exploratory questions aim to uncover potential relationships between various variables within the data. Are there other relationships between social support coping in children and other types of

parent coping responses related to their child's negative emotions? For instance, the relationship between parents' distress reactions when experiencing their children's negative emotions and their children's social support seeking coping will be examined. Are there other types of interactions between different types of coping responses from both measures? For instance, problem-solving coping in children and their parents' expressive encouragement of emotions will be examined. These exploratory analyses will be conducted to investigate alternative hypotheses present within the dataset.

CHAPTER III

METHODOLOGY

Participants

As part of the TWU Family Project, 250 parent-child dyads were recruited to participate. Children were recruited through elementary school. Child demographic information included age ($M = 13.49$ years, $SD = 2.04$); gender (125 girls, 120 boys, four genderqueer/gender fluid/non-binary, and one other); and race (65.9% White, 18.7% Black or African American, 4.1% Asian, 10.9% Hispanic/mixed race, and .4% Native American or Alaska Native). Parent demographic information included age ($M = 42.85$ years, $SD = 7.93$) and gender (230 women, 18 men, two genderqueer/genderfluid/non-binary).

Procedure

The current study used secondary data collected by the TWU Family Project. Participation in this study was voluntary. Parents indicated their consent, and children provided assent to participate. Participants received \$40 for their time and effort for each visit. Participants completed the first visit in this longitudinal study after the child's fifth-grade year (summer/fall of 2022) and are currently completing their second visit. Of relevance to the current study, parents completed the Coping with Child's Negative Emotions Scale (CCNES; Fabes et al., 2001) at Time 1 and children completed the What I Would Do scale (Kochenderfer-Ladd & Skinner, 2002) at Time 2 (summer of 2023).

Measures

What I Would Do Scale

Child participants completed a self-report coping measure (Kochenderfer-Ladd & Skinner, 2002; see Appendix A). Kochenderfer-Ladd and Skinner revised Causey and Dubow's

(1992) measure to assess children's coping responses to peer victimization stress. In their study, items on the 3-point questionnaire evaluated strategies relating to problem-solving ($\alpha = .72$; e.g., Would you tell the kid to stop?), seeking social support ($\alpha = .75$; e.g., Would you ask a parent what you should do?), distancing ($\alpha = .70$; e.g., Would you tell yourself it didn't matter?), externalizing ($\alpha = .60$; e.g., Would you make something bad happen to the kid who hurt you?), and internalizing behaviors ($\alpha = .57$; e.g., Would you blame yourself for doing something to deserve it?). Items related to parent social support coping were used in this study with notable reliability ($\alpha = .82$).

Coping With Child's Negative Emotions Scale

Parents responded to hypothetical vignettes to assess their response to their child's negative emotions (Fabes et al., 2001; see Appendix B). Items on the 5-point scale evaluated problem-focused responses ($\alpha = .76$; "If my child is at a park and appears on the verge of tears because the other children are mean to him/her and won't let him/her play with them, I would help my child think of something else to do."), distress reactions ($\alpha = .66$; "If my child becomes angry because he/she is sick or hurt and can't go to his/her friend's birthday party, I would get angry at my child."), punitive reactions ($\alpha = .68$; "If my child falls off his/her bike and breaks it, and then gets upset and cries, I would tell my child to stop crying or he/she won't be allowed to ride his/her bike anytime soon."), expressive encouragement ($\alpha = .87$; "If my child is afraid of injections and becomes quite shaky and teary while waiting for his/her turn to get a shot, I would encourage my child to talk about his/her fears."), emotion-focused reactions ($\lambda = .80$; "If my child is participating in some group activity with his/her friends and proceeds to make a mistake and then looks embarrassed and on the verge of tears, I would comfort my child and try to make him/her feel better."), and minimization reactions ($\alpha = .80$; "If my child is panicky and can't go

to sleep after watching a scary TV show, I would tell my child that he/she is over-reacting.”). All scales from this measure were used in this study with notable reliability ($\alpha = .79$).

CHAPTER IV

RESULTS

The goal of this study was to examine the relationship between parent coping strategies and their children's coping responses. The results include findings related to the primary research hypotheses followed by additional patterns found through exploratory analyses.

Analytic Plan

IBM SPSS software was used to analyze data. Before the analysis, statistical tests were performed to see if the data met the assumptions of each data analysis. All assumptions for correlation and regression analysis were met. A Pearson correlation analysis was used to determine if there is a negative correlation between parent problem-focused coping and child social support coping. A hierarchical regression, including an interaction in step 2, examined if gender moderated the relationship between parent problem-focused coping and child social support seeking (Aiken & West, 1991). To ensure that there were no significant differences in the results based on these specific categorizations, separate analyses were conducted. For instance, an analysis was conducted considering only mothers, excluding fathers from the dataset. Subsequent analyses were conducted independently for girls, boys, and excluding data from non-binary children. There were no significant differences in results based on these separate analyses.

Hypothesis 1

The first hypothesis aimed to investigate the relationship between parent problem-focused coping and child social support seeking coping. A Pearson correlation did not yield statistically significant evidence to support the first hypothesis ($r = .042, p = .617$). There was no

significant association between parents' problem-focused coping and their children's social support seeking coping (see Table 1).

Hypothesis 2

The second hypothesis aimed to investigate gender as a moderating variable when parent problem-focused coping predicted child social support seeking (see Table 2). A hierarchical regression analysis was conducted. There was no significant correlation between parent problem-focused coping and gender, indicating that the predictors did not have multicollinearity ($r = -.066, p = .318$). The first model predicted parent problem-focused coping and child's gender from social support seeking coping in children. The second model added the interaction between gender and parent problem-focused coping as a predictor. Overall the first model significantly predicted social support coping in children $F(2,141) = 5.796, p = .004$. In the first model, parent problem-focused coping was not a significant predictor ($\beta = .082, p = .323$) and the child's gender, specifically girls, was a significant predictor ($\beta = .277, p < .001$). Overall, the second model was statistically significant $F(3,141) = 4.841, p = .003$; however, gender was not a significant predictor ($\beta = -.973, p = .199$), parent problem-focused coping was not a significant predictor ($\beta = -.075, p = .549$), and the interaction between gender and parent problem-focused coping was not a significant predictor ($\beta = 1.245, p = 0.98$). There was no evidence of gender moderating the relationship between parent problem-focused coping predicting child social support coping.

Table 1*Correlations for Study Variables*

Variable	Mean	SD	1	2	3	4	5	6	7
1. CCNES Distress	33.79	9.01	—						
2. CCNES Punitive	26.81	8.27	.374**	—					
3. CCNES Expressive encouragement	66.86	11.02	-.357**	-.215**	—				
4. CCNES Emotion- focused	67.14	10.03	-.283**	-.066	.541**	—			
5. CCNES Problem- focused	71.66	8.15	-.292**	-.171*	.578**	.667**	—		
6. CCNES Minimization	30.01	9.98	-.287**	.615**	-.244**	.049	-.174**	—	
7. Social support seeking in children	3.65	1.81	-.093	-.009	.129	.011	.042	-.004	—

* $p < .05$. ** $p < .01$.

Table 2

Regression Coefficients of Problem-Focused Coping in Parents on Social Support Seeking in Children

Model	R^2	Effect	B	SE	β	t	P
1	.077	Constant	1.770	1.388		1.275	.204
		Child Gender (girl)	1.004	.298	.277	3.367	<.001**
		CCNES Problem-focused	.019	.019	.082	.991	.323
2	.095	Constant	4.376	2.084		2.100	.038
		Child Gender (girl)	-3.524	2.731	-.973	-1.290	.199
		CCNES Problem-focused	-.017	.028	-.075	-.601	.549
		Child Gender (girl) *	.063	.038	1.245	1.668	.098
		CCNES Problem-focused					

Note. ** $p < .01$.

Exploratory Analysis

Exploratory analyses included a hierarchical regression analysis where gender was used as a moderator when parent expressive encouragement of emotions predicted the child's problem-solving coping (see Table 3). The first model predicted parent expressive encouragement coping and child's gender from problem-solving coping in children. The second model added the interaction between gender and parent expressive encouragement coping as a predictor. Overall the first model significantly predicted problem-solving coping in children $F(2,141) = 2.609, p = .077$. In the first model, parent expressive encouragement coping was a

significant predictor ($\beta = .190, p = .024$) and the child's gender, specifically girls, was not a significant predictor ($\beta = -.014, p < .866$). Overall the second model was statistically significant $F(3,141) = 6.160, p < .001$. Gender, specifically girls, was a significant predictor ($\beta = -1.650, p < .001$), parent expressive encouragement coping was not a significant predictor ($\beta = -.085, p = .444$), and the interaction between gender and parent expressive encouragement coping was a significant predictor ($\beta = 1.685, p < 0.001$). There was evidence of a significant interaction between parent expressive encouragement of emotions and their child's gender, specifically girls, when predicting child problem-solving coping (see Figure 1).

Gender differences were seen in the associations between parents' responding with expressive encouragement of emotion and their children's social support seeking coping. Girls had a marginally significant association ($r = .229, p = .051$), while boys did not ($r = .023, p = .851$).

Exploratory analyses did not confirm associations between other types of parent coping responses and child social support seeking behavior: distress reactions ($r = -.093, p = .263$), punitive reactions ($r = -.009, p = .919$), expressive encouragement ($r = .129, p = .122$), emotion-focused reactions ($r = .011, p = .895$), and minimization reactions ($r = -.044, p = .964$; see Table 1).

Table 3

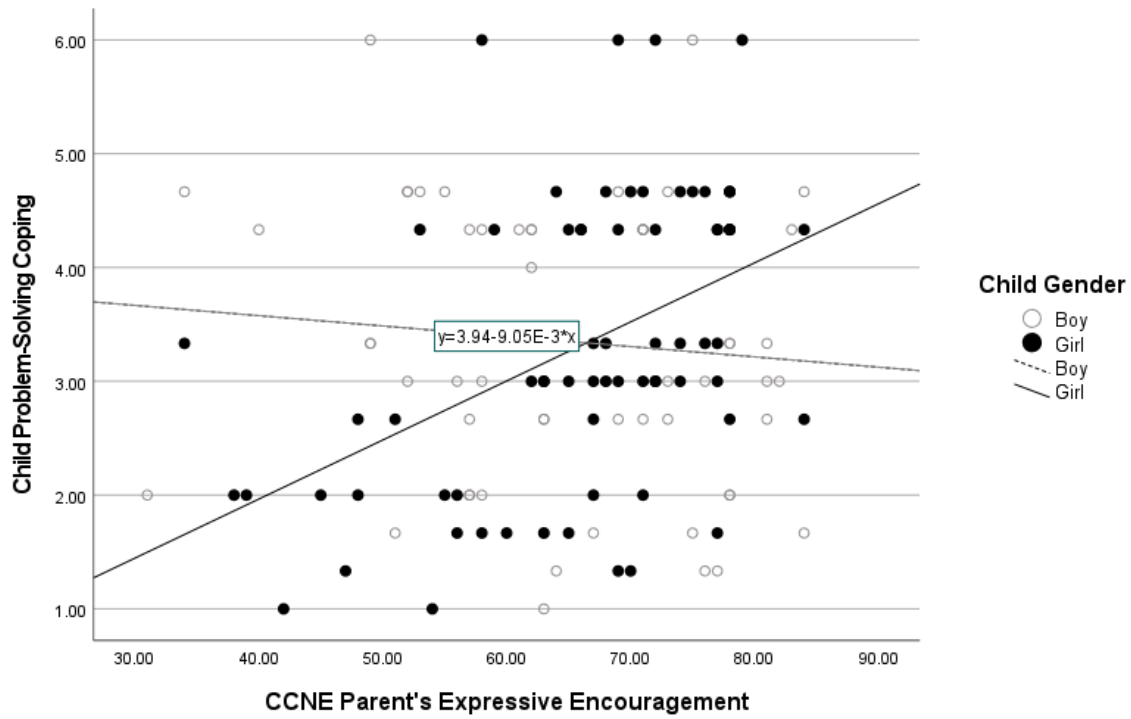
Regression Coefficients of Expressive Encouragement Coping in Parents on Problem-Solving Coping in Children

Model	R^2	Effect	B	SE	β	t	P
1	.036	Constant	2.014	.601		3.350	.001
		Child Gender (girl)	-.035	.204	-.014	-.169	.866
		CCNES Expressive Encouragement	.020	.009	.190	2.279	.024
2	.118	Constant	3.939	.789		4.993	<.001**
		Child Gender (girl)	-4.050	1.139	-1.650	-3.557	<.001**
		CCNES Expressive Encouragement	-.009	.012	-.085	-.768	.444
		Child Gender (girl) *	.061	.017	1.685	3.580	<.001**
		CCNES Expressive Encouragement					

Note. ** $p < .01$.

Figure 1

Scatterplot of Expressive Encouragement Coping in Parents on Problem-Solving Coping in Children With Gender Interaction



CHAPTER V

DISCUSSION

The present study aimed to explore the relationship between parent coping strategies and their children's coping strategies. The research hypotheses specifically highlighted the relationship between parent problem-focused coping strategies influencing their children's social support seeking coping strategies, and whether this relationship was moderated by the gender of their child. The data analysis revealed several noteworthy results, including replication of past research findings.

For the first hypothesis, parental emphasis on problem-focused coping strategies was not associated with a substantial reduction in their children's social support seeking coping. Consequently, there was no evidence to support the idea that parents can foster more self-reliance coping mechanisms for their children, specifically the idea that children would exhibit reduced dependence on seeking social support during stress if their parents employed more problem-focused responses. While previous studies have identified that parent's problem-focused coping strategies from both parents were positively correlated with problem-focused coping strategies in their children, the current study identified that not all adaptive coping strategies may influence one another directly (Abaied & Rudolph, 2010; Kliever et al., 1996; Liga et al., 2020). Perhaps, the difference here lies in the specificity of coping strategies that influence one another.

The second hypothesis proposed that gender would moderate the relationship between parent problem-focused coping and child social support coping. Girls were predicted to have a weaker negative correlation between parent problem-focused and social support coping strategies than boys. However, the results of this study did not provide support for this hypothesis. Gender

did not significantly moderate the relationship between parental problem-focused coping and child social support coping strategies. This finding suggests that previous research related to gender moderating parent coping socialization may not reflect the specific interaction between parent problem-focused strategies and their children's social support coping strategies (Hampel & Petermann, 2005; Quy et al., 2020).

Still, these findings revealed that gender does play a critical role in parent coping socialization. Explorative analyses highlighted that girls exhibited a stronger positive association between parental encouragement of emotional expression and social support seeking behavior, indicating that girls may be more inclined to seek social support if their parents encourage them to express their emotions. These results align with prior research, indicating that girls are more likely to be encouraged to share emotional expression and that social support coping is utilized by women more than men throughout adolescence (Hampel & Petermann, 2005; Lengua & Stormshak, 2000). The encouragement of emotional expression in girls would explain why the model with the interaction effect is significant while the model without the interaction is not. This finding is consistent with previous regression analyses of parent coping strategies predicting children's coping strategies based on gender (Kliewer et al., 1996). Kliewer and colleagues found that girls were predicted to have more social seeking coping strategies compared to boys. In contrast, these findings contradict a previous longitudinal study that found no significant differences related to gender and coping styles over the course of 4 years (Seiffge-Krenke & Stemmler, 2002). Previous research found that girls are more socially competent than boys in the context of interpersonal stress. Perhaps girls use more social support coping because they utilize their social skills more effectively (Abaied & Rudolph, 2010; Hampel & Petermann, 2005; Quy et al., 2020; Spinrad et al., 2006).

Implications

This study highlights several important implications for parents, caregivers, teachers, and researchers. They should be made aware that promoting problem-focused coping in their children may not necessarily reduce their tendency to seek social support during stressful situations. Additionally, this study gives more merit to individually supporting children based on gender. Girls might benefit more from encouragement of emotional expression and social support seeking, while boys may require a different coping strategy. Furthermore, this investigation adds to the body of literature surrounding coping in early adolescence. Future researchers may use these findings to examine differences in parents' problem-focused coping strategies and their children's social support coping strategies through different age periods. This exploration on coping socialization can also be utilized for future researchers developing coping interventions. Such interventions might include teaching boys' effective social support seeking skills.

Limitations

One limitation of the study pertains to the use of a 3-point Likert scale for the What I Would Do scale. A 3-point Likert scale is susceptible to ceiling and floor effects, the tendency for participants to cluster their responses at the extreme ends (e.g., 1 or 3, but not 2; DeWees et al., 2020). This can make data analysis more difficult when attempting to examine subtle differences in response variation. Previous studies have conducted a 5-point Likert scale of social support coping with comparable reliability ($\alpha = .75$) when contrasted to this 3-point Likert scale of social support coping ($\alpha = .80$). Nonetheless, a 3-point Likert scale offers limited sensitivity to nuances in responses, thereby forcing participants to only choose from three options when a 5-

point scale can provide more discrimination between various options (Kochenderfer-Ladd & Skinner, 2002).

Another limitation is that social support seeking behaviors were only examined through the context of parents. While previous evidence supports the idea that parents are the main influence on their child's coping socialization (Eisenberg et al., 1998), there are several social influences (e.g., peers, teachers) that may also contribute to the differences in social seeking coping. Future research should delve into other social support avenues for a more comprehensive outlook.

Data collection for the What I Would Do scale from Time 2 of the longitudinal study is currently in progress. This presents a limitation, as the analysis and interpretation of results were conducted with incomplete data. Completion of Time 2 data will reflect a more comprehensive view of the results and analysis.

In this study, gender was only examined through the context of children. However, previous research has found that the gender of the parent also plays a key role in the coping socialization of their child (Abaied & Rudolph, 2010; Hampel & Petermann, 2005; Liga et al., 2020). A limitation of the current study is that most parents in the data were mothers. This restricts the generalizability of these findings. The coping strategies of fathers or male caregivers may differ from those of mothers, and our study does not account for these potential differences. Therefore, our results should be interpreted with caution, particularly when considering parent-child dyads with different gender compositions. Additionally, it is important to note that some children in this study identified their gender as non-binary. However, due to the limited number of non-binary participants and the complex nature of gender identity, their data was not utilized in the current analysis. As a result, our findings cannot be readily generalized to non-binary

children. This highlights the need for more inclusive research that considers the diverse ways in which gender and coping strategies intersect.

Future Directions

This study examined stress under the scope of peer victimization stress. It is possible that children learn and model different coping mechanisms that their parents use depending on the type of stressor. For instance, a difference in stress intensity (i.e., lower or higher) and a difference in specific demands of a stressful situation (i.e., different context) may influence what coping strategies parents may model for their children. Future research should examine various types of stressors in various contexts to determine a more comprehensive view of parent socialization.

Future research is imperative to explore the potential applications of coping socialization knowledge. Effectively employing interventions for modifying coping strategies may equip children with the necessary tools for combating lifelong stress resiliently. One study of children and adolescents in at-risk neighborhoods demonstrated evidence of improved emotion and behavior management from a pre-test and post-test coping intervention program (Allen et al., 2016). Finding applications for this research is essential considering that maladaptive coping strategies may be a risk factor for adverse consequences. For instance, the ways children use coping strategies can be a mediator for psychopathology (Compas et al., 2001). A meta-analysis of 60 studies related to coping found that the way children and adolescents coped with stress predicted their symptoms of psychopathology (Compas et al., 2017). In a previous longitudinal regression analysis, avoidant coping (maladaptive coping) was a significant predictor of depressive symptoms in adolescents (Seiffge-Krenke & Stemmler, 2002). Future studies on

coping strategies should continue to measure health outcomes like depression based on measures related to avoidant coping styles.

Conclusion

This study contributes to the growing body of research on coping strategies, parental influence, and gender differences. These findings suggest that a parent's problem-focused coping strategies may not substantially affect their child's social support seeking coping, and the relationship is not significantly moderated by gender. However, it is crucial to recognize the multidimensional nature of coping strategies, as well as the many factors that contribute to their development. This research serves as an avenue for future studies to delve deeper into this intricate coping socialization development and enhance our understanding of how individuals adapt to stress and adversity based on specific demands of multiple contexts.

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APPENDIX A

WHAT I WOULD DO SCALE

(Kochenderfer-Ladd & Skinner, 2002)

Imagine what you would do if a kid were being mean to you either by calling you bad names or hitting and pushing you. There are all kinds of things that kids could do if they were being picked on. Please mark only one box for each question.

If someone were being mean to you.... Si alguien se portara mal contigo...	No	Maybe	Yes
	No	Tal vez	Sí
1. Would you tell yourself it didn't matter? ¿Te dirías a tí mismo(a) que no importa?			
2. Would you ask a parent to do something about it? ¿Le pedirías a tu papá o mamá que hiciera algo al respecto?			
3. Would you talk to a friend about how it made you feel? ¿Hablarías con un amigo sobre cómo te sentiste?			
4. Would you ask a parent what you should do? ¿Le preguntarías a tu papá o mamá sobre que podrías hacer?			
5. Would think about getting even with the kid? ¿Pensarías devolvérsela al niño(a)?			

6. Would you ask your teacher what you should do? ¿Le preguntarías a tu maestro(a) sobre qué podrías hacer?			
7. Would you tell the kid to stop? ¿Le dirías al niño(a) que pare?			
8. Would you make believe nothing happened? ¿Te harías la idea de que nada pasó?			
9. Would you have a friend do something about it? ¿Pedirías a un amigo hacer algo al respecto?			
10. Would you talk to a parent about what happened? ¿Hablarías con tu papá o mamá sobre lo que pasó?			
11. Would you make something bad happen to the kid who hurt you? ¿Harías que le pasara algo malo al niño(a) que te lastimó?			
12. Would you tell yourself it was no big deal? ¿Te dirías a tí mismo(a) que no es gran cosa?			
13. Would you try to forget it ever happened? ¿Tratarías de olvidar lo que pasó?			

14. Would you try to figure out why the kid picked on you? ¿Tratarías de entender porqué el niño(a) te molestó?			
If someone were being mean to you.... Si alguien se portara mal contigo...	No No	Maybe Tal vez	Yes Sí
15. Would you ask a friend to help you get back at the kid? ¿Le pedirías a un amigo que te ayudara a molestar de vuelta al niño(a)?			
16. Would you blame yourself for doing something to deserve it? ¿Te culparías a tí mismo(a) por hacer algo que lo mereciera?			
17. Would you tell the teacher about what happened? ¿Le contarías a tu maestro(a) sobre lo que pasó?			
18. Would you tell a friend about what happened? ¿Le dirías a un amigo(a) sobre lo que pasó?			
19. Would you just walk away? ¿Simplemente te alejarías?			

20. Would you yell at the kid? ¿Le gritarías al niño(a)?			
21. Would you hurt the kid? ¿Lastimarías al niño(a)?			
22. Would you try get along with the kid who hurt you? ¿Tratarías de llevarte bien con el niño(a) que te lastimó?			
23. Would you hit something to let off steam? ¿Golpearías algo para desahogarte?			
24. Would you feel sorry for yourself? ¿Sentirías pena de tí mismo(a)?			
25. Would you ignore it? ¿No le harías caso?			
26. Would you ask the teacher to do something about it? ¿Pedirías a tu maestro(a) que hiciera algo al respecto?			

Tell Adult	2, 4, 6, 10, 17, 26 (parent and teacher items)
Involve parent	2, 4, 10
Involve teacher	6, 17, 26
Involve a friend	3, 9, 18
Retaliation	5, 11, 15, 20, 21, 23
Minimize and ignore	1, 8, 12, 13, 19, 25
Problem-solving	7, 14, 22
Internalizing coping	16, 24

APPENDIX B

COPING WITH CHILD'S NEGATIVE EMOTIONS SCALE

(Fabes et al., 2001)

DIRECTIONS: In the following items, please indicate on a scale from 1 (very unlikely) to 7 (very likely) the likelihood that you would respond in the ways listed for each item. Please read each item carefully and respond as honestly and sincerely as you can. For each response, please circle a number from 1-7.

Response Scale:

1	2	3	4	5	6	7
Very			Medium			Very
Unlikely						Likely

1. If my child becomes angry because he/she is sick or hurt and can't go to his/her friend's birthday party, I would:

a) send my child to his/her room to cool off	1	2	3	4	5	6	7
b) get angry at my child	1	2	3	4	5	6	7
c) help my child think about ways that he/she can still be with friends, (e.g., invite some friends over after the party)	1	2	3	4	5	6	7
d) tell my child not to make a big deal out of missing the party	1	2	3	4	5	6	7
e) encourage my child to express his/her feelings of anger and frustration	1	2	3	4	5	6	7

f) soothe my child and do something fun with him/her to make him/her feel better about missing the party	1	2	3	4	5	6	7
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2. If my child falls off his/her bike and breaks it, and then gets upset and cries, I would:

a) remain calm and not let myself get anxious	1	2	3	4	5	6	7
b) comfort my child and try to get him/her to forget about the accident	1	2	3	4	5	6	7
c) tell my child that he/she is over-reacting	1	2	3	4	5	6	7
d) help my child figure out how to get the bike fixed	1	2	3	4	5	6	7
e) tell my child it's okay to cry	1	2	3	4	5	6	7
f) tell my child to stop crying or he/she won't be allowed to ride his/her bike anytime soon	1	2	3	4	5	6	7

3. If my child loses some prized possession and reacts with tears, I would:

a) get upset with him/her for being so careless and then crying about it	1	2	3	4	5	6	7
b) tell my child that he/she is over-reacting	1	2	3	4	5	6	7
c) help my child think of places he/she hasn't looked yet	1	2	3	4	5	6	7
d) distract my child by talking about happy things	1	2	3	4	5	6	7
e) tell him/her it's okay to cry when you feel unhappy	1	2	3	4	5	6	7
f) tell him/her that's what happens when you're not careful	1	2	3	4	5	6	7

1	2	3	4	5	6	7
Very			Medium			Very
Unlikely						Likely

4. If my child is afraid of injections and becomes quite shaky and teary while waiting for his/her turn to get a shot, I would:

a) tell him/her to shape up or he/she won't be allowed to do something he/she likes to do (e.g., watch TV)	1	2	3	4	5	6	7
b) encourage my child to talk about his/her fears	1	2	3	4	5	6	7
c) tell my child not to make a big deal of the shot	1	2	3	4	5	6	7
d) tell him/her not to embarrass us by crying	1	2	3	4	5	6	7
e) comfort him/her before and after the shot	1	2	3	4	5	6	7
f) talk to my child about ways to make it hurt less (e.g., relaxing so it won't hurt or taking deep breaths)	1	2	3	4	5	6	7

5. If my child is going over to spend the afternoon at a friend's house and becomes nervous and upset because I can't stay there with him/her I would:

a) distract my child by talking about all the fun he/she will have with his/her friend	1	2	3	4	5	6	7
b) help my child think of things that he/she could do so that being at the friend's house without me isn't scary	1	2	3	4	5	6	7
c) tell my child to quit over-reacting and being a baby	1	2	3	4	5	6	7

d) tell the child that if he/she doesn't stop that he/she won't be allowed to go out anymore	1	2	3	4	5	6	7
e) feel upset and uncomfortable because of my child's reactions	1	2	3	4	5	6	7
f) encourage my child to talk about his/her nervous feelings	1	2	3	4	5	6	7

6. If my child is participating in some group activity with his/her friends and proceeds to make a mistake and then looks embarrassed and on the verge of tears, I would:

a) comfort my child and try to make him/her feel better	1	2	3	4	5	6	7
b) tell my child that he/she is over reacting	1	2	3	4	5	6	7
c) feel uncomfortable and embarrassed myself	1	2	3	4	5	6	7
d) tell my child to straighten up or we'll go home right away	1	2	3	4	5	6	7
e) encourage my child to talk about his/her feelings of embarrassment	1	2	3	4	5	6	7
f) tell my child that I'll help him/her practice so that he/she can do better next time	1	2	3	4	5	6	7

1	2	3	4	5	6	7
Very			Medium			Very
Unlikely						Likely

7. If my child is about to appear in a recital or sports activity and becomes visibly nervous about people watching him/her, I would:

a) help my child think of things that he/she could do to get ready for his/her turn (e.g., do some warm-ups and not look at the audience)	1	2	3	4	5	6	7
b) suggest that my child think about something relaxing so that his/her nervousness will go away	1	2	3	4	5	6	7
c) remain calm and not get nervous myself	1	2	3	4	5	6	7
d) tell my child that he/she is being a baby about it	1	2	3	4	5	6	7
e) tell my child that if he/she doesn't calm down, we'll have to leave and go home right away	1	2	3	4	5	6	7
f) encourage my child to talk about his/her nervous feelings	1	2	3	4	5	6	7

8. If my child receives an undesirable birthday gift from a friend and looks obviously disappointed, even annoyed, after opening it in the presence of the friend, I would:

a) encourage my child to express his/her disappointed feelings	1	2	3	4	5	6	7
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b) tell my child that the present can be exchanged for something the child wants	1	2	3	4	5	6	7
c) <u>NOT</u> be annoyed with my child for being rude	1	2	3	4	5	6	7
d) tell my child that he/she is over reacting	1	2	3	4	5	6	7
e) scold my child for being insensitive to the friend's feelings	1	2	3	4	5	6	7
f) try to get my child to feel better by doing something fun	1	2	3	4	5	6	7

9. If my child is panicky and can't go to sleep after watching a scary TV show, I would:

a) encourage my child to talk about what scared him/her	1	2	3	4	5	6	7
b) get upset with him/her for being silly	1	2	3	4	5	6	7
c) tell my child that he/she is over-reacting	1	2	3	4	5	6	7
d) help my child think of something to do so that he/she can get to sleep (e.g., take a toy to bed, leave the lights on)	1	2	3	4	5	6	7
e) tell him/her to go to bed or he/she won't be allowed to watch any more TV	1	2	3	4	5	6	7
f) do something fun with my child to help him/her forget about what scared him/her	1	2	3	4	5	6	7

10. If my child is at a park and appears on the verge of tears because the other children are mean to him/her and won't let him/her play with them, I would:

a) <u>NOT</u> get upset myself	1	2	3	4	5	6	7
b) tell my child that if he/she starts crying then we'll have to go home right away	1	2	3	4	5	6	7
c) tell my child it's okay to cry when he/she feels bad	1	2	3	4	5	6	7
d) comfort my child and try to get him/her to think about something happy	1	2	3	4	5	6	7
e) help my child think of something else to do	1	2	3	4	5	6	7
f) tell my child that he/she will feel better soon	1	2	3	4	5	6	7

11. If my child is playing with other children and one of them call him/her names, and my child then begins to tremble and become tearful, I would:

a) tell my child not to make a big deal out of it	1	2	3	4	5	6	7
b) feel upset myself	1	2	3	4	5	6	7
c) tell my child to behave or we'll have to go home right away	1	2	3	4	5	6	7
d) help my child think of constructive things to do when other children tease him/her (e.g., find other things to do)	1	2	3	4	5	6	7
e) comfort him/her and play a game to take his/her mind off the upsetting event	1	2	3	4	5	6	7
f) encourage him/her to talk about how it hurts to be teased	1	2	3	4	5	6	7

12. If my child is shy and scared around strangers and consistently becomes teary and wants to stay in his/her bedroom whenever family friends come to visit, I would:

a) help my child think of things to do that would make meeting my friends less scary (e.g., take a favorite toy with him/her when meeting my friends)	1	2	3	4	5	6	7
b) tell my child that it is okay to feel nervous	1	2	3	4	5	6	7
c) try to make my child happy by talking about the fun things we can do with our friends	1	2	3	4	5	6	7
d) feel upset and uncomfortable because of my child's reactions	1	2	3	4	5	6	7
e) tell my child that he/she must stay in the living room and visit with our friends	1	2	3	4	5	6	7
f) tell my child that he/she is being a baby	1	2	3	4	5	6	7

1. Distress Reactions (DR). These items reflect the degree to which parents experience distress when children express negative affect.

Scoring: Mean of: 1B, 2A*, 3A, 4D, 5E, 6C, 7C*, 8C*, 9B, 10A*, 11B, 12D.

*= REVERSED SCORING

2. Punitive Reactions (PR). These items reflect the degree to which parents respond with punitive reactions that decrease their exposure or need to deal with the negative emotions of their children.

Scoring: Mean of: 1A, 2F, 3F, 4A, 5D, 6D, 7E, 8E, 9E, 10B, 11C, 12E.

3. Expressive Encouragement (EE). These items reflect the degree to which parents encourage children to express negative affect or the degree to which they validate child's negative emotional states (i.e., "it's ok to feel sad.")

Scoring: Mean of: 1E, 2E, 3E, 4B, 5F, 6E, 7F, 8A, 9A, 10C, 11F, 12B.

4. Emotion-Focused Reactions (EFR). These items reflect the degree to which parents respond with strategies that are designed to help the child feel better (i.e., oriented towards affecting the child's negative feelings).

Scoring: Mean of: 1F, 2B, 3D, 4E, 5A, 6A, 7B, 8F, 9F, 10D, 11E, 12C.

5. Problem-Focused Reactions (PFR). These items reflect the degree to which parents help the child solve the problem that caused the child's distress (i.e., oriented towards helping the child solve his/her problem or coping with a stressor).

Scoring: Mean of: 1C, 2D, 3C, 4F, 5B, 6F, 7A, 8B, 9D, 10E, 11D, 12A.

6. Minimization Reactions (MR). These items reflect the degree to which parents minimize the seriousness of the situation or devalue the child's problem or distressful reaction.

Scoring: Mean of: 1D, 2C, 3B, 4C, 5C, 6B, 7D, 8D, 9C, 10F, 11A, 12F.