

The Role of Nonmarital Coparents and Supportive Non-Parental Adults in the
Psychosocial Adjustment of African American Youth from Single Mother Families:
A Mixed Methods Study

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ABSTRACT

EMMA M STERRETT: The Role of Nonmarital Coparents and Supportive Non-Parental Adults in the Psychosocial Adjustment of African American Youth from Single Mother Families: A Mixed Methods Study
(Under the direction of Deborah Jones, Ph.D.)

The current study utilized a mixed methods research design (quantitative data: $n = 185$; qualitative data $n = 20$) to examine the quality of relationships African American youth from single mother families have with nonmarital coparents (i.e., adults identified as significantly involved in child-rearing), as well as social support they receive from additional non-parental adults. When not controlling for the full set of predictor variables, higher levels of youth-coparent relationship quality were associated with higher levels of youth self-esteem, and higher levels of coparent monitoring were associated with lower levels of youth externalizing symptoms. In addition, when all the predictors were taken into account, higher levels of youth-coparent relationship quality were associated with lower levels of youth internalizing problems and higher levels of coparent monitoring were associated with higher levels of youth internalizing problems. In addition, several types of SNPA support were associated with the likelihood of alcohol use, and some interactions involving total SNPA support also emerged. In contrast, neither coparent residence nor contact frequency were associated with outcomes. Implications of the results for future research on links between adults outside of biological parents and youth are discussed.

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CHAPTER 1

STUDY OVERVIEW

Children and adolescents being raised in single mother families have been found to exhibit higher levels of a variety of psychosocial difficulties, such as emotional and behavioral problems, than youth raised in two-parent families (e.g., Barrett & Turner, 2005; O'Connor, Dunn, Jenkins, Pickering, & Rasbash, 2001; Simons, Chen, Simons, Brody, & Cutrona, 2006). African American youth are about twice as likely (51%) as American youth, in general, to live in single mother homes (23%, U.S. Census, 2008). However, although they are disproportionately exposed to risk, some African American youth from single mother families may also benefit from resources common in these families, which may help them experience resilient outcomes.

One protective characteristic found in many African American single mother families are positive relationships between mothers and non-marital coparents, or adults (e.g., grandmothers, biological fathers) who play a significant role in childrearing, which have been associated with higher levels of youth adjustment (e.g., Forehand & Jones, 2003; Jones, Shaffer, Forehand, Brody, & Armistead, 2003; also see Jones, Zalot, Foster, Sterrett, & Chester, 2007 for a review). In addition, social support from a broad class of non-parental adults (e.g., natural mentors, extended family) has been linked to higher levels of psychosocial functioning among youth from a variety of

family constellations (e.g., two-, single-, foster parent homes) (e.g., Ahrens, DuBois, Richardson, Fan & Lozano, 2008; Greenberger, Chen, & Beam, 1998; Sanchez, Reyes, & Singh, 2006). Despite these findings, relatively little empirical work has focused specifically on the quality of relationships between African American youth (rather than mothers) from single mother families and either coparents or non-parental adults, or the potential impact of these relationships when combined with the influence of mother-child interactions.

In an effort to replicate and extend prior empirical work, the current study utilized a mixed methods research design, involving quantitative and qualitative analyses, to examine relationships that African American youth from single mother families have with adults who are not their biological parents. Specifically, the study investigated the impact of youth-coparent relationship quality, structural aspects of the youth-coparent relationship, and support from additional non-parental adults on youth adjustment, within an ecological-interpersonal model. Together with the broader field of qualitative and quantitative research on African American youth from single mother homes, findings will guide the development and implementation of culturally-relevant family- and community-focused interventions.

CHAPTER 2

BACKGROUND

Family Structure and Youth Adjustment

Family structure in the United States has undergone considerable changes over the past fifty years. Today, fewer adults are getting married and the rates of households containing cohabitating (40%) and single (28%) parents are at their highest levels (Popenoe & Whitehead, 2007). As a result, only 67% of U.S. children are living with both their biological parents (U.S. Census, 2008). Instead, more children are living in diverse family structures, including step-families, cohabitating families, and single-parent households. African American youth are twice as likely as American youth in general to live in a single-mother family (U.S. Census, 2008).

Single-mother families are often faced with a number of obstacles not encountered by two-parent families, such as lower family income (Hilton, Desrochers, & Devall, 2001; Williams, Auslander, Houston, Krebill, & Haire-Joshu, 2000), compromised maternal monitoring (Amato & Fowler, 2002), and maternal stress due to balancing work-life demands (McLoyd, Toyokawa, & Kaplan, 2008). Consistent with these findings, youth raised in single mother homes are at increased risk for adjustment difficulties, including increased levels of internalizing and externalizing symptoms, as well as lower levels of positive markers of adjustment, such as self-esteem (e.g., Barrett & Turner, 2005; Bergman & Scott, 2001; Costello, Swendsen, Rose, & Dierker, 2008).

Although a disproportionate number of African American youth live in single mother families, and thus are at higher risk for adjustment problems when compared to American youth, overall, many African American youth raised in single mother families evidence healthy psychological adjustment (e.g., Brody & Flor, 1998; Jessor, 1993; Kim & Brody, 2005). Identifying positive and protective factors that help lead to the absence of negative outcomes and the presence of positive outcomes among African American youth from single mother families is key to the development of intervention and prevention efforts aimed at this population. One category of protective factors in the lives of youth may be interpersonal relationships with adults outside of their biological parents.

An Ecological Framework for Understanding the Role of Relationships with Adults in Adolescent Adjustment

Adolescence represents a developmental period marked by rapid physical, cognitive, neurobiological, emotional and social development. This period is often a time when youth seek increased independence from their parents (e.g., Erikson, 1959; Havighurst, 1972) and may seek out and form stronger relationships with individuals outside of their biological parents and nuclear families (Gottlieb & Sylvestre, 1994). Simultaneously, as a result of cognitive and neurodevelopmental changes (Casey, Giedd, & Thomas, 2000; Spear, 2003), adolescents are better able than younger children to understand complex ideas and reason in a logical manner (Davies & Rose, 1999; Müller, Overton, & Reene, 2001). Consequently, adolescents may have an increased ability to glean information and draw conclusions from their interactions with adults, as well as to compare that information with what they have learned from their

biological parents regarding areas such as their current well-being and future goals. At the same time, adolescence is often also marked by an increase in risk-taking behavior and increases and more serious manifestations of emotional, behavior, and substance abuse problems (e.g., Substance Abuse and Mental Health Services Administration, 2008; Steinberg, 2007). Recent neurobiological work has implicated the late development, relative to emotion processing areas of the brain, of the prefrontal cortex, which is responsible for emotional and behavioral regulation, as a possible explanatory mechanism for the increase in impulsive and risk-taking behavior after the start of puberty (Steinberg, 2002; Steinberg, 2008).

The intersection of four theoretical traditions can help provide guidance to the investigation of relationships between African American youth from single mother homes and significant adults outside of their biological parents during adolescence. Developmental psychopathology theory (e.g., Cicchetti & Rogosch, 2002; Cummings, Davies, Campbell, 2000; Luthar, 1997) suggests that protective factors can promote resilience among at-risk youth, such as youth raised in single mother families. Suggestions of where protective factors can be found in the lives of African American youth from single mother families are provided by ecological-contextual theory (Bronfenbrenner, 1979) and historians and scholars of African American family life (e.g., Boyd-Franklin, 2003, Franklin, 2007, Sudarkasa, 2007), which propose that the many contexts that surround youth (i.e., extended families, communities) may contain such positive influences. In addition, social convoy theory (Kahn & Antonucci, 1980), one theoretical foundation for empirical studies of social support, explains that within these contexts, interpersonal relationships, including with adults outside of biological

parents, can be protective because they help promote healthy psychological functioning.

Related to this conceptual framework, various interpersonal and individual factors in the contexts surrounding adolescents and related to adolescents themselves have been linked to their psychosocial functioning. Consistent specifically with ecological contextual theory (Bronfenbrenner, 1979), these factors have been identified at various levels of proximity (e.g., community, family, individual) to the adolescent and involve both more structural (e.g., income) and process (e.g., parenting) influences (Coulton, Korbin, & Su, 1999). Importantly, the latter distinction allows for the examination of relatively static, structural factors relevant to adolescent adjustment (e.g., maternal age), as well as psychological factors potentially more malleable to intervention (e.g., maternal parenting). Thus, a more comprehensive understanding of the association between relationships with adults and adolescent psychosocial functioning requires attention to the impact of these relationships within the context of other factors that may be important to development. One relationship involving an adult outside of biological parents that has the potential to influence adolescents is relationships with supportive non-parental adults.

Supportive non-parental adults and youth adjustment. The most distal level of interpersonal relationships between adolescents and adults that have been investigated are relationships between youth and a broad class of helpful non-parental adults. According to social convoy theory (e.g., Kahn & Antonucci, 1980; Levitt, Guacci-Franco, & Levitt, 1993; Levitt et al., 2005), individuals are surrounded by convoys, or networks, of people, including parents and other adults, who provide social

support. At any given developmental stage, the composition of the social convoy varies depending on the individual, with adults outside of biological parents being a normative, although not automatic, part of the convoy during adolescence. Additional theoretical and empirical work has identified mechanisms of associations between non-parental adults and adolescent well-being, including the shaping of expectations for future relationships (Ainsworth, 1978), providing a basis for comparison which aids in the formation of self-identity (Swann & Brown, 1990), and the enhancement of social, emotion regulation, and cognitive skills (Rhodes, Spencer, Keller, Liang, & Noam, 2006).

Supportive non-parental adults (SNPAs) have been defined as individuals over the age of 18, outside of biological or adoptive parents or older romantic partners, who provide social support to adolescents (Sterrett, Jones, McKee & Kincaid, in press). Consistent with social convoy theory (Kahn & Antonucci, 1980), the presence of SNPAs has been found to be associated with several indices of youth psychosocial functioning, across youth from various ethnic backgrounds and family compositions. Support from non-parental adults is associated with lower frequencies of youth behavior problems (Greenberger et al., 1998; Sanchez et al., 2006; Zimmerman et al., 2002), alcohol use (Lifrak, McKay, Rostain, Alterman, & O'Brien, 1997; Sanchez et al., 2006), and somewhat less consistently, internalizing symptoms (Casey-Cannon et al., 2006; Keating et al., 2002). In addition, the presence of SNPAs also has been associated with higher levels of positive indicators of psychological functioning, including self-esteem (e.g., Colarossi & Eccles, 2003; Farruggia, Greenberger, Chen, & Heckhausen, 2006; Levitt et al., 2005). The majority of studies finding associations

between social support and youth adjustment have measured social support as a combination of various types of social support, including instrumental, informational, esteem and emotional support (e.g., Casey-Cannon, Pasch, Tschann, & Flores, 2006; Demaray, Malecki, Davidson, Hodgson, & Rebus, 2005; DuBois, Burk-Braxton, Swenson, Tevendale, Lockerd, & Moran, 2002). However, a few studies have also suggested associations between particular types of support and certain youth outcomes (Sterrett et al., in press) , such as between emotional and esteem support and self-esteem (Colarossi & Eccles, 2003; Farruggia et al., 2006), emotional and informational support and externalizing symptoms (Chen, Greenberger, Farruggia, Bush, & Dong, 2003; Zimmerman et al., 2002), and emotional support and internalizing symptoms (Greenberger, Chen, & Beam, 1998; Ruiz & Silverstein, 2007).

Despite the growing body of literature examining the association of SNPAs to youth outcomes, one shortcoming of much of the research to date has been limited investigation of the impact of these relationships over and above or in combination with maternal-youth relationships. This shortcoming is significant because, as discussed below, parenting is a uniquely influential factor in youth well-being. The exclusion of parenting may result in findings that are misleading, only partially informative, or not translatable into effective interventions. For example, parenting may over-ride or eclipse the influence of supportive non-parental adults, such that the presence of such an adult is not associated with youth well-being once the influence of parenting is examined. Such a finding would suggest that only relationships with parents, not with other adults, should be a focus of interventions. On the other hand, it could be the case that both parenting and SNPAs can independently influence youth adjustment and

therefore interventionists would do well to focus on both parents and SNPAs, with the goal being to improve youth well-being in an additive fashion. Another possibility is that SNPAs may help increase or strengthen the influence of parenting, which also could lead to interventions including both a focus on parenting and SNPAs, but, in this case, the goal being to amplify or reinforce the positive impact of improved parenting.

Finally, the body of literature on relationships between African American youth and SNPAs is small, but growing (e.g., Hurd & Zimmerman, 2010; Zimmerman et al., 2002). However, the nature and impact of these relationships among African American youth from single mother homes, who, by virtue of their particular cultural and life circumstances, may have a unique point of view and experience of relationships with SNPAs, continue to warrant investigation. For example, among youth from single mother families, as compared to youth from two-parent families, there may be more of an opportunity for non-parental adults to provide helpful functions that would usually be provided by a two-parent subsystem. Moreover, this pattern of interactions may be situated within a cultural context that prizes close relationships with adults outside of biological parents, including extended family and fictive kin (Boyd-Franklin, 2003). Thus, African American youth from single mother families may represent a group of adolescents in prime position to benefit from relationships with non-parental adults.

Nonmarital coparents and youth adjustment. While SNPAs may exist at more distal levels to the child, coparents, who are identified as being significantly involved in child-rearing, are, by definition, at a more proximal level to the child. The study of “coparenting,” or the processes by which two adults coordinate and manage childrearing responsibilities, began with the study of intact and divorced Caucasian

mothers and fathers (McHale et al., 2002). A growing literature suggests that a coparenting framework is also relevant to diverse family structures, including among African American single mother families (for reviews see Jones et al., 2007; Jones & Lindahl, in press). Moreover, scholars and historians of African American studies (e.g., Boyd-Franklin, 2003; Franklin, 2007; Sudarkasa, 2007) suggest that extended families and community members are typically an integral part of African American family life and can impact maternal and adolescent psychosocial functioning. Both structural (e.g., contact frequency) and process (e.g., youth-coparent relationship quality) coparent variables may be associated with youth well-being.

Recent findings suggest that African American single mothers are involved in coparenting relationships with a variety of individuals (Jones et al., 2007). For example, Jones and colleagues (2003) found, in their study of African American single mothers, that 97% of the mothers identified one other person who was significantly involved in assisting them with child-rearing, such as a grandmother, aunt, or adult sister of the child. In general, more positive relationships between African American single-mothers and coparents, including more warmth and less conflict, have been found to be associated with higher levels of youth well-being in cross-sectional and longitudinal studies (e.g., Forehand & Jones, 2003; Jones et al., 2007; Jones, Forehand, Dorsey, Foster, & Brody, 2005). For example, lower levels of conflict between low income African American single mothers and coparents at baseline has been found to be a predictor of lower levels of youth internalizing and externalizing problems 15 months later (Jones et al., 2003). In addition, in a recent study, higher levels of mother-coparent conflict, mediated by positive parenting, was associated with higher levels of

youth maladjustment, while higher levels of coparent support to mothers, also mediated by positive parenting, was linked to higher levels youth competence (Shook, Jones, Dorsey, Forehand, & Brody, 2010). In a separate but relevant area of research, kinship support from family members to African American mothers from low SES backgrounds has been found to be directly associated with their well-being and parent-youth relationship variables and indirectly associated with adolescent adjustment (e.g., Ceballo & McLoyd, 2002; Taylor & Roberts, 1995; Taylor, Seaton, & Dominguez, 2008).

The protective function of nonmarital coparents has also been highlighted in qualitative work. In an ethnographic study of economically disadvantaged African American single mothers, mothers who did not receive financial, emotional, or instrumental assistance from extended families discussed experiencing more difficulty managing household tasks and raising their children than those who received assistance (Jarrett & Burton, 1999). Another qualitative study among family members of low-income single-mother families revealed that family members felt that helping each other with child-care was an important aspect of family functioning (McCreary & Dancy, 2004). This work has added to the collective knowledge of single-mothers and their children by highlighting, from the perspective of mothers, the subjective importance of family assistance to positive parenting and family functioning

In addition to relationships between African American single mothers and coparents, recent work suggests that relationship quality between African American youth, themselves, and coparents may also be important to youth adjustment. Specifically, Sterrett and colleagues (2009) reported that the quality of the relationship

between low-income African American youth from single mother homes and the person identified as a coparent (e.g., the child's grandmother, mother's friend, biological father) moderated the association between positive parenting and youth internalizing and externalizing symptoms. Following a "protective-protective" pattern of moderation, in which one protective factor increases the impact of another protective factor (Zimmerman, Bingenheimer, & Notaro, 2002), a more positive youth-coparent relationship strengthened the negative association between positive parenting and youth externalizing and internalizing difficulties.

Although this was a relatively novel finding, family stress and resilience theory (e.g., Hill, 1949; Hobfoll & Spielberger, 1992; Patterson, 2002) and empirical work on single mother families (Murry, Bynum, Brody, Willert, & Stephens, 2001) provide two related potential explanations for how youth-coparent relationship quality may increase the association between maternal parenting and youth adjustment. Respectively, an involved secondary caregiver may decrease the overall stress a family experiences and/or a secondary adult may increase a single mother's legitimacy as an authority figure. As a result of these processes, the overall family environment may be more conducive to and increase the effectiveness of a mother's parenting. Consistent with these potential explanations, a greater understanding of the influence of youth-coparent relationships on youth adjustment necessitates continued examination of the role of youth-coparent relationship quality in additional samples of African American single mother families. In particular, as this finding was observed among a sample with a relatively restricted range of annual income (\$780-\$30,000) and only with markers of

negative adjustment (Sterrett et al., 2009), it is not clear how generalizable these findings are to families with higher incomes or to positive markers of adjustment.

The field also would benefit from a more comprehensive and detailed examination of specific aspects of youth-coparent relationships. While, for coparents outside of fathers, the impact of youth-coparent contact frequency or residential status on the psychosocial adjustment of African American youth from single mother homes has not been investigated, the current body of empirical work on the roles of contact frequency and residence of adults, suggests these factors may be important to assess. For example, the non-resident father literature has demonstrated the importance of examining a comprehensive set of variables related to father involvement (e.g., Adamson, O'Brien, Pasley, 2007; Coley & Medeiros, 2007; Palkovitz, 1997). Importantly, however, relationship quality has been found to be more consistently associated than contact frequency with youth outcomes (see Amato & Gilbreth, 1999; Whiteside & Becker, 2000 for meta-analyses). On the other hand, in the mentoring literature, youth who have more frequent contact with mentors evidence more positive socioemotional outcomes than those who have less contact (DuBois & Neville, 1997), and mentoring programs that communicate an expectation for frequency of contact have stronger effect sizes on youth outcomes (see DuBois et al., 2002 for a meta-analysis). Similarly, residential status of grandmothers has been examined recently with mixed findings. Some work suggests that adolescents who live with both their mothers and grandmothers may have higher levels of internalizing problems than children who live in one-generation households (Pittman & Boswell, 2008). In contrast, other evidence suggests that, over time, children living in multi-generational households

exhibit a decrease in internalizing problems (Pittman, 2007). These findings suggest that both contact frequency and residential status are factors of youth-coparent relationships that deserve exploration among African American youth from single mother families.

In addition, while mothers may perceive that coparents assume a role in parenting and coparenting responsibilities that resembles the role of an additional parent (Forehand & Jones, 2003, Jones et al., 2003; Jones et al., 2007), several theoretical traditions, (e.g., attachment theory, Ainsworth, 1978; family systems theory, Breunlin, Schwartz, & MacKune-Karrer, 2001; emotional security theory, Cummings, Davies, & Campbell, 2000) highlight the unique psychological significance, from the perspectives of children, of biological parents. Consequently, this theoretical and empirical work brings into question whether youth, themselves, perceive their relationships with adults who are not their fathers to have a similar function and meaning as relationships with their fathers. Children may view other coparents (e.g., grandmothers, other relatives) as distinctly different from their fathers, and, thus, their relationships with these individuals may be associated in different ways with their well-being and warrant investigation separate from that of relationships with fathers. Finally, the extent to which individuals who are not the biological father of the child but are identified as coparents by a child's mother actually play a role that is unique from that of other helpful adults, in general, is currently not clear.

Maternal demographic variables. The most proximal and influential relationships with adults that impact youth well-being, according to ecological-contextual theory, are those with primary caregivers (Bronfenbrenner, 1979).

Consistent with this, in the empirical literature, both structural and demographic variables associated with mothers have been linked to the psychological adjustment of their adolescents. Younger mothers, particularly those who themselves were adolescents when they began having children, have been found to have adolescents with higher levels of emotional and behavioral problems (e.g., Coley & Chase-Lansdale, 1998; Hardy, Astone, Brooks-Gunn, Shapiro & Miller, 1998; Jaffee, Caspi, Moffitt, Belsky, & Silva, 2001). Maternal education has been linked to a variety of indices of adolescent adjustment, with higher levels of maternal education being associated with lower levels of externalizing and internalizing problems and alcohol use and higher levels of self-esteem (e.g., Brody & Flor, 1998; Bulanda & Majumdar, 2009; Kandela, Griesler, & Schaffran, 2009). Finally, another maternal factor found to be associated with adolescent adjustment is maternal income. Compared to mothers with lower incomes, mothers with higher incomes have been found to have adolescents with lower levels of behavioral and emotional problems (e.g., Bynum & Kotchick, 2006; Kim & Brody, 2005; McLoyd, 1998).

Maternal parenting. In addition to maternal structural variables, one process-related maternal variable, parenting, has received robust empirical support as a predictor of adolescent functioning. Across families of various ethnicities and compositions (e.g., single parents, divorced families, intact families), maternal parenting styles characterized by a combination of warmth/support and monitoring/control have been found to be associated with the most optimal child outcomes (e.g., Jones, Forehand, Brody, & Armistead, 2002; Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Steinberg, Darling, Fletcher, Brown, & Dornbusch,

1995). Parenting that blends these two dimensions is thought to be beneficial because it promotes in children the ability to balance rule-following behavior necessary to conform to societal roles with more autonomous, assertive and individually-focused behavior (Baumrind, 1978; Darling & Steinberg, 1993). The combination of warmth/support and monitoring/control has been called “authoritative parenting” (Baumrind, 1967) in the broad parenting literature and “positive parenting” in more recent empirical work with ethnic minority populations (e.g., Jones et al., 2002; Kim & Brody, 2005; Dorsey, Forehand, & Brody, 2007). Among African American youth from single mother families, in particular, adolescents whose mothers engage in greater positive parenting behaviors have lower levels of externalizing (e.g., Forgatch & DeGarmo, 1999; Jones, Forehand, Brody, & Armistead, 2002; Simons et. al., 1994) and internalizing (e.g., Jones et al., 2005; Jones et. al, 2002; Simons et. al., 1994) problems. Parenting style has also been found to impact self-esteem (e.g., Bulanda, & Majumdar, 2009; Buri, Louiselle, Misukanis, & Mueller, 1988; Oliver & Paull, 1995), among adolescents more broadly, and some evidence suggests that parenting style accounts for even more of the variance in positive indicators of adjustment than indicators of maladjustment (Kaufmann et al., 2000). However, in addition to factors associated with their environmental contexts, individual differences among African American youth from single mother homes may also have an impact on their psychosocial functioning.

Adolescent Demographic Variables. The most proximal variables that may influence adolescents are their own individual characteristics. Adolescent gender, in adolescent populations in general, has been found to be related to some indices of

adolescent psychosocial functioning. In this work, males tend to exhibit higher levels of externalizing symptoms (Hawkins, Miller, & Steiner, 2003; also see Lahey et al., 2000 for a review) and alcohol use (Richards, Miller, O'Donnell, Wasserman, & Colder, 2004; Vazsonyi, Trejos-Castillo, & Young, 2008). On the other hand, females tend to exhibit higher levels of internalizing symptoms (e.g., Joyner & Udry, 2000; Longmore, Manning, Giordano, & Rudolph, 2004; Nolen-Hoeksema & Hilt, 2009) and lower levels of self-esteem (e.g., Chubb & Fertman, 1997; Kling, Hyde, Showers, & Buswell, 1999; Robins & Trzesniewski, 2005). Importantly, in the literature examining African American adolescents, findings regarding a gender gap in externalizing and internalizing symptoms, as well as self-esteem, have been mixed. While some work has shown African American boys to exhibit higher levels of aggression, delinquency, and substance use (Richards, Miller, O'Donnell, Wasserman, & Colder, 2004), other studies have found no gender differences in youth internalizing symptoms (Klein & Forehand, 2000; Shaffer, Forehand, & Kotchick, 2002), externalizing symptoms, (Sterrett et al., 2009; Verhulst, Van der Ende, Ferdinand, & Kasius, 1997) or self-esteem (Gray-Little, & Hafdahl, 2000; Twenge & Crocker, 2002). Given that this pattern among African American youth is contrary to the findings of a fairly robust literature among American youth in general, whether gender affects the psychosocial functioning of African American youth during adolescence continues to warrant investigation. In addition to the potential main effect of gender on youth functioning, there is beginning to be some evidence that gender may moderate the impact of non-parental adult support on youth functioning (Bogard, 2005; Lifrak et al., 1997), although a consistent pattern of interaction has yet to emerge.

In addition, to gender, another potential important individual characteristic to youth psychosocial functioning is youth age. Older youth have been found to exhibit higher levels of aggressive behavior (Hawkins, Miller, & Steiner, 2003; Karriker-Jaffe, Foshee, Ennett, & Suchindran, 2008) and alcohol use (see Brown et al., 2008 for a review). In addition, overall, youth have been found to exhibit a slight increase in internalizing symptoms during adolescence (e.g., Angold & Costello, 2001; Cole et al., 2002; Sanborn & Hayward, 2003). In regard to self-esteem, although self-esteem has been found to decrease among European American girls as they progress from early- to mid-adolescence, some studies of African American adolescent females have not found such a decrease in self-esteem during adolescence (Birndorf, Ryan, Auinger, & Aten, 2005; Green & Way, 2005; Michael & Eccles, 2003). Thus, adolescent gender and age are two variables that may be important to adolescent functioning, and which may have associations in African American samples that are both similar and different from those found in majority Caucasian samples.

Research Questions and Hypotheses

Interpersonal relationships with adults are important to the psychological well-being of many children and adolescents. To date, relationships between African American adolescents from single mother families and individuals specifically identified as playing a significant role in child-rearing (i.e., nonmarital coparents) have received little empirical attention (see Sterrett et al., 2009 for an exception). As most African American single mothers identify a nonmarital coparent (Jones et al., 2003), the need to study youth-coparent relationship quality as well as other aspects of the youth-coparent relationship is clear. Likewise, adolescent relationships with the

broader domain of SNPAs (e.g., natural mentors) have been found to have a positive impact on youth adjustment, but few studies have investigated the impact of non-parental adults in the context of parenting variables or have focused on African American youth from single mother homes. In an effort to address these gaps in the literature, the current study examines the unique and interactive impacts of youth relationships with their mothers, coparents who are not biological fathers, and other supportive non-parental adults on youth psychosocial adjustment. Families who chose the child's biological father as the coparent will be excluded as the current study seeks to understand more about relationships between youth and individuals stepping into a parenting or a supportive role who do not have a formal parental relationship with the child (e.g, grandmothers, friends of mothers) (Jones & Lindahl, in press). This study also joins a growing body of empirical work that, although focusing on a set of specific predictors, examines youth adjustment within an ecological framework that attends to contextual, individual, structural, and process factors (e.g., Adamsons et al., 2007; Hurd & Zimmerman, 2010; Smetana, Campione-Barr, & Metzger, 2006).

Because the body of empirical literature on relationships between African American adolescents from single mother families and adults outside of biological parents is relatively small, this study seeks to use a mixed methods design to examine both the nature of those relationships and associations among those relationships and adolescent outcomes. Mixed methods designs may be particularly suited to newer areas of empirical investigation because they allow for the gathering of subjective participant information to complement quantitative findings, as well as aide in the identification of contextual variables and mechanisms of association that may be

important to a given outcome (Creswell & Plano Clark, 2007; Hitchcock et al., 2005). The benefits of mixed methods designs have been deemed to be particularly important when investigators are attempting to understand processes in specific cultural contexts (Hitchcock et al., 2005).

The indices of youth psychosocial adjustment chosen for the quantitative portions of this study were three markers of maladjustment, mother-reported externalizing and internalizing problems and youth-reported alcohol use, and one marker of positive adjustment, self-esteem. In order to decrease variance due to common reporters, the current study utilized youth-report of relationship variables and mother-report of youth adjustment. However, youth-report was used on the outcomes of self-esteem and alcohol, consistent with the facts that the construct of self-esteem refers to views toward the self and the vast majority of empirical work on self-esteem has been reported by youth (e.g., Prelow, Weaver, & Swenson, 2006; Stern, Mazzeo, Gerke, Porter, Bean, & Laver, 2007; Yarcheski, Mahon & Yarcheski, 2001) and that, partly due to the secretive nature of adolescent alcohol use, adolescents are often the most accurate reporters of their alcohol use (e.g., McGillicuddy, Rychtarik, Morsheimer, & Burke-Storer, 2007; O'Donnell et al., 1998; Williams, McDermitt, Bertrand, & Davis, 2003). These four outcomes were chosen because theoretical work has demonstrated an association between interpersonal relationships and these outcomes (e.g., Colarossi & Eccles, 2003; Forgatch & DeDeGarmo, 1999; Keating et al., 2002), and because they have been found to be predictors of overall life satisfaction and functioning in occupational, familial, and societal roles (e.g., Dubow, Huesmann, Boxer, Pulkkinen, & Kokko, 2006; Grunbaum et al., 2004; McGee, Williams, &

Nada-Raja, 2001; Pine, Cohen, Cohen, & Brook, 1999). Further, both aggression and alcohol use have been found to predict poorer outcomes among African American adolescents, such as higher rates and longer duration of imprisonment and higher levels of financial insecurity, than among their Caucasian counterparts (Jones-Webb, 1998; NIDA, 2003; Poe-Yamagata & Jones, 2000). Importantly, both markers of negative and positive psychological functioning were examined in the current sample as recent work with African American single mother families suggests that relationship variables can be differentially associated with negative and positive outcomes (Shook, Jones, Dorsey, Forehand, & Brody, 2010).

The current study sought to accomplish the following three aims: (1) To examine the influence of youth-coparent relationship quality on youth adjustment, (2) To examine the influence of coparent structural and demographic variables including frequency of contact with coparents and coparent residence, on youth adjustment, and (3) To examine the influence of social support provided to youth by additional non-parental adults on youth adjustment. Based on the aforementioned literature, the following qualitative research questions and quantitative hypotheses were proposed:

**Qualitative Research Questions and Quantitative Hypotheses Related to Aim 1:
Examining Links Between Coparent-Youth Relationship Quality and Youth
Outcomes**

Qualitative research questions:

1. How do African-American adolescents from single-mother families view their relationships with coparents overall?
2. In what ways do such adolescents view coparents as being helpful to them?

3. How do such adolescents who experience psychosocial difficulties describe their relationship with their coparents as compared to adolescents who do not experience those difficulties?

Quantitative Hypotheses:

1. In a previous study mentioned above which examined youth-coparent relationship quality and did not find a direct association with youth adjustment (Sterrett et al., 2009), youth-coparent relationship quality was measured using a 5-item questionnaire adapted from a coparenting measure, was not associated with youth adjustment. In the current study, the Interaction Behavior Questionnaire, a more detailed and comprehensive measure of youth-coparent relationship quality adapted for use with coparents in the current study, was used (Interaction Behavior Questionnaire; Prinz, Foster, Kent, & O'Leary, 1979). Consequently, it was predicted that, consistent with social convoy theory (Kahn & Antonucci, 1980), youth-coparent relationship quality will be associated with lower levels of internalizing and externalizing symptoms, delinquency, alcohol use, and sexual activity and with higher of levels self-esteem.
2. In addition, as was the case in the Sterrett and colleagues (2009) study and consistent with a “protective-protective model” (Bulanda & Majumdar, 2009; Zimmerman, Bingenheimer, & Notaro, 2002), it was hypothesized that higher levels of youth-coparent relationship quality would strengthen or enhance the protective role of maternal positive parenting on youth psychosocial adjustment (i.e., lower externalizing and internalizing symptoms and higher self-esteem).

3. Finally, as discussed above, since no clear patterns of moderation involving adolescent gender and age, on the one hand, and relationships with adults, on the other, have been identified, yet both are important aspects of youth identity, exploratory analyses will also be conducted to examine whether either gender or age interact with youth-coparent relationship quality to predict youth adjustment.

**Qualitative Research Question and Quantitative Hypotheses Related to Aim 2:
Examining Links Between Coparent Structural and Demographic Variables and
Youth Outcomes**

Qualitative research question: Among African American adolescents from single mother families, are there differences in the structural characteristics (e.g., residential status, contact frequency) of youth-coparent relationships between adolescents who were reported to be experiencing psychosocial difficulties and those who were not?

Quantitative Hypotheses:

1. Because of opposing or mixed findings in related literatures, i.e., in the non-residential father (Amato & Gilbreth, 1999) and mentor (DuBois & Neville, 1997; Karcher, 2005) literatures regarding contact frequency and in the grandmother literature (Pittman, 2007; Pittman & Boswell, 2008) regarding residential status, the examination of direct associations between coparent contact frequency and residence is considered exploratory.
2. However, consistent with findings from literature on other supportive adults (DuBois et. al., 2002), it is predicted that frequency of coparent contact will

moderate the association between youth-coparent relationship quality and youth adjustment. Specifically, it is expected that among youth who have a higher frequency of contact with coparents, there will be a stronger association between youth-coparent relationship quality and youth adjustment than among youth who have lower levels of contact with coparents. Similarly, it is predicted that there will be a stronger association between youth-coparent relationship quality and youth adjustment among youth whose coparents live with them than among youth whose coparents do not.

**Qualitative Research Questions and Quantitative Hypotheses Related to Aim 3:
Examining Links Between Support from Additional Non-Parental Adults and
Youth Outcomes**

Qualitative research questions:

1. What is the nature of relationships between African American adolescents from single mother families and SNPAs?
2. In what ways are SNPAs helpful to such adolescents?
3. How do such adolescents who experience psychosocial difficulties describe their relationships with SNPAs as compared to adolescents who do not experience such difficulties?

Quantitative Hypotheses:

1. Consistent with findings related to SNPAs (e.g., Chen, Greenberger, Farruggia, Bush, & Dong, 2003; Colarossi & Eccles, 2003; Keating et al., 2002) and social convoy theory (Kahn & Antonucci, 1980), it is

hypothesized that youth who report higher levels of total social support and of each type of support from non-parental adults will exhibit lower levels of internalizing and externalizing symptoms, and alcohol use, and higher of levels self-esteem.

2. It is also predicted that, consistent with the “protective-protective model,” (Zimmerman et al., 2002), a greater level of social support from additional adults will strengthen the association between positive parenting and youth adjustment.
3. Finally, as no clear patterns of moderation involving two important aspects of adolescent identity, gender and age, and relationships with adults have been identified, exploratory analyses will also be conducted to examine whether either gender or age interact with SNPA support to predict youth adjustment.

CHAPTER 3

METHODS

Overview

A mixed methods design was employed to benefit from the strengths of both quantitative and qualitative data, i.e., to allow for analyses that may minimize researcher bias and corresponding results that may be generalized to larger groups, as well as for analyses that provide more information regarding the perspectives of participants and the contexts within which the relationships of interest occur (Creswell & Plano Clark, 2007). The study followed a Quantitative-Dominant Sequential Multitype Mixed Analysis design (Onwuegbuzie, Slate, Leech, & Collins, 2007), meaning that both qualitative and quantitative analyses were conducted, qualitative analyses were conducted prior to quantitative analyses, and, although both qualitative and quantitative findings are a focus of this study, the quantitative analyses were utilized to a greater extent to fulfill the study aims. The qualitative analyses were used to inform and shape the quantitative analyses. In addition, details regarding steps that were taken to increase cultural sensitivity of the study will be explained below.

Data collected as part of the African American Families and Children Together (AAFACT) project, which aims to examine the role of extended family members in the health and well-being of African American youth from single mother homes, will be utilized. Data used for the current study includes both quantitative data and qualitative data with a subsample of the families.

Recruitment

Quantitative recruitment. At the first assessment, African American single mother-headed families with an 11- to 16-year-old adolescent were recruited from counties across central North Carolina through community agencies (e.g., health departments, YMCAs, churches), public events (e.g., health fairs), local advertisements (e.g., university-wide informational emails, bus displays, brochures), and word-of-mouth (e.g., participants telling other families about the project). This resulted in a total of 194 families participating.

Qualitative sampling and recruitment. Approximately three years after the completion of quantitative data collection, qualitative data collection began. To ensure the representation of adolescents with a variety of perspectives and the collection of data from information-rich cases (Patton, 2002), the adolescents recruited for the qualitative portion of the study were selected because they represented a range of levels of psychosocial functioning, as well as levels of youth-coparent relationship quality and total support from non-parental adults. A little less than half of the adolescents from the initial quantitative data collection participated in a subsequent follow-up quantitative data collection about two years later. This data was not included in the quantitative analyses due to small sample size and resultant decreased power, however, as this data was most current when adolescents were recruited for the qualitative portion of the study, data from this follow-up quantitative data collection were used to select qualitative participants. Adolescents were considered to be experiencing at least one psychosocial difficulty according to follow-up quantitative data according to the following criteria: their scores were above the clinical cutoff for (1) Internalizing and

(2) Externalizing symptoms, (3) Their scores were at least one standard-deviation below the mean score on the Rosenberg Self-Esteem Scale (RSES), (4) They reported previous alcohol use. Twelve of the adolescents were not reported as experiencing a psychosocial difficulty whereas eight of the adolescents were. Of these eight adolescents, one adolescent did not participate in the follow-up quantitative data collection, however his mother participated and provided information regarding his psychosocial functioning at that time. While her scores did not place him in the group experiencing psychosocial difficulties, during his interview he discussed previously having been in juvenile detention during the qualitative interviews, so he was included in the group who had experienced psychosocial difficulties. The group without psychological difficulties also included four adolescents with relatively high self-esteem as represented by scoring one standard-deviation above the mean score on the RSES. In addition, six adolescents reported both low youth-coparent relationship quality and low levels of SNPA support, as represented by scoring one standard deviation below the mean on the respective measures. Six adolescents reported no more than one low score for coparent-youth relationship quality and SNPA support and medium levels on the other measure. Five adolescents reported a high level of either or both youth-coparent relationship quality and SNPA support, represented by scoring one standard deviation above the mean on the respective measures. Three adolescents had missing data for these two measures.

Procedure

In order to establish a relationship with the family and consistent with theory suggesting the importance of forming relationships with family members and

community leaders when working with African American families (Shiu-Thornton, 2003; Sue & Sue, 2008) assessments were conducted at a conveniently-located community site or in the family's home, depending on the family preference. Child care was provided on an as-needed basis. At the beginning of each interview, informed consent was obtained from the mother, for herself and her adolescent, and from the coparent, if he/she participated. In addition, assent was obtained from the adolescent. In order to maximize confidentiality, reduce the potential for biased responses, and minimize error due to possible variability literacy levels, data from each family member was collected separately on laptop computers using Audio Computer-Assisted Self-Interviewing (ACASI) software. Participants listened through earphones to pre-recorded questions and entered their answers via the computer mouse and keyboard. The interviews took 60 to 90 minutes to complete, and mothers and coparents were compensated \$15 and adolescents \$10 for their participation. Throughout the duration of the study, consistent with recommendations from culturally sensitive research theory to cultivate and maintain relationships with participants (Shiu-Thornton, 2003), birthday cards and quarterly newsletters were sent to maintain relationships with participants.

Approximately two years after this quantitative data collection, about half of the families participated in a second follow-up quantitative data collection session. Because of its smaller sample size ($n = 97$ mothers, $n = 91$ adolescents), information from this session was only used to help select qualitative participants. At this second quantitative data collection, families were given the following options for participating: (1) Home visit to complete questionnaires, (2) Questionnaires sent and returned by

mail, or (3) Questionnaires sent by mail, but collected by a staff member at the family's home once completed. Each member of the family who participated was compensated \$15; in addition, participants were entered into a monthly drawing for \$50. Qualitative data collection was initiated after completion of the follow-up quantitative assessment. Adolescents who fit the qualitative selection criteria and their mothers were contacted via phone and invited to participate in the qualitative phase of data collection. The interviews were conducted and tape-recorded in the homes of the adolescents and lasted between 30 and 60 minutes. The adolescents were interviewed using a semi-structured format, in which initial questions are asked consistently across adolescents and follow-up questions asked when greater clarification was needed. Information regarding interview development and content is presented below. The adolescents were compensated \$25 for their participation in this final phase of data collection.

Participants

During the quantitative data collection, 194 African American mother-child dyads participated in the study. Out of these, 9 families were excluded because the coparent identified was the biological father of the child; thus, data from 185 families will be used for the current study. Demographic information for these families is presented in Table 1. Gender was fairly evenly split (55% girls). In addition, adolescent age ranged from 11 to 16, with mean adolescent age around 13 ($SD = 1.61$) years, placing the average adolescent study at the end of early adolescence. On average, mothers were 38 years old ($SD = 6.67$; range = 26-64 years), and annual household incomes averaged \$29,074 ($SD = \$16,165$). In addition, the individuals

identified by mothers as nonmarital coparents most frequently were their mothers (38%), friends (26%), and sisters (13%).

Data from the full sample was used to examine Aims 1 and 3. Data from the 95 families whose coparents participated, as coparents reported on youth-coparent contact frequency and residential status, was used to examine Aim 2. Finally, data from the sub-sample ($n = 20$) of adolescents who participated in the qualitative portion of the study was used to inform the analyses for Aims 1-3. Demographic information and scores on the selection variables are presented in Table 2. The age of adolescents who participated in the qualitative study ranged from 14 to 20 with the mean age being around 17 ($SD = 1.55$) years; 60% of the qualitative participants were girls.

Measures

Independent variables. *Demographic information.* At the beginning of the quantitative assessment, mothers, adolescents, and coparents provided demographic information, including child age and gender, maternal education, and family income, which will be used as potential covariates in the current study. In addition, coparents provided information pertaining to whether the coparent resided with the adolescent and number of times they saw the adolescent per month.

Youth-report of positive-parenting. During quantitative data collection, adolescent-report of positive parenting was assessed using the short form of the Interaction Behavior Questionnaire (IBQ; Prinz, Foster, Kent, & O'Leary, 1979) and the Monitoring Scale-Adolescent version (MS-A, Stattin & Kerr, 2000; Kerr & Stattin 2000), as measures of warmth/support and monitoring/control, respectively (see Appendix A). The IBQ short-form consists of the 20 items that have the highest phi

coefficients and the highest item-to-total correlations with the 75 items in the original IBQ, and correlates .96 with the longer version. Items on the IBQ may be endorsed as *True* or *False* and include items such as “You enjoy spending time with your mother” and “You think your mother and you get along very well.” Scores range from 0 to 20, with higher scores indicating a more positive mother-youth relationship. Prinz and colleagues (1979) and Robin and Weiss (1980) have reported adequate internal consistency and discriminant validity. The alpha coefficient for the current sample is .87.

The MS-A (Stattin & Kerr, 2000; Kerr & Stattin, 2000) consists of nine items that assess a parent’s knowledge of her child’s whereabouts, activities, and relationships (see Appendix A). Sample items include, “How often does your mother know when you have an exam or assignment due at school,” “How often does your mother know who you have as friends during your free time,” and “In the past month, how often has your mother had no idea where you were at night?” The items are rated on a 5-point scale from 0 (*Not at All*) to 4 (*Always*), with higher scores indicating more maternal monitoring. The MS-A has demonstrated good internal and 2-month test-retest reliability (Stattin & Kerr, 2000). The coefficient alpha for the current sample is .85. Scores from the IBQ and MS-A will be standardized and averaged to form a positive parenting score.

Youth-report of youth-coparent relationship quality. Adolescents also completed the IBQ with respect to their relationship with their coparent (see Appendix B.), and their scores used as a measure of youth-coparent relationship quality. To confirm that adolescents responded about the same individual that the mother identified

as the coparent, each adolescent was asked to identify the coparent to whom they were referring using first and last initials. The alpha coefficient for the coparent version of the IBQ in the current sample is .91.

Support from non-parental adults. The Supportive Adult Inventory (SAI) was created for this study to gather information regarding various types of social support adolescents receive from adults, outside of their mothers and coparents. The SAI was modeled after other measures of social support (e.g., Arizona Social Support Interview Schedule, Barrera, 1981; Social Provisions Scale, Cutrona & Russell, 1987; Social Support Questionnaire, Sarason, Levine, Basham & Sarason, 1983), but tailored to assess the types of assistance received from adults that may be most significant to adolescents. The SAI asks adolescents to respond to whether there are any adults who assist them in eight different ways, including whether there is an adult who (1) they can ask for a ride if they need one, (2) they can ask for money if they need it, (3) they can talk to if they have a problem, (4) gives them advice, (5) helps make or enforce rules, (6) they can talk to when something good happens to them, (7) compliments them, and (8) helps them with their homework. For each item, a response of “yes” was coded as a 1 and a response of “no” was coded as a 0 (see Appendix C). Adolescents are allowed to name up to two adults who help them in the eight areas.

As the SAI-A has never been used before, item response analysis using IRTPRO computer software (Cai, Du Toit, & Thissen, 2010) was conducted to determine the structure of the scale. Results of the analyses indicate that a unidimensional model fit the items well, $M_2(20) = 24.99$, $p = .20$; RMSEA=.04, and that multidimensional models did not significantly improve model fit. However, item

one, “ride,” did not differentiate well between adolescents who received low and high levels of non-parental adult social support, presumably because most adolescents reported the presence of a non-parental adult who would give them a ride. “Ride” also did not exhibit precise factor loadings on the hypothesized underlying dimension of non-parental adult social support (see Table 3), indicating that “ride” may not tap the same underlying dimension as the other items. In contrast, the factor loadings indicate that all the other items loaded on the underlying dimension with relatively precise estimates. Thus, it appears that the best use of these items as a scale is to exclude the item “ride” and sum the other 7 items into a scale score. The seven-item scale exhibited good model fit, $M_2(14) = 21.44$, $p = \text{n.s.}$, $\text{RMSEA} = .05$, and total information of around 4.5, corresponding to an internal reliability of about .78, and a standard error of about .47.

Dependent variables-negative outcomes. *Mother-report of adolescent externalizing and internalizing problems.* Mothers completed the Externalizing and Internalizing subscales of the parent-report form of the CBCL (Achenbach, 1991, see Appendix D). This measure describes child behavioral and emotional problems, respectively, and requires parents to make ratings for the target child on a three-point scale: 0 (*not true*), 1 (*sometimes or somewhat true*), and 2 (*very or often true*). The CBCL has proved reliable with samples similar to the current one (e.g., Jones & Forehand, 2003), and Achenbach (1991) has reported mean test-retest reliability of .87 as well as evidence for content and criterion-related validity. The Externalizing subscale is composed of two smaller subscales measuring aggression and conduct problems and contains 32 items; the Internalizing subscale includes three smaller

subscales measuring anxiety, depression and somatic symptoms and contains 35 items. As recommended by Achenbach (1991), raw scores were converted to *T*-scores ($M = 50$; $SD = 10$), with higher scores indicating more behavioral and emotional problems. Typically *T*-scores of 68 and 69 are considered to be in the Borderline range of Clinical Significance and *T*-scores of 70 and above being of Clinical Significance. The alpha coefficients are .90 for the Externalizing subscale and .88 for the Internalizing subscale for the current sample.

Youth-report of alcohol use. Alcohol use among adolescents in the present study was measured using an item from the Youth Risk Behavior Surveillance System Questionnaire, a health survey first implemented by the CDC in 1989 to monitor health-risk behaviors among adolescents and young adults (Kann, 2001). Participants were asked to indicate the first age at which they had drunk alcohol.

Dependent variables-positive outcome. *Youth self-report of self-esteem.* A revised version of the Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to measure adolescent self-esteem. Youth answered ten items rated on a 4-point Likert-type scale, (e.g., “At times, I think I am no good at all,” “I wish I could have more respect for myself”). The scale ranges from 1 (*strongly disagree*) to 4 (*strongly agree*). The five negatively worded items are reverse-coded prior to calculating the total score. Possible scores range from 10 to 40, with 40 indicating the highest level of self-esteem. Previous research has demonstrated acceptable reliability and a Cronbach's alpha of .83 for the Rosenberg Self-Esteem Scale (Connor, Poyrazli, & Ferrer-Wreder, 2004). The alpha for the current sample is .75 (see Appendix E).

Qualitative measure. To ensure the cultural relevance and clarity of the qualitative semi-structured interviews created for the current study, the measure was piloted with 3 African-American youth from single-mother homes who acted as advisors to the staff and provided feedback regarding relevance and wording of the questions. Their feedback was then incorporated into the final version of the interview prior to qualitative data collection. The purpose of the interviews was to investigate the networks of supportive adults African American adolescents from single mother homes perceive they possess and to explore more fully the function and meaning of these relationships to the adolescents. The interview tool consists of three sections. The first guides the adolescents through a social networking exercise in which they are asked to name all the adults who are helpful to them and to classify their relationships with those individuals as “very close,” “kind of close,” and “not so close.” Next, more open-ended questions are asked such as, “Do you think it is important for single-mothers to have someone helping them out, as far as taking care of the house and their children?,” “How has the coparent identified by your mother been helpful to you and your family?,” and “Overall, do you think adults outside of your biological mother and father have made a significant impact on you and/or your life?” Finally, for four types of social support (emotional, esteem, instrumental & informational), youth are asked to consider the proportion of that type of support they receive from each adult they name (see Appendix F).

CHAPTER 4

RESULTS

The results from the qualitative and quantitative portions of the study are presented below. Because this study used a Quantitative-Dominant Sequential Multitype Mixed Analysis design in which results from the qualitative analysis were used to inform the quantitative analyses (Onwuegbuzie et al., 2007) in both the Preliminary and Primary Analyses sections, the qualitative results will be presented first. In addition, the Primary Analyses section also includes, for each aim, a description of the ways that the qualitative findings informed the quantitative analyses. Qualitative results will be presented using pseudonyms (see Table 2 for demographic and psychosocial information regarding the qualitative subsample).

Preliminary Results

Qualitative. *Social network map.* The number of adults, excluding biological parents but including coparents and SNPAs, that adolescents described as being helpful to them ranged from 3 to 20, with the average being 6 people identified. A broad range of adults were identified including grandmothers, grandfathers, aunts, uncles, friends of participants' mothers, and mentors. Most of the individuals identified were placed in the "very close" level.

Semi-structured interviews. Responses to the open-ended questions from the semi-structured interviews were transcribed and entered into NVIVO 8.0 software,

which was used for the qualitative analyses. To begin the coding process, the author assembled a coding team composed of two undergraduate research assistants, a fellow graduate student, and herself. The coding team began analyzing the data through an open-coding process, or reading portions of the interviews and identifying themes that emerged from the data (Creswell & Plano Clark, 2007). They then consolidated the themes into common terms through consensus-building among team members, organized them into a hierarchy of broad and specific themes, and determined a definition for each theme which resulted in the creation of a code-book. After this stage, the coding team met with the larger AAFACT research team, including two other graduate students, a postdoctoral fellow, the Principal Investigator of the study, and two additional undergraduate research assistants, as well as with qualitative research consultants to receive feedback on the code-book. This feedback included identifying themes that were not clearly defined, those that were indistinguishable from other concepts, and those that would better fit with a different set of themes than the one with which they were placed. In response to this feedback, the code-book was revised and then applied to additional interviews, with the coding team updating the code-book after coding every two to three interviews.

After the code-book was revised three times in this manner, the updated code-book was applied to the entire set of transcripts. During this phase of data analysis, qualitative analytic legitimacy, the parallel to validity in quantitative analyses (Creswell & Plano Clark, 2007), was established through a process of consensus coding according to the following steps: (1) For three interviews, the author engaged in side-by-side coding of the transcripts with a member of the coding team and discussed any

differences in coding until an agreement was reached (2) The author and the graduate student member of the team then independently coded two interviews and received kappa agreement scores on each code ranging from 84% to 100% (3) After the author coded the remaining interviews independently, the graduate student checked and revised the coding of a portion of each transcript (i.e., ranging from one-half of to the entire transcript) and provided written feedback to the author regarding her revisions for each transcript (4) The author accepted the revisions or discussed with the graduate student any revisions with which she disagreed until they reached a consensus (5) The author read and checked the coding of all transcripts one final time.

The coding process resulted in the identification of 13 main codes: Adolescent Characteristics, Biological Father, Biological Mother, Coparent and SNPA Characteristics, Coparent and SNPA Impact, Coparent and SNPA Support, Difficult Times, Knowledge of Other Adolescents Having Coparents or SNPAs (hereafter referred to as Knowledge of Other Adolescents), Multiple Coparents, Need for Coparent and/or SNPA Involvement, Psychological Role, Relationship Changes, and Relationship Characteristics (see Appendix I for a description and examples of passages that received each code). For the purposes of this study, three codes, Coparent and SNPA Support, Psychological Role, and Relationship Characteristics were further differentiated into more specific sub-codes.

Division of Provided Support by Adult. Findings from the Division of Provided Support section of the interview revealed that mothers were the adults nominated most often as providing each of the four types of support (See Table 3). However, for every type of support there were some adolescents nominating another

adult as providing that type of support to them the most often. Of the four categories of support, the category in which the highest number of mothers was nominated as being providers of the most support was Concrete Help, with 15 adolescents identifying their mother as providing the most support. The category in which the lowest number of mothers was nominated as providing the most support was Informational Support, with 12 adolescents identifying their mother as the provider of the most support. Providers of the most support in each category also included grandmothers, aunts, sisters, uncles, grandparents, mentors, and teachers.

Following the Quantitative-Dominant Sequential Multitype Mixed Analysis design (Onwuegbuzie et al., 2007) described above, the primary qualitative analyses were then conducted. However, to more clearly demonstrate the relation between the primary qualitative and quantitative analyses, as well as ways in which qualitative analyses informed the quantitative analyses, the primary qualitative findings for each aim will be presented directly before the respective quantitative analyses they informed. Therefore, the preliminary quantitative findings are presented next.

Quantitative. *Distribution.* The distribution of the three continuous dependent variables, externalizing symptoms, internalizing symptoms, and self-esteem, were examined using histograms, skewness and kurtosis statistics, and box-plots. Externalizing and internalizing symptoms and self-esteem were fairly normally distributed, although self-esteem was somewhat skewed to the left (see Figures 2, 4, and 6), indicating that most adolescents reported moderate to high levels of self-esteem. The skewness and kurtosis statistics for all three continuous variables were adequate (for externalizing symptoms, .34, -.30, respectively; for internalizing symptoms, -.22, -

.18, respectively; for self-esteem, -.55, .07, respectively). Box-plots revealed that, for internalizing symptoms and self-esteem each, there was one case that was more than two stand-deviations outside of the mean, although it was not the same observation (see Figures 4 and 7). There were no extreme observations for externalizing symptoms (see Figure 10). As a result of these findings, no observation was removed due to being an outlier. The distribution of the categorical dependent variable, age at first alcohol use, was also examined using a histogram (see Figure 8). In contrast to the three continuous variables, the distribution of the alcohol use variable seriously departed from a normal curve approximation, as it was skewed to the right, indicating that most adolescents had never consumed alcohol. The skewness and kurtosis were, respectively, 1.99 and 2.93. As a result of the non-normality of its distribution, the alcohol use variable was transformed into a binary variable of no previous alcohol use (coded “0”) vs. previous alcohol use (coded “1”).

Bivariate Correlations. Bivariate correlations of the major study variables were also conducted. Several of the non-parental adult social support types were significantly correlated with each other, with r 's ranging from .16 to .38, $p < .05$ (see Table 8). In addition, several of the non-parental adult social support types were also correlated to receiving father social support (a variable added as a result of qualitative findings, as described below), r 's ranging from .19 to .35, $p < .05$, as well as with you-coparent relationship quality, r 's ranging from .16 to .29, $p < .05$. Two of the non-parental adult types of social support were associated with coparent monitoring, having a non-parental adult with whom the adolescent could discuss something good, $r = .17$, $p < .05$, and the presence of an adult who would help the adolescent with homework, $r =$

.18, $p < .05$. In addition, having an SNPA who would loan the adolescent money was associated with older adolescent age, $r = .23, p < .01$, and receiving advice from an SNPA was associated with older mothers, $r = .19, p < .05$, higher levels of positive parenting, $r = .17, p < .05$, and older adolescent age, $r = .18, p < .05$. Having an SNPA with whom the adolescent could discuss something good was associated with higher levels of positive parenting, and having an SNPA who helped the adolescent with homework was significantly negatively correlated with alcohol use, $r = -.22, p < .01$.

Father support was significantly associated with maternal education, $r = .19, p < .05$, and with adolescent self-esteem, $r = .18, p < .05$. In addition, youth-coparent relationship quality was significantly correlated with father support, $r = .18, p < .05$, and coparent monitoring, $r = .18, p < .05$. Youth-coparent relationship quality also was significantly correlated with positive parenting, $r = .32, p < .01$, and with adolescent self-esteem, $r = .27, p < .01$. Coparent monitoring was significantly associated with positive parenting, $r = .45, p < .05$, and with youth externalizing symptoms, $r = -.23, p < .01$.

Maternal income was positive associated with maternal education, $r = -.23, p < .01$, and with youth self esteem, $r = .17, p < .05$. Maternal age was significantly associated with adolescent age, $r = .31, p < .01$, youth internalizing symptoms, $r = -.22, p < .01$, and youth self-esteem, $r = .46, p < .05$. Positive parenting was associated with adolescent age, $r = -.18, p < .05$, externalizing symptoms, $r = .45, p < .01$, internalizing symptoms, $r = -.22, p < .01$, self-esteem, $r = .46, p < .01$, and alcohol use, $r = -.31, p < .01$.

Adolescent gender was not significantly correlated with any of the other variables. Adolescent age was significantly correlated with externalizing symptoms, $r = .20$, $p < .01$, and alcohol use, $r = .30$, $p < .01$. Adolescent externalizing symptoms was significantly associated with internalizing symptoms, $r = .45$, $p < .01$, self-esteem, $r = -.29$, $p < .01$, and alcohol use, $r = .26$, $p < .01$.

Primary Results

Results addressing Aim 1: Examining links between coparent-youth relationship quality and youth outcomes.

Qualitative Results. To investigate the qualitative questions related to Aim 1, analyses were run using the qualitative software to query combinations of the code “coparent” and several of the themes identified above related to relationship processes, including “difficult times,” “impact,” “relationship changes,” “psychological/relational role,” “social support,” and “comparisons to mother.” The results are presented below.

How do adolescents view their relationships with coparents overall? Most participants described relationships with coparents in a positive light. Some discussed coparents helping them cope with difficult situations, coparents making a significant impact on them, and their relationships with coparents changing over time, usually improving.

“Coparent” and “Difficult Times.” Nine of the adolescents mentioned their coparents being helpful during difficult times. Stacy said of her coparent, who is her mother’s romantic partner “She got a house ...and she had me, my sister and my brother come stay here so we could live with our mother and our mother could raise us. She’s been helping my mother also. Cause my mother has AIDS and she’s been helping

my mother the whole, through this whole 10 years with her disease and everything, with her medicine, taking her to work, you know doctor's appointments and stuff like that." In contrast, one adolescent, Jennifer, discussed experiencing difficult times when she was living with her coparent, because they had frequent disagreements, "Honestly when I lived with her it wasn't a very good experience so I can't really bring myself to bring anything positive out of it. Like besides the fact that I used to live in a bad neighborhood and now I live here."

"Coparent" and "Impact". Twelve of the adolescents discussed the extent to which their coparent made an impact on them with the majority stating that coparents had a positive impact, ranging from helping to improve their mood to more long-term effects, such as helping them improve their interactions with other adults. Melissa said of her coparent, who is a family friend, "I have relationship problems with my dad. So I just go talk to her about that and she says 'you'll be ok'. Just like, keeps me focused on what I need to do. Keeps me happy." Thomas said about his coparent, "When I was little, I always wondered why things happen the way they do and they, well I asked my um grandmother that, and she's like—she's really into church so—she was like 'God did it for a reason and it's actually going to be a good reason in the near future, so ...like before I die I just want you to do what you got to do, stay positive like you are, be a respectable young man like we taught you how to be and become that surgeon,' and she says 'after that I'm ready to go.' It's stuff like that that kept me going, I'm like ok, I can't let my grandma down."

"Coparent" and "Relationship Changes." Most adolescents also described their relationships with their coparents improving over time. For example Jason said of his

relationship with his coparent, who is his brother-in-law, “Uh, I can only say its gotten better over time you know. I guess maybe at first I might not have liked him. Simply because I’m a guy and I don’t like people pushing up on [flirting with] my sisters. I’m a little protective over that. But you know its life. So, you get over it.” Similarly, Michelle said, “Um. I guess when I was younger, I would just—I mean I’d talk to my grandma but it would just be like stuff in general, and as I got older and in middle school and stuff, I realized like if I would come to my mom about something I would see how she react, and then I would go to my grandma and see how she react. And so I just realized that it’s just easier to talk to my grandma in certain things and then that’s just how our relationship built up.”

In what ways do adolescents view coparents as being helpful to them? As mentioned above, adolescents reported that coparents helped them in a variety of ways, including providing them with various types of social support and occupying psychological roles, divided into two types of roles, “psychological relational”, or being described as taking on the role of a family member, and “aspirational,” or being described as acting like a role-model.

“Coparent” and “Social Support.” The type of social support that was mentioned most often was emotional support ($n = 15$), followed by instrumental support ($n = 15$), informational support ($n = 13$), and structure-redirection ($n = 10$). In general, male and female adolescents were equally likely to report coparents helping them in the various ways. Tiffany discussed a way in which her coparent, who is her aunt, provided instrumental support, “Sometimes she watches my younger brother and sister and sometimes like during birthdays she can help out and stuff.” Stephanie

described a type of emotional support provided by her coparent, an aunt, “Um, like I have a little sister and so she understands at times I need time to myself. Not saying that my mom doesn’t, but I used to keep her a lot and like we’re like seven years apart so it kind of played a factor and so she was there to understand my point of view.”

“Coparent” and “Psychological Role.” Coparents also were described as playing “psychological relational” roles more often than “aspirational” roles. Describing the way his coparent is like a second mother to him, Anthony said, “Um, yea like I said, she’s like a second mom to me but I mean there’s some things that I can’t talk to my grandma about that I can talk to my mom about and vice versa. Some things I can talk to my mom about that I can’t talk to my grandma about.” Only three adolescents described their coparents as serving as aspirational figures. Keisha said of her coparent, “Um, she’s basically been like a mentor to me by, she gives me examples basically of what like to do and what not to do and things like that.”

“Coparent” and “Comparisons to mother.” In addition, twelve of the adolescents said there are topics about which they feel comfortable talking to their coparents but not their mothers. For example, Diana said, “Well see, I have tattoos and my mother was like against it, and, you know, tattoos are bad and everything, so, when I got them I didn’t tell her, like I told my grandmother, and then, as far as like, my relationship with my boyfriend, um, different things, work, school, I don’t know, I just feel like, a more, like, friendship kinda relationship with her, you know, like, I can go to her and talk to her about stuff, and she’ll listen and understand, whereas I think [my mother], talkin’ to her is just kinda like, the mom perspective, you know, it’s not really like listening, it’s just, ‘This is what you should do and this is what you shouldn’t do’.”

How do adolescents who experience psychosocial difficulties describe their relationships with their coparents as compared to adolescents who do not experience such difficulties? Adolescents who were not reported as experiencing psychosocial difficulties and those who were had both differences and similarities in their discussion of help they received from coparents (See Table 5). Adolescents who were not identified as experiencing difficulties discussed their coparent providing emotional, esteem, informational, instrumental and motivational support, engaging in shared activities, providing structure/redirection, occupying a psychological relational role, and making an impact on them at higher rates than adolescents who reported psychological difficulties (See Table 5). For example, Ryan, who was not identified as experiencing challenges, said the following about his coparent, an adult step-sister, “She’s been helpful to me and my family by, well really she’s been keeping my head on straight, telling me to watch out for things in school that you know goes on with every teenager and just, just uh keeping me on the right path to success.” Participants reporting psychosocial difficulties reported receiving academic help, and a coparent occupying an aspirational role at slightly higher rates than those not reporting difficulties, although, importantly, only one adolescent in the psychosocial difficulties group discussed each concept. Neither group of adolescents discussed receiving academic help from coparents.

Ways in which Qualitative Results Informed Quantitative Analyses for Aim 1.

As a result of the findings from the qualitative analyses, two additions were made to the plan of quantitative analyses for Aim 1. The description by adolescents who did not report socioemotional difficulties of their coparents being significantly involved in their

lives, lead to the inclusion of coparent monitoring as an additional predictor variable. In addition, the discussion of adolescents regarding the emotional impact of their relationships with their fathers (see Appendix I.) led to the inclusion of social support from fathers in the models.

Quantitative Results. To investigate the quantitative hypotheses related to Aim 1, hierarchical multivariate regression analyses were run to examine the associations between the predictor variables and the three continuous adolescent outcomes, internalizing and externalizing symptoms, and self-esteem. In addition, logistic regression analyses were run to examine associations between the predictor variables and the binary adolescent outcome, alcohol use. For both the multivariate linear and logistic regressions, the variables were entered, informed by ecological-contextual theory (Bronfenbrenner, 1979), in order of most distal to most proximal to adolescent adjustment. Specifically, the order of entry was as follows: Step 1-individual support types/total social support; Step 2-father social support; Step 3-youth-coparent relationship quality and coparent monitoring; Step 4-maternal age, education, and income; Step 5-positive parenting; Step 6-adolescent age and gender; Step 7-the interactions of positive parenting X each type of support/total social support. The results are presented in Tables 10 and 11, respectively, and discussed below.

Hypothesis 1: Youth-coparent relationship quality will be associated with lower levels of internalizing and externalizing symptoms, no alcohol use, and with higher of levels self-esteem. As stated above, as a result of the qualitative findings, coparent knowledge of adolescent whereabouts and activities and total social support provided by fathers were also included in the analyses. The findings partially

supported this hypothesis. At the step at which it was entered into the model, youth-coparent relationship quality was significantly associated with the full set of continuous outcome variables, i.e., internalizing and externalizing symptoms and self-esteem, $F(3, 130) = 3.09, p < .05$. Examination of associations with individual outcomes revealed a significant association between youth-coparent relationship-quality and self esteem, $F(1, 132) = 8.37, p < .01$. A univariate regression predicting self-esteem, alone, was run to aid in the interpretation of this finding, and revealed that youth reporting higher levels of youth-coparent relationship quality had higher levels of self-esteem, $t = 3.16, p < .01$. However, once maternal and child variables were included in this model, this association was no longer significant. Alternatively, although it was not significant at the step at which it was entered into the model, youth-coparent relationship quality was significantly associated with internalizing symptoms in the full model, including all the predictor variables, $F(1, 117) = 8.37, p < .05$. The univariate regression predicting internalizing symptoms, alone, revealed that, after taking into account all the predictor variables in the model, youth reporting higher levels of youth-coparent relationship quality reported lower levels of internalizing symptoms, $t = -2.12, p < .05$. This suppression effect (Cohen, Cohen, West & Aiken, 2003; MacKinnon, Krull, & Lockwood, 2000) indicates that the additional variables help explain variance in youth-coparent relationship quality such that, once they are included, association between youth-coparent relationship quality and internalizing symptoms increases. Youth-coparent relationship quality was not significantly associated with externalizing symptoms or alcohol use.

Coparent monitoring was also examined. At the step at which it was entered into the model, coparent monitoring was significantly associated with the set of three outcomes, $F(3, 130) = 3.35, p < .05$. Among the individual outcome variables, coparent monitoring and externalizing symptoms were significantly associated $F(1,132) = 4.32, p < .05$. A univariate regression predicting just externalizing symptoms was then run and its findings indicated that youth reporting higher levels of coparent monitoring were rated by their mothers as exhibiting lower level of externalizing symptoms, $t = -2.01, p < .05$. However, once maternal and child variables were included in this model, this association was no longer significant. Similar to the suppression effect involving youth-coparent relationship quality, although not the case at the step at which it was entered in the full model, coparent monitoring was significantly associated with internalizing symptoms, $F(1,132) = 4.63, p < .05$. The univariate regression predicting internalizing symptoms alone indicated that, after controlling for the other predictor variables, adolescents reporting higher levels of coparent monitoring were reported by their mothers as experiencing higher levels of internalizing symptoms, $t = 2.25, p < .05$. Finally, coparent monitoring was not significantly associated with self-esteem or alcohol use.

Hypothesis 2: Higher levels of youth-coparent relationship quality will strengthen or enhance the protective role of maternal positive parenting on youth psychosocial adjustment (i.e., lower externalizing and internalizing symptoms, lower likelihood of having used alcohol, and higher self-esteem). This hypothesis was partially supported. The interaction of youth-coparent relationship quality and positive parenting was significantly associated with internalizing symptoms $F(1,117) = 4.12, p$

< .05. Explication of the interaction, using results from the univariate regression, revealed that the negative association between positive parenting and internalizing symptoms was stronger at higher levels of youth-coparent relationship quality (see Figure 11). Finally, the interaction of youth-coparent relationship quality X positive parenting was not significantly associated with self-esteem or externalizing symptoms.

Exploratory Hypotheses: Exploratory analyses were conducted to explore possible interactions between youth demographic variables, specifically, age and gender, and youth-coparent relationship quality and coparent monitoring. The original full model, with all predictor variables and the interactions of youth-coparent relationship quality and total SNPA support X positive parenting, was also run including interactions involving adolescent age and gender X youth-coparent relationship quality and coparent monitoring. Neither age nor gender interacted with the psychological coparent variables to predict the adolescent outcomes¹.

Results addressing Aim 2: Examining Links Between Coparent Structural and Demographic Variables and Youth Outcomes.

Qualitative Results. To address the qualitative question related to Aim 2, several analyses were run examining combinations of the code “coparent” and themes related to structural aspects of the relationships with coparents, including “contact frequency,” “relationship longevity,” and “coparent residence.”

Are there structural differences in the characteristics of relationships between adolescents and coparents for adolescents who have psychosocial difficulties compared to those who do not? Adolescents discussed several structural aspects of their

¹ The interactions of maternal income, a proxy for adolescent socio-economic background, and the coparent variables were also examined, but were not found to be significantly associated with youth adjustment.

relationships with coparents including contact frequency/duration, geographic location, relationship longevity, and residential status. Overall, adolescents reported as experiencing at least one socioemotional difficulty and those reported as not experiencing a difficulty, mentioned structural aspects regarding their relationships with coparents at relatively similar rates, with a few exceptions (See Table 5.)

“Coparent” and “Contact frequency.” A somewhat higher percentage of adolescents reported as experiencing difficulties (50%) discussed the contact frequency/duration they had with coparents than adolescents without difficulties (33%). For both groups, typically when the adolescents were discussing contact frequency with coparents, they described not seeing coparents very often. Tyrone, who stated that he had previously been in prison, said the following about his relationship with his coparent, “I don’t see her very often...I don’t even really speak to her only when my mom goes to see her ‘cause she stays right up the street.” Similarly, Ashley, who was not reported as experiencing problems said the following about her coparent, “Uh, well I don’t actually talk to Barbara that often. I see her occasionally. And when we do talk its like about my mom because that’s like the only thing we have in common.”

“Coparent” and “Coparent Residence.” Both adolescents who were reported as experiencing difficulties and those who were not discussed living with a coparent at relatively low rates (See Table 5.). In each group, there was one adolescent who discussed currently living with a coparent and one adolescent who discussed living with a coparent previously. For example, Michelle, who was reported as experiencing difficulties, said about her relationship with her grandmother, “Our relationship stays the same because we both know we’re not always gonna be all good with each other,

like, especially me livin' with her, we both know that we're not always gonna agree on everything, so it doesn't affect our relationship.”

“Coparent” and “Relationship longevity.” A slightly lower percentage (33%) of adolescents not experiencing difficulties discussed the longevity of their relationships with their coparents as compared to the percentage (43%) of adolescents with difficulties discussing that relationship characteristic. For both groups of adolescents, a range of lengths of relationships were discussed, specifically from a three years to the entirety of the adolescents life. For example, Melissa, who was not reported as experiencing difficulties said of her coparent, a family friend, “um, like so she's been here since I was born, so I guess through the divorce we could go to her and talk to her about anything.”

Ways in which Qualitative Results Informed Quantitative Analyses for Aim 2.

As was the case for Aim 1, the findings from the qualitative analyses also informed the quantitative analyses related to Aim 2. Related to additions to Aim 1 analyses, Coparent monitoring was included in the analyses to examine whether coparent monitoring interacted with either coparent residence or contact frequency to predict youth outcomes.

Quantitative Results. To investigate the quantitative hypotheses related to Aim 2, hierarchical multivariate regression analyses were run to examine the associations between coparent residence and youth-coparent weekly contact and the three continuous adolescent outcomes, youth internalizing and externalizing symptoms and self-esteem and hierarchical logistic regression analyses conducted to examine associations with the binary outcome variable, alcohol use. Because of high

multicollinearity between coparent residence and contact frequency, they were not entered into the same model; instead, two separate regressions were run, each including one of the coparent involvement variables. Because the sample of adolescents on which this information was available was smaller ($n = 95$) than the full sample, SNPA support was removed from the analyses in an effort to maintain as much power as possible in the analyses, given the use of an ecological model. The results are presented in Tables 13-16 and discussed below.

Hypothesis 1: It was hypothesized that coparent residence and contact frequency would each be associated with youth outcomes. It is predicted that coparents reporting higher contact frequency with youth would be associated with lower levels of youth internalizing and externalizing symptoms, and alcohol use, and with higher levels of self esteem. The examination of the association between residential status of coparents and youth outcomes was considered exploratory. The results did not support this hypothesis. Neither coparent residence nor contact frequency was significantly associated with any of the outcomes².

Hypothesis 2: It was also predicted that frequency of coparent contact would moderate the association between youth-coparent relationship quality and youth adjustment. Specifically, it is expected that among youth who have a higher frequency of contact with coparents, there will be a stronger association between youth-coparent relationship quality and youth adjustment than among youth who have lower levels of contact with coparents. Similarly, it is predicted that there would be a stronger association between youth-coparent relationship quality and youth adjustment among

² Other structural variables related to coparents, including their gender, age, and educational level, were also examined, but were not found to be significantly associated with youth outcomes.

youth whose coparents live with them than among youth whose coparents do not.

This hypothesis was only minimally supported. The interaction of youth-coparent contact frequency X coparent monitoring was marginally significant, $F(1, 48) = 3.75, p = .06$. In addition, the interaction of coparent residence by coparent monitoring was marginally associated with internalizing symptoms, $(1, 53) = 3.95, p = .05$.

Results addressing Aim 3: Examining Links Between Support from Additional Non-Parental Adults and Youth Outcomes.

Qualitative Results: To investigate the qualitative questions related to Aim 3, several analyses were run using the qualitative software to query combinations of the code “SNPA” and several of the themes identified above related to relationship processes, including “difficult times,” “impact,” “relationship changes,” “psychological/relational role,” “social support,” and “comparisons to mother.” The results are presented below.

What is the nature of relationships between adolescents and supportive non-parental adults? Like relationships with coparents, relationships with SNPAs were described, in general, as being positive experiences. SNPAs were also described as helping during difficult times and making an impact on the adolescents and relationships with them as improving over time.

“SNPA” and “Difficult Times.” Thirteen of the adolescents reported receiving support from SNPAs during difficult times. For example, Michelle said of her godmother, “Like, in school, like when I was in middle school, and I just felt maybe down about something, like she would call me up and she would talk to me, like stuff that we both had went through, she could just help me with that.” Malcolm discussed

his grandmother's and other family members' help during difficult times, "Cause sometime you can feel like you don't know which way to go, sometime, you know what I'm sayin'? Like the end of the road. But if you just talk to them and help you through, that's what I do, instead of doin' somethin' crazy, getting' in trouble or somethin', I can talk to them."

"SNPA" and "Impact." A majority of the adolescents ($n = 19$) stated that SNPAs had made a significant impact on them; again, this impact took on a variety of forms. Stephanie said, "She's always there. Like she's been there since day one since I was born. So it's kind of um, when I go to her house it's kind of like a stress reliever and I can just talk to her about anything. And she is always willing to help when my mom can't, like financially." Melissa described an SNPA helping her learn to manage her emotions, "So since she's my dance instructor—so like I'm the president and some of the little kids, they can't get a dance as fast as others can. And she's taught me to control my temper and like patience—that I need to be very patient. And that's going to be helpful in life."

"SNPA" and "Relationship Changes." Similar to relationships with coparents, relationships with SNPAs were most often described as improving and becoming closer over time. For example, Stacy said, "Yea, because now I can talk to her, instead of being teacher-student, I can talk to her now like I can call her up like with friends or something and just talk to her like, 'Mrs. Williams I have a problem' and I don't even have to call her Mrs. Williams if I don't want to, but I just do it out of respect." Similarly, Thomas said regarding his relationship with an older cousin, "Um, I can go to certain places with him now, I can play basketball with his friends and just basically

hang out with them more at certain things, because [when] I was younger then I was like I'm ready to go home to my mom, take me home." Many adolescents also said that their relationship with an SNPA stayed the same. For example, when asked if her relationship with a supportive teacher had changed, Melissa said, "I wouldn't really say it's changed." Finally, some adolescents said that their relationships with some SNPAs became more distant over time, such as the following discussion about Lisa's previous mentor, "Yea, I guess my grandmother fell in the place of her, but she isn't my mentor anymore. ... Cause I felt like I didn't need her anymore."

What types of social support do adults outside of biological parents and coparents provide to adolescents? "SNPA" and "Social support." In general, a higher number of adolescents reported that SNPAs provided each type of support and acted in aspirational and psychological relational roles than the number of adolescents who discussed such attributes with regard to coparents. The one exception is that an equal number of adolescents discussed SNPA's providing instrumental support as the number who discussed coparents providing instrumental support. The types of support provided by SNPAs discussed by the highest number of participants were, in order, emotional ($n = 20$), informational ($n = 19$), structure-redirection ($n = 16$), and instrumental ($n = 15$). Keisha described the emotional support she receives from her grandparents in the following way, "Um, they're just basically always there for comfort and that's the main reason why I'm so close to them cause like I don't know. Its just a warm feeling about them." Jason discussed receiving structure-redirection from an uncle, "He is definitely like the uh, I guess he's like the strict father type to me. He keeps me in line I guess I would say."

“SNPA” and “Psychological relational role.” In addition, more adolescents discussed SNPAs serving psychological relational roles ($n = 12$) than those who discussed SNPA’s serving aspirational roles ($n = 8$), although it should be noted that SNPA’s were described as serving an aspirational role more often than coparents ($n = 3$). Ryan described his best friend’s parents occupying a psychological relational role in the following way, “Yes, I guess that I just see my best friends parents like not as serious cause like they’re not my parents. “My fun parents I guess.” Illustrating an aspirational role, Jason said about an older couple, “Um, they’re helpful. Have they had the longest relationship in my family? It’s either the longest or the second longest and that’s like the good husband good wife. That’s good to see. ..Because you have to have an example to follow when you get older, when you have a wife. I hope to be a good husband. Those are one of my goals in life, to be a good husband.”

How do adolescents who experience psychosocial difficulties describe their relationships with SNPAs as compared to adolescents who do not experience such difficulties? For the most part, similar percentages of adolescents who did not experience psychosocial difficulties and of those who did discussed receiving the various types of help from SNPAs (See Table 6). There were some differences, however. Adolescents who were not experiencing difficulties discussed at a somewhat lower rate (33% compared to 43%) an SNPA occupying an aspirational role. Tyrone, who was reported as experiencing difficulties, said the following about his mentor, who also owns a business and allows Tyrone to work for him occasionally, “He’s kind of like a boss type person... Yea or someone I could look up too.” Adolescents not experiencing difficulties also described engaging in shared activities with SNPAs at a

lower rate than those who were experiencing difficulties (50% compared to 75%). Marvin, who reported some previous alcohol use, said the following about his relationship with his grandfather, “Well my grandfather I can always, we talk about stuff, we joke. So I guess since we’re umm we’re both males we um we can do stuff that males enjoy and I don’t have to put with all of my mom’s stuff cause that really gets boring after a while. So we can just go out and just basically chill [relax].” Finally, a smaller percent of adolescents not exhibiting difficulties as compared to those exhibiting difficulties discussed receiving structure/redirection (67% vs. 88%) from an SNPA. For example, Jennifer, who reported a relatively low level of self-esteem as well as previous alcohol use said the following about her homeroom teacher, “Like if I was being um thinking about making a not so good decision he’ll talk me out of it.”

Alternatively, although both groups of adolescents discussed receiving emotional support from an SNPA at a high rate, a slightly higher percentage of adolescents reported as not experiencing psychosocial difficulties discussed receiving emotional support than those who reported experiencing difficulties (100% as compared to 88%). Jason, who was not reported as experiencing psychosocial difficulties said the following about the ways in which his adult sister is helpful to him, “How isn’t she helpful? Hm, someone to talk to. Whenever I need something, I can count on her. Whenever I need secrets kept I can count on her. Pretty much good. Anything I need from her I could get. .. you got to have somebody you can talk to and vent to.” A higher percentage of adolescents without difficulties discussed receiving instrumental support from an SNPA. Stacy, not reported as experiencing difficulties, said the following about a previous coworker, “I had moved to Winston-Salem or

whatever I was going to join the army but it didn't work out for me. And umm, when I had came back I couldn't find a job or anything and she had let me work in her salon which is what I do now.”

A somewhat higher percentage of adolescents not experiencing psychosocial difficulties discussed receiving motivational support from an SNPA. Melissa, who was not experiencing socioemotional challenges, described the actions of a teacher in this way, “She tells me when I'm not working up to my potential...like if I got a B and I know I could have got an A—I guess it makes me happy that she sees that I can get an A, that I'm smart enough to get an A.” Importantly, when adolescents who did not experience socioemotional challenges discussed receiving motivational support, it was usually in conjunction with esteem support or SNPAs making a positive impact on them. For example, Stacy said about an aunt, “I've seen where we came from and I see where we are now. And the advice that she's given us ...I can see where she wants us to be in the future and I can see us growing, succeeding with the advice that she's been giving us.” In comparison, adolescents who were experiencing difficulties were somewhat more likely to discuss motivational support in isolation or associated with some sort of conflict with SNPAs. For example, Michelle said the following about her aunt, “I get upset with her like, I guess sometimes—like I know when I was younger I used to get upset with her a lot because she used to push me to do a lot of stuff, like, education-wise that I didn't want to do, and so, I mean I got over it though.” Finally, a higher percentage of adolescents without difficulties (83%) than of those with difficulties (25%) discussed an SNPA occupying a psychological relational role. Ben who was not experiencing difficulties said the following about a married couple who

were friends of his family, “I see them more as grandparents than I do as my mom’s friend’s parents.”

Ways Qualitative Results Informed Quantitative Analyses for Aim 3. As was the case for the other Aims, the findings from the qualitative analyses for Aim 3 were reviewed before conducting quantitative analyses. The qualitative findings confirmed the inclusion of items related to emotional, esteem and instrumental support as predictors of youth psychosocial functioning. In addition, father support was again included as a control variable in the model.

Quantitative Results. Similar to the analyses for Aim 1, to investigate the quantitative hypotheses related to Aim 3, hierarchical multivariate regression analyses were run to examine the associations between the focal predictor variables, the individual seven types of social support and then the sum of responses to the types of social support, and the three continuous adolescent outcomes, internalizing and externalizing symptoms, and self-esteem. Because of high multicollinearity between individual social support types and the total social support scale score, two separate regressions were run for, each including either individual social support types or total social support. In addition, two hierarchical logistic regressions were conducted to examine the association between the seven social support types and total social support and alcohol use, as it was a binary variable. As described under the results for Aim 1, variables were entered in the order of most distal to most proximal to the youth outcomes. The results of the regression analyses involving total social support are presented in Tables 10 and 11, and of those involving individual types of support in Tables 17 and 18.

Hypothesis 1: It was hypothesized that youth who report higher levels of total social support and of each type of support from non-parental adults will exhibit lower levels of internalizing and externalizing symptoms, no alcohol use, and higher of levels self-esteem. The findings are somewhat consistent with this hypothesis, with most of the significant associations involving alcohol use.

Adolescents who reported receiving money from a non-parental adult were marginally more likely to have used alcohol at that same time point, OR = 3.90, $p = .06$. In the full model containing all predictor variables, this association continued to exhibit marginal significance, OR = 5.64, $p = .07$.

Having a non-parental adult with whom to talk about problems exhibited a trend toward significance as a predictor of alcohol use, OR = .24, $p = .07$, with adolescents reporting the presence of such an adult being less likely to have drunk alcohol.

Adolescents who received advice from a non-parental adult were significantly more likely to have used alcohol, OR = 11.95, $p < .01$. In the full model, this association remained significant, OR = 20.75, $p < .01$. Receiving advice from a non-parental adult also was associated with experiencing higher levels of internalizing symptoms, at a marginally significant level, in the full model including all the predictor variables, $F(1, 110) = 3.81, p = .05$. Notably, this association was non-significant in the first step, in which only the types of social support were entered.

Having a non-parental adult who helped to make or enforce rules was not significantly associated with any of the outcomes.

Adolescents who reported receiving a compliment had a significantly lower chance of having consumed alcohol, OR = .20, $p < .05$. The association between

receiving compliments and being less likely to have consumed alcohol was marginally significant in the full model, $OR = .1, p = .06$.

Adolescents who reported receiving help with homework from a non-parental adult had significantly lower chances of having consumed alcohol, $OR = .12, p < .01$. The association between receiving help with homework and a lower likelihood of alcohol use remained significant in the full model, $OR = .13, p < .05$.

Having an SNPA with whom an adolescent could talk about good events was not associated with any of the outcomes. In addition, total social support was not significantly associated with any of the outcomes.

Hypothesis 2: It was also predicted that, consistent with the “protective-protective model,” (Zimmerman et al., 2002), a greater level of social support from additional adults would strengthen the association between positive parenting and youth adjustment. This hypothesis was minimally supported. With regard to alcohol use, there was a significant association with the interaction of total social support and positive parenting, $OR = .64, p < .05$. The interaction was probed using an SPSS macro created by Hayes & Matthes (2009) for probing interactions in logistic regression, which revealed that, consistent with the protective-protective hypothesis, at higher levels of total non-adult social support the negative association between positive parenting and a lower likelihood of having consumed alcohol was stronger (see Table 11).

Exploratory Hypotheses: Exploratory analyses were conducted to examine possible interactions between youth demographic variables, specifically, age and gender, and SNPA support. The association between the interaction of total SNPA

support and adolescent gender and externalizing symptoms was significant, $F(1, 111) = 3.95, p < .05$. Explication of the interaction, using results from the univariate regression predicting just externalizing symptoms, revealed that there was a positive association between total social support and externalizing symptoms for girls, but a negative association between total social support and externalizing symptoms for boys (see Figure 10). This interaction was not significant for internalizing symptoms, self-esteem, or alcohol use. In addition, the interaction of total SNPA support and adolescent age was not significantly associated with any outcomes.

Additional Findings from the Ecological Models

Consistent with the idea that this study sought to examine relationships between youth and adults within the context of other ecological factors, findings regarding those other factors are presented here. At the step at which it was entered, father support was associated with the full set of outcomes, $F(3, 150) = 3.05, p < .05$, and, individually, with self-esteem, $F(1, 152) = 4.72, p < .05$. This latter association exhibited a trend toward significance in the full model, $F(1, 117) = 2.85, p < .10$. The univariate version of the model predicting self-esteem, which aided in interpretation of the multivariate finding, indicated that, at the step at which it was entered, higher levels of father support were associated with higher levels of youth self-esteem, $t = 2.36, p < .05$, although, this association was not found in the univariate version of the full model. In addition, the association between total father support and externalizing symptoms exhibited a trend toward significance, $F(1, 152) = 3.36, p < .10$, with the univariate version of the model indicating a trend toward higher levels of father support being linked to lower levels of externalizing symptoms, $t = -1.72, p < .10$.

At the step at which it was entered into the model, maternal age was significantly associated with the full set of outcomes, $F(3, 125) = 3.79, p < .05.$, and, individually, with self esteem $F(1, 127) = 10.02, p < .01,$ and internalizing symptoms, $F(1, 127) = 4.72, p < .05.$ The univariate versions of the models indicated that older mothers had adolescents with higher levels of self-esteem, $t = 3.24, p < .01,$ and lower levels of internalizing symptoms, $t = -2.12, p < .05.$ In addition, at the step at which it was entered, the relation between maternal age and youth externalizing symptoms exhibited a trend toward significance, $F(1, 127) = 3.23, p < .10,$ with the univariate model demonstrating a trend toward older mothers being linked to lower levels of youth externalizing symptoms $t = -1.811, p < .10.$ Associations with all three individual outcomes were significant in the full model, self-esteem, $F(1, 117) = 9.15, p < .01,$ internalizing symptoms, $F(1, 117) = 8.49, p < .01,$ and externalizing symptoms, $F(1, 117) = 7.73, p < .01.$ The univariate versions of the models indicated that older mothers were associated with higher levels of youth self-esteem, $t = 2.97, p < .01,$ and lower levels of youth internalizing, $t = -2.49, p < .05,$ and externalizing, $t = -2.87, p < .01,$ symptoms.

The association between maternal income and externalizing symptoms also exhibited a trend toward significance, $F(1, 127) = 3.10, p < .10,$ with the univariate version of the model revealing a trend toward mothers with higher incomes having adolescents with higher levels of externalizing symptoms, $t = 1.89, p < .10.$

Maternal positive parenting was significantly associated with the full set of outcomes, $F(3, 119) = 20.68, p < .01,$ as well as with all three continuous outcomes individually, self-esteem, $F(1, 121) = 37.71, p < .01,$ internalizing symptoms, $F(1,$

121) = 10.80, $p < .01$, and externalizing symptoms $F(1, 121) = 23.37, p < .01$, at Time 1. The univariate versions of the models indicated that, at the step at which it was entered, higher levels of maternal positive parenting were associated with higher levels of self-esteem, $t = 6.09, p < .01$, and lower levels of internalizing, $t = -3.04, p < .05$, and externalizing, $t = -4.91, p < .05$, symptoms. However, only the association with self-esteem remained significant in the full model, $F(1, 117) = 7.12, p < .01$; the univariate model again revealed that higher levels of positive parenting were associated with higher levels of youth self esteem, $t = 6.14, p < .01$. In the logistic regression, positive parenting was associated with being less likely to have drunk alcohol, $OR = .43, p < .01$.

Adolescent age was marginally associated with the full set of outcomes, $F(3, 117) = 2.23, p < .10$, and with externalizing symptoms individually, $F(1, 119) = 4.60, p < .05$. The univariate version of the model revealed that older adolescent age was associated with higher levels of externalizing symptoms, $t = 2.17, p < .05$. In addition, in the logistic regression, older adolescents were significantly more likely to have drunk alcohol, $OR = 2.12, p < .05$.

CHAPTER 5

DISCUSSION

This study utilized a combination of qualitative and quantitative methods to examine relationships between African American adolescents from single mother families and two classes of adults who were not their biological parents: non-marital coparents and supportive non-parental adults. A major purpose was to examine relationships with these adults within the context of other more proximal factors related to adolescents, including maternal parenting and demographic variables.

Regarding coparents, qualitative results indicated that adolescents, in general, felt positively about their relationships with these individuals. They reported that coparents provided them with social support and guidance, and a few described them as playing a psychological role similar to a mother. Importantly, the results indicated that adolescents perceived coparents to have positive effects on them, both in the short-term, such as by helping them regulate their emotions in a particular situation, and in the long-term, such as by helping motivate them to pursue their career goals.

Although important in their own right, results of the qualitative phase of this study were also helpful in informing the quantitative analyses. Because, in the qualitative interviews, adolescents who did not report experiencing psychosocial difficulties discussed their coparents being involved in their lives to a greater extent than adolescents who reported experiencing psychosocial difficulties, an additional

variable related to coparent involvement, coparent monitoring, was added to the quantitative analyses. At the step at which it was entered in the model, higher levels of youth-coparent relationship quality were associated with higher levels of self-esteem. In addition, at the step at which it was entered in the model, higher levels of coparent monitoring were associated with lower levels of externalizing symptoms. However, neither of these associations remained significant once the other ecological factors, such as positive parenting and demographic factors, were entered into the regression. While the purpose of using an ecological framework was to examine the influence of coparents while taking into account other contextual factors, it is possible that the sheer number of predictor variables, particularly as maternal parenting is often a strong predictor of youth adjustment, suppressed power to find significant results (Schacht, Cummings, & Davies, 2009). Alternatively, it could be the case that a mother's parenting is the main personal relationship with an adult that impacts self-esteem and externalizing symptoms among African American adolescents from single mother families, and that, as has been found in other work (Jones et al., 2003), coparents mainly influence youth through their impact on mothers. In addition, it is possible that youth-coparent relationship is another outcome of maternal parenting, as mothers may act as "gatekeepers" and facilitate certain relationships with adults and limit interactions between youth and other adults (Nelson, 2006).

Importantly, the reverse pattern was found in regard to the associations between youth-coparent relationship quality and coparent monitoring, on the one hand, and youth internalizing symptoms, on the other, in that, although they were not significant at the step at which they were entered, the associations were significant in

the full model. Specifically, youth reporting higher levels of youth-coparent relationship quality had lower levels of internalizing symptoms, whereas youth reporting higher levels of coparent monitoring had higher levels of internalizing symptoms. The negative association between youth-coparent relationship quality and internalizing symptoms is consistent with other work finding negative associations between positive parenting and social support from non-parental adults, as predictors, and youth internalizing symptoms (Casey-Cannon et al., 2006; Jones et. al, 2002; Keating et al., 2002), and may indicate that coparents can exert a protective influence on youth internalizing symptoms, or, alternatively, due to the cross-sectional nature of the data, that youth with better emotional functioning have higher quality relationships with coparents. The positive association between coparent monitoring and internalizing symptoms was somewhat surprising. However, some studies investigating parental behaviors have found a positive association between parental behavioral control and anxiety (see Ballash, Leyfer, Buckley & Woodruff-Borden, 2006, for a review). In addition, a lack of parental encouragement of autonomy during adolescence has been linked to higher levels of depressive symptoms (see Restifo & Bogels, 2009, for a review); to the extent that higher levels of monitoring is related to lower support of autonomy, the current finding is consistent with this previous work involving parental autonomy granting. These associations have been thought to arise among adolescents whose parents engage in high levels of behavioral control or lower encouragement of autonomy because such youth may experience difficulty achieving one of the central psychological tasks of adolescence, i.e. increased independence from parents, as well as because of possible cognitions among such adolescents that they

have little control over what happens in their lives, which can lead to both anxiety and depression (Ballash et al., 2006; Restifo & Bogels, 2009).

In addition, as found in one other study of the role of youth-coparent relationship quality in the adjustment of African American youth from single mother families using a different dataset (Sterrett et al., 2009), youth-coparent relationship quality moderated the association between positive parenting and internalizing symptoms, such that the association between positive parenting and symptoms was more strongly negative at higher levels of youth-coparent relationship quality. As suggested above, coparents may contribute to the overall positivity of the family environment, which may allow mothers to be more effective in promoting healthy emotional functioning in their adolescents.

With regard to structural aspects of the coparent-youth relationship, qualitative and quantitative results converged to indicate that neither whether the coparent lived with the child nor the frequency of youth-coparent contact was related to adolescent adjustment. This finding is similar to results in the non-resident father literature, in which the quality of interactions with fathers has consistently been found to be associated with youth adjustment, whereas a link with contact frequency has been found inconsistently (see Amato & Gilbreth, 1999; Whiteside & Becker, 2000 for meta-analyses). In that literature it has been suggested that frequent contact may be a necessary but not sufficient condition for strong bonds between children and fathers, and also that contact frequency is a poor proxy for relationship quality. Similarly, it is possible that coparents, by definition, passed a minimum threshold of involvement, after which it is solely the quality of the relationship and coparent behaviors that matter

for youth adjustment. In addition, mothers were asked to identify coparents using the rather strict criteria of the person being like a “copilot” who is significantly involved in parenting. Therefore, as almost all coparents were significantly involved, there may not have been enough variability to detect associations. Finally, the sample size for the coparent analyses ($n = 95$) was somewhat small, which may have depressed the power to detect significant associations.

The qualitative findings involving SNPAs were similar to those involving coparents. They were described by adolescents as providing several types of social support and having a positive impact on them. In addition, to a somewhat greater extent than coparents, they were described as acting as role-models for adolescents. Alternatively, the quantitative findings revealed that SNPA support was largely unrelated to youth adjustment, except in the case of alcohol use. Adolescents who reported having an adult with whom they could discuss problems had a higher likelihood of having consumed alcohol, whereas adolescents who reported an SNPA who gave them compliments or an SNPA who helped them with homework, had a lower likelihood of having consumed alcohol. This finding is consistent with other empirical work demonstrating that SNPAs are associated with discrete, specific outcomes, such as substance use, sexual risk behaviors, or delinquency (Hurd & Zimmerman, 2010; Sanchez et al., 2006; Zimmerman, et al., 2002). Importantly, as alcohol use among African American adolescents and young adults often has more dire short- and long-term consequences than among their Caucasian counterparts, such as higher rates of incarceration, unemployment, and relational difficulties (Beckett, Nyrop, Pflingst, & Bowen, 2005; Jones-Webb, 1998; Sloan, Malone, Kertesz, Wang, &

Costanzo, 2009), this may be a particularly important way in which SNPA's may positively influence African American adolescents.

The finding that having SNPAs who could be helpful in a few of the areas examined (e.g., giving compliments, acting as someone with whom adolescents could share good news) was not associated with self-esteem is surprising, given that many studies have found such an association. This could be related to the fact that, in several of the studies of non-parental adult support predicting self-esteem (e.g., Colarossi & Eccles, 2003; Franco & Levitt, 1998; Vazsonyi & Snider, 2008), the adults providing support tended to be fairly involved in the lives of youth (e.g., teachers, co-workers, family members), which may be an indication that level of involvement is a moderator of the influence of SNPA support on youth self-esteem. As the current study did not examine the level of involvement of SNPAs, it is not possible to determine whether such a pattern of moderation can help explain the null main association. In addition, as has been found in other studies of African American youth (see Gray-Little & Hafdah., 2000, for a review), the adolescent participants in this study had relatively high levels of self-esteem; thus, this somewhat limited variability could have possibly constrained the ability to detect differences.

While it was not directly associated with any of the outcomes, two interactions involving total non-parental adult social support emerged. First, gender moderated the association between total social support and externalizing symptoms such that there was a positive association between total social support and externalizing symptoms among girls, but not among boys. There are two possible explanations for this finding. First, due to socialization among African American girls to be more focused on

cultivating interpersonal relationships than boys (Cross & Madson, 1997; Oyserman, Bybee, & Terry, 2003), girls may be more susceptible to negative influences from non-parental adults engaging in maladaptive behaviors, and therefore, if they are exposed to a greater variety of significant non-parental adults, increasing the chance that at least one of those adults will be engaging in inappropriate behavior, they may exhibit more behavior problems. Another potential explanation may be that higher levels of non-parental social support may be a sign of higher levels of disorganization or lower levels of functioning in the family, which has been more strongly linked to behavior problems in girls than boys (see Ehrensaft, 2005; Kroneman, Loeber, Hipwell, & Koot, 2009; for reviews). Second, total social support from a non-parental adult moderated the influence of positive parenting on youth alcohol use, such that, at higher levels of non-parental adult social support, there was a stronger negative association between positive parenting and the likelihood of having consumed alcohol use. Similar to the association between the interaction of youth-coparent quality and positive parenting and youth internalizing symptoms, it is possible that additional support from a non-parental adult can help legitimize statements parents make about the pitfalls of alcohol use, making positive parenting more strongly associated with a decreased likelihood of having tried alcohol.

In addition to the main predictors of interest, this study also examined the role of several other more proximal influences on youth adjustment. First, the qualitative interviews highlighted the significant impact on adolescents of the level of involvement their biological fathers had in their lives. Therefore, social support from fathers was also included as a predictor in the quantitative analyses and, at the step at which it was

entered in the regression, higher levels of support from fathers were associated with higher levels of youth self-esteem. This finding is consistent with literature demonstrating the importance of non-residential fathers to adolescent well-being (Flouri, 2007; Harper & Fine, 2006; White & Gilbreth, 2001). In addition, consistent with a robust literature on parenting, upon entry into the model, positive parenting was associated with lower levels of externalizing and internalizing symptoms, a lower likelihood of having drunk alcohol, and higher levels of self-esteem. Adolescent age was also associated with some outcomes. Consistent with a normative view of alcohol use, older adolescents were more likely to have consumed alcohol than younger adolescents. Finally, there was also a positive association between adolescent age and externalizing symptoms, which is consistent with work demonstrating a normative peak in externalizing behaviors in mid-adolescence (Moffitt, 2004).

This study also adds to a small, but growing literature showing there may be less of a gender difference in behavior and internalizing problems and self-esteem among African American adolescents than among their Caucasian counter-parts (Shaffer, Forehand, & Kotchick, 2002; Twenge & Crocker, 2002; Verhulst, Van der Ende, Ferdinand, & Kasius, 1997). This finding may be related to less emphasis on traditional gender roles among African American single mother families than among Caucasian or two-parent families (Boyd-Franklin, 2003; Mandara, Murray, & Joyner, 2005). Specifically, since gender differences in rates of psychological difficulties during adolescence are thought to be the result of a combination of differences in biological (e.g., hormone levels) and social (e.g., gender socialization) factors (Bronstein, 2006; Eccles, Jacobs, & Harold, 1990; Lippa, 2005), if African American

girls from single mother families receive less socialization to behave in certain types of gender-specific ways, such as avoiding direct aggression or expressions of self-confidence, the result could be that they also may exhibit fewer differences in their adjustment when compared to boys.

The findings of this study must be considered within the context of its limitations. Although the Mixed Sequential Quantitative Dominant design of this study allowed qualitative analyses to inform quantitative analyses, the fact that quantitative data collection took place prior to qualitative data collection meant that the quantitative measures could not be altered as a result of qualitative findings. In addition, while the qualitative findings did highlight some aspects of relationships with adults that warranted inclusion in the quantitative analyses, because the interviews were completed around four years after participation in the quantitative portion of the study, it is possible that the information gathered was not quite as relevant as it would have been if collected closer to the time of quantitative collection. Finally, the lack of a large enough sample size at the follow-up quantitative data collection to effectively conduct longitudinal analyses means that no interpretations regarding causality can be made related to the observed findings.

This study also possessed several strengths. It gathered perspectives from a population, African American adolescents from single mother families, who traditionally have been relatively underrepresented in family-focused research. In addition, this study utilized a theoretical framework to examine the influence of the factors of interest, relationships with adults outside of biological parents, within a model also examining the influence of several other contextual factors, in order to

provide a more comprehensive picture of the factors influencing youth psychosocial functioning. Also, to the author's knowledge, this study is the only one to include both adults outside of biological parents identified as significantly involved in child-rearing as well as a broader range of supportive adults in one model. Several aspects of the youth-coparent relationship were analyzed allowing for differentiation of specific associations between coparent factors and youth adjustment. When appropriate, reports from multiple informants were used to reduce common method variance. Finally, this study employed both qualitative and quantitative methodology to understand the perspectives of youth on their relationships with adults outside of their biological parents and how their relationships with these individuals were related to well-being quantitatively.

The results of this study point to several future directions for empirical work examining relationships between African American youth from single mother families and adults outside of their biological parents. Although this study was able to provide a snapshot of adolescent functioning at one point in time, future investigations would benefit from a greater number of more closely-spaced data collection sessions so that the impact of relationships with adults outside of biological parents on the trajectory of adolescent functioning may be examined. As other contextual influences are continuously changing, longitudinal analyses with multiple time points could allow for isolation of time-limited effects. For example, longitudinal analyses could help to investigate whether, when an adolescent is having temporary difficulties with his/her mother, emotional support provided by non-parental adults helps them have a better outcome than they otherwise would have had. In addition, consistent with

developmental psychopathology (Cicchetti & Rogosch, 2002; Cummings, Davies, Campbell, 2000) and social support (Kahn & Antonucci, 1980; House, 1981) theories, future research should consider bi-directional influences between youth and significant adults in their lives. Finally, other helpful behaviors and characteristics of SNPAs, such as encouraging adolescents to reach their goals and acting as role-models, will also be important to examine quantitatively in future investigations.

This study provided some initial indications that, while coparents and SNPAs may not have as strong an influence on African American adolescents from single mother families as mothers, coparents may moderate the influence of parenting and may directly affect self-esteem, and externalizing and internalizing symptoms, as well as that SNPAs may exert a protective influence on alcohol use. In addition, the qualitative findings suggest that coparents and SNPAs may be helpful in providing motivation for youth and, in the case of SNPAs, acting as role-models. This study highlights the need for continued attention to, taking into account other contextual influences, the variety of ways adults besides biological parents can positively impact youth from single mother families. Such work will eventually allow for the design of prevention and intervention efforts that include coparents and SNPAs in ways that they are most likely to be beneficial to youth from single mother families.

Table 1.

Demographic characteristics of the sample (n = 185).

Variable	M or %	SD
Child		
Age (yrs.)	13.4	1.6
% Female	55%	
Mother		
Age	38.0	6.7
Education		
Less than high school	0.5%	
Some high school	5.4%	
High school or GED	8.6%	
Some college or vocational school	50.8%	
College degree	20.0%	
Some graduate school	5.9%	
Graduate school degree	8.6%	
Employment status		
Full-time	70.8%	
Part-time	11.4%	
Unemployed	17.8%	
Monthly Income	\$29,074	\$16,165
Coparent Relation to Child		
Maternal grandmother	37.8%	
Mother's friend	25.9%	
Maternal aunt	12.9%	
Other	23.4%	

Table 2.

Factor Loadings of SNPA Items on Underlying Latent Variable of SNPA Support

Item	Label	λ_1	S.E.
1	Ride	0.27	0.30
2	Money	0.44	0.19
3	Talk Problems	0.68	0.16
4	Advice	0.70	0.17
5	Rule	0.46	0.19
6	Talk Good	0.63	0.17
7	Compliment	0.83	0.15
8	Homework	0.41	0.20

Table 3.

Adults Identified Most Often as Providing Four Types of Social Support by Adolescent Participants in Qualitative Interviews

Support Type	Moth.	Grmo.	Aunt	Sis.	Unc.	Grfa.	Ment.	F's Pr.	Teach.	Fath.	Broth.	M's Fr.	Cous.
Emotional													
Top Provider	14	1	2	1									
2 nd Provider	2	4	2	1	1	1	2		3	1	1		
Concrete													
Top Provider	15	1	2		1							1	
2 nd Provider	4	3		2	1	2	1			3		2	
Informational													
Top Provider	12	1	2		1	1	1		1				
2 nd Provider	4	5	4	1		1		2		1		2	
Encourag.													
Top Provider	14	3	1			1	1						
2 nd Provider	2	6	3				1	1	1	1		1	2

Note. Grmo. = grandmother, Grfa.=grandfather, Ment. = mentor, F's Pr. = friend's parent, Teach. = teacher, M's Fr. = mother's friend, Cous. = cousin, Encourag. = encouragement, 2nd Provider = the second top provider

Table 4.

Descriptive Statistics for Major Study Variables

Variable	<i>M (SD)</i>	<i>N (%) Yes</i>	Range
SNPA Lend Money		135 (73%)	
SNPA Talk Problems		118 (64%)	
SNPA Advice		134 (72%)	
SNPA Help Make Rules		71 (38%)	
SNPA Talk Something Good		126 (68%)	
SNPA Gives Compliments		157 (85%)	
SNPA Help with Homework		62 (34%)	
Total SNPA Support	4.43 (1.78)		0 - 7
Total Father Support	.81 (1.60)		0 - 7
Coparent Lives with Adolescent		23 (12%)	
Coparent Contact Frequency			
0-2 times per week		23 (12%)	
3-4 times per week		20 (11%)	
5-6 times per week		6 (6 %)	
7 or more times per week		13 (7%)	
Youth-Coparent Relationship Quality	17.62 (4.20)		1-20
Coparent Monitoring	13.86 (8.53)		0-32
Positive Parenting	.01 (.83)		-2.35 – 1.07
Externalizing T-Score	54.70 (9.27)		32 - 76
Internalizing T-Score	54.39 (10.50)		32 - 81
Self-Esteem Score	32.86 (4.5)		17 - 40
Alcohol use		38 (21%)	

Table 5.

Demographic Characteristics and Scores from Follow-up Quantitative Data Collection on Selection Variables for Participants in the Qualitative Portion of the Study.

Pseudonym	Gender	Age	S-E	Alcohol			Y-C	
				Use	Int	Ext	RQ	Snpa
Keisha	Female	17	27.0	Yes	31.0	33.0	10.0	.
Tyrone*	Male	16	33.0	.	48.0	47.0	.	.
Stephanie	Female	18	40.0	No	56.0	61.0	.	.
Lisa	Female	16	36.0	Yes	71.0	.	10.0	7.0
Camille	Female	18	36.0	Yes	41.0	39.0	17.0	3.0
Jason	Male	18	35.0	No	32.0	40.0		.0
Melissa	Female	16	.	No	44.0	53.0	20.0	5.0
Stacy	Female	18	37.0	.	31.0	33.0	2.0	.
Tamika	Female	18	33.0	No	31.0	39.0		.0
Tiffany	Female	18	37.0	No	50.0	51.0	12.0	.
Ryan	Male	15	.	.	43.0	.	.	.
Diana	Female	20	39.0	No	31.0	33.0	20.0	4.0
Ben	Male	16	39.0	No	48.0	45.0	20.0	4.0
Michelle	Female	14	33.0	No	68.0	58.0	19.0	.
Marvin	Male	14	39.0	Yes	43.0	37.0	18.0	2.0
Thomas	Male	15	.	.	50.0	40.0	19.0	3.0
Ashley	Female	18	34.0	No	41.0	42.0	20.0	2.0
Jennifer	Female	17	16.0	Yes	.	.	3.0	1.0
Anthony	Male	16	40.0	No	32.0	37.0	20.0	2.0
Malcolm	Male	17	18.0	Yes	66.0	.	.	2.0

Note. S-E = Self-esteem, Int = Internalizing symptoms, Ext = Externalizing symptoms, Y-C RQ = Youth-coparent relationship quality, Snpa = Support from non-parental adults, * = Adolescent provided information during the qualitative interview indicating psychosocial difficulties

Table 6.

Percentages of Qualitative Participants Discussing Coparents Providing Support, Occupying a Psychological Role, and Making an Impact on Them.

Psych. Diffic.	Acad. Help	Aspiration. Role	Emotional Support	Engaging Activities	Esteem Support	Impact	Inform. Support	Instrum. Support	Motiv. Support	Relation. Role	Struc./ Redir.
No	0%	8%	92%	33%	17 %	67%	67%	83%	33%	42%	50%
Yes	13%	13%	50%	0%	0 %	25%	50%	63%	0%	25%	0%

Note. $N = 12$ for “No” row, $n = 8$ for “Yes” row; psych. diffic. = psychosocial difficulty, acad. Help = academic help, aspiration. role = aspirational role, inform. support = informational support, instrum. support = instrumental support, motiv. support = motivational support, relation. role = relational role, struc./redir. = structure/redirection

Table 7.

Percentages of Qualitative Participants Discussing Structural or Demographic Aspects of Their Relationships with Coparents

Psychosocial Difficulty	Contact Freq./Dur.	Geographical Location	Relationship Longevity	Coparent Residence
No	33%	8%	33%	17%
Yes	50%	13%	43%	25%

Note. $n = 12$ for “No” row, $n = 8$ for “Yes” row, contact freq./dur. = contact frequency/duration

Table 8.

Percentages of Qualitative Participants Discussing SNPAs Providing Support, Occupying a Psychological Role, and Making an Impact on Them.

Psych. Diffic.	Acad. Help	Aspiration. Role	Emotional Support	Engaging Activities	Esteem Support	Impact	Inform. Support	Instrum. Support	Motiv. Support	Relation. Role	Structure/Redirect.
No	58%	33%	100%	50%	42%	92%	83%	75%	67%	83%	67%
Yes	63%	43%	88%	75%	43%	88%	88%	63%	50%	25%	88%

Note. $N = 12$ for “No” row, $n = 8$ for “Yes” row; acad. Help = academic help, aspiration. role = aspirational role, inform. support = informational support, instrum. support = instrumental support, motiv. support = motivational support, relation. role = relational role, structure/redirect. = structure/redirection

Table 9.

Bivariate Correlations of Major Study Variables

	S. Mon.	S. Talk	S. Adv.	S. Rules	S. Good	S. Comp	S. Hwk.	Fath. Sup.	Y-C RQ	Cop. Mon.	Mat. Inc.
S. Mon.	-	.16*	.12	.24**	.14	.22**	-.01	.19*	.03	-.01	-.01
S. Talk		-	.28**	.21**	.35**	.26**	.19*	.18*	.16*	.15	.06
S. Adv.			-	.19**	.38**	.29**	.30**	.20**	.22**	.15	.02
S. Rules				-	.16*	.28**	.23**	.35**	.17*	.15	-.04
S. Good					-	.34**	.07	.25**	.26**	.17*	.16*
S. Comp.						-	.08	.11	.29**	.15	-.05
S. Hwk.							-	.13	.18*	.18*	.07
Fath. Sup.								-	.18*	.02	.07
Y-C RQ									-	.28**	.19*
Cop. Mon.										-	.12
Mat. Inc.											-

Table 9 (cont.)

	Mat . Ed.	Mat. Age	Pos. Par.	Adol. Gen.	Adol. Age.	Ext. T	Int. T	Self- Esteem	Alc. Use	Tot. SNPA	Cop. Res	Y-C Con.
S. Mon.	-.07	.06	.01	-.07	.23**	.15	-.08	.02	.08	.46**	.11	.04
S. Talk	.01	.04	.10	-.03	-.01	0	-.12	.07	-.09	.63**	.24*	.20
S. Adv.	.00	.19*	.17*	-.01	.18*	-.13	-.02	.07	.08	.67**	.03	.05
S. Rules	.03	.05	.09	-.03	0	0	-.01	.07	-.01	.59**	.10	.01
S. Good	.14	.07	.19*	-.11	.10	-.06	-.08	.13	.03	.61**	.07	-.02
S. Comp.	.01	0	.13	-.01	.04	0	-.06	.13	-.05	.57**	.18 ^a	.04
S. Hwk.	.05	.02	.10	.06	-.09	-.11	-.06	.06	-.22**	.49**	-.01	.06
Fath. Sup.	.19*	.01	-.13	.04	.02	-.14	-.07	.21**	-.09	.36**	.18	.18
Y-C RQ	.12	.11	.32**	.11	-.01	-.21	-.13	.27**	-.01	.32**	-.01	.04
Cop. Mon.	-.05	-.10	.45**	0	-.12	-.23**	.03	.11	-.10	.24**	.20	.29*
Mat. Inc.	.48**	.15	.02	-.03	.11	.07	.01	.17*	.07	.06	.15	.07

Table 9. (cont.)

	Mat . Ed..	Mat. Age	Pos. Par.	Adol. Gen.	Adol. Age.	Ext. T	Int. T	Self-Est.	Alc. Use	Tot. SNPA	Cop. Res	Y-C CF
Mat. Ed.	-	-.01	.06	.05	-.02	-.01	.05	.12	-.04	.04	-.02	-.01
Mat. Age		-	-.04	.01	.31**	-.09	-.23**	.28**	.09	.11	-.01	-.12
Pos. Par.			-	-.05	-.18**	-.45**	-.22**	.46**	-.31**	.20*	-.10	-.07
Adol. Gen.				-	-.04	-.06	.10	-.04	.11	-.05	-.02	-.06
Adol. Age					-	.20**	-.10	.03	.30**	.11	.20	.05
Ext T						-	.45**	-.29**	.26**	-.04	-.05	-.08
Int T							-	-.58	.06	-.11	-.03	0
Self-est.								-	-.10	.13	.09	.03
Alc. Use									-	-.05	.08	.14
Tot. SNPA										-	.17	.09
Cop. Res											-	.80**
Y-C CF												-

Notes. S. Mon. = the presence of an SNPA who would lend money, S. Talk = the presence of an SNPA with whom to discuss problems, S. Adv = the presence of an SNPA who provides advice, S. Rules = the presence of an SNPA who helps make or enforce rules, S. Good = the presence of an SNPA with whom to discuss good things, S. Comp = the presence of an SNPA who give compliments, S. Hwk = the presence of an SNPA who helps with homework, Fath. Sup. = Father support, Y-C RQ = youth-coparent relationship quality, Cop Mon = coparent monitoring, Mat. Inc. = maternal income, Mat. Ed. = maternal education, Mat. Age = maternal age, Pos. Par. = positive parenting, Adol. Gen. = adolescent gender, Adol. Age = adolescent ag, Ext T = externalizing symptoms T-score, Int T = internalizing symptoms T-score, Self-est. = self-esteem, Alc. Use = alcohol use, Tot. SNPA = Total SNPA Support, Cop. Res = coparent residence, Y-C CF = youth-coparent contact frequency

Table 10.

Hierarchical Multivariate Regression Examining Total SNPA Support, Coparent Monitoring, Youth-Coparent Relationship Quality, and Interactions with Positive Parenting as Predictors of Three Continuous Adolescent Outcomes

Independent Variable	Dependent Variable	R ² / Adj. R ²	df	F
Step 1	Self-Esteem	.02/ .01	1, 154	2.75 ^a
	Internalizing T-Score	.00/ .00	1, 154	.52
	Externalizing T-Score	.00/ .00	1, 154	.25
Total SNPA Support	Multivariate Set		3,152	.95
	Self-Esteem		1, 154	2.75 ^a
	Internalizing T-Score		1, 154	.51
	Externalizing T-Score		1, 154	.25
Step 2	Self-Esteem	.05 / .03	2,152	3.75*
	Internalizing T-Score	.00/ - .01	2,152	.33
	Externalizing T-Score	.02 / .01	2,152	1.78
Father Support	Multivariate Set		3, 150	3.05*
	Self-Esteem		1,152	4.72*
	Internalizing T-Score		1,152	.17
	Externalizing T-Score		1,152	3.36 ^a
Step 3	Self-Esteem	.12/ .09	4, 132	4.35*
	Internalizing T-Score	.03/ .00	4, 132	.88
	Externalizing T-Score	.08 / .06	4, 132	3.02*
Coparent Monitoring	Multivariate Set		3, 130	3.35*
	Self-Esteem		1,132	.80
	Internalizing T-Score		1,132	.49
	Externalizing T-Score		1,132	4.32*
Y-C Rel. Quality	Multivariate Set		3, 130	3.09*
	Self-Esteem		1,132	8.37*
	Internalizing T-Score		1,132	2.80 ^a
	Externalizing T-Score		1,132	2.75 ^a
Step 4	Self-Esteem	.20 / .16	7,127	4.52*
	Internalizing T-Score	.09 / .04	7, 127	1.87 ^a
	Externalizing T-Score	.13 / .09	7, 127	2.81*
Maternal age	Multivariate Set		3, 125	3.79*

Table 10 (cont.)

Independent Variable	Dependent Variable	R ² / Adj. R ²	df	F
Maternal education	Self-Esteem		1, 127	10.02**
	Internalizing T-Score		1, 127	5.99*
	Externalizing T-Score		1, 127	3.27 ^a
	Multivariate Set		3, 125	2.34 ^a
Maternal income	Self-Esteem		1,127	.011
	Internalizing T-Score		1,127	2.23
	Externalizing T-Score		1, 127	.99
	Multivariate Set		3, 125	1.62
Step 5	Self-Esteem	.40 / .36	8, 121	10.13**
	Internalizing T-Score	.18 / .13	8, 121	3.41**
	Externalizing T-Score	.28 / .23	8, 121	5.74**
	Multivariate Set		3, 119	20.68**
Positive parenting	Self-Esteem		1, 121	37.71**
	Internalizing T-Score		1, 121	10.80**
	Externalizing T-Score		1, 121	23.37**
	Multivariate Set		3, 119	20.68**
Step 6	Self-Esteem	.41 / .36	10, 121	8.22**
	Internalizing T-Score	.20 / .13	10, 121	2.94**
	Externalizing T-Score	.30 / .25	10, 121	5.18**
Adolescent age	Multivariate Set		3, 117	2.23 ^a
	Self-Esteem		1, 119	1.38
	Internalizing T-Score		1, 119	.160
	Externalizing T-Score		1, 119	4.60*
Adolescent gender	Multivariate Set		3, 117	.68
	Self-Esteem		1, 119	.22
	Internalizing T-Score		1, 119	1.95
	Externalizing T-Score		1, 119	.121
Step 7	Self-Esteem	.41 / .35	12, 117	6.85**
	Internalizing T-Score	.24 / .16	12, 117	3.04*
	Externalizing T-Score	.32 / .25	12, 117	4.64**
Y-CRQ X PosPar	Multivariate Set		3, 115	1.44

Table 10 (cont.)

Independent Variable	Dependent Variable	R ² / Adj. R ²	df	F
	Self-Esteem		1, 117	.79
	Internalizing T-Score		1, 117	4.12*
	Externalizing T-Score		1, 117	1.48
SNPAT X PosPar	Multivariate Set		3, 115	.35
	Self-Esteem		1, 117	.18
	Internalizing T-Score		1, 117	.24
	Externalizing T-Score		1, 117	.60
<i>Exploratory</i>				
Y-C RQ X Adol. Gen	Multivariate set		3, 109	.08
	Self-Esteem		1, 111	.17
	Internalizing T-Score		1, 111	.06
	Externalizing T-Score		1, 111	.08
Y-CRQ X Adol. Age	Multivariate set		3, 109	.24
	Self-Esteem		1, 111	.15
	Internalizing T-Score		1, 111	.19
	Externalizing T-Score		1, 111	.25
Cop. Mon. X Adol. Gen	Multivariate set		3, 109	.40
	Self-Esteem		1, 111	.07
	Internalizing T-Score		1, 111	.01
	Externalizing T-Score		1, 111	.97
Cop. Mon X Adol. Age	Multivariate set		3, 109	.16
	Self-Esteem		1, 111	.02
	Internalizing T-Score		1, 111	.02
	Externalizing T-Score		1, 111	.44
SNPAT X Adol. Gen.	Multivariate set		3, 109	1.61
	Self-Esteem		1, 111	.08
	Internalizing T-Score		1, 111	.01
	Externalizing T-Score		1, 111	3.95*
SNPAT X Adol. Age	Multivariate set		3, 109	.01
	Self-Esteem		1, 111	.00
	Internalizing T-Score		1, 111	.02
	Externalizing T-Score		1, 111	.00

Note. Y-CRQ X Pospar = the interaction of youth-coparent relationship quality X positive parenting, SNPAT X Pospar=the interaction of total SNPA support X positive parenting, Y-C RQ X Adol. Gen =

the interaction of youth-coparent relationship quality X adolescent gender, Y-C RQ X Adol. Age = the interaction of youth-coparent relationship quality X adolescent age, Cop Mon X Adol. Gen = the interaction of coparent monitoring X adolescent gender, Cop Mon X Adol. Age = the interaction of coparent monitoring X adolescent age, SNPAT X Adol. Gen = the interaction of total SNPA support X adolescent gender, SNPAT X Adol. Age = the interaction of total SNPA support X adolescent age

Table 11.

Hierarchical Logistic Regression Examining Total SNPA Support, Coparent Monitoring, Youth-Coparent Relationship Quality, and Interactions with Positive Parenting as Predictors of Adolescent Alcohol Use.

Independent Variable	Df	X ²	β	S.E.	Odds Ratio
Step 1	1	.16			
Total SNPA Support			-.05	.12	.95
Step 2	2	1.06			
Father Support			-.14	.15	.87
Step 3	4	2.68			
Coparent Monitoring			-.03	.03	.97
Y-C Rel. Quality			.01	.05	1.01
Step 4	7	7.61			
Maternal age			.04	.04	1.04
Maternal education			-.40	.24	.67
Maternal income			.00	.00	1.0
Step 5	8	15.61*			
Positive parenting			-.85	.31	.43**
Step 6	10	32.38**			
Adolescent age			.77	.22	2.17**
Adolescent gender			.30	.49	1.36
Step 7	18	40.61**			
Y-CRQ X PosPar			.01	.07	1.01
SNPAT X PosPar			-.44	.21	.64*
<i>Exploratory</i>					
Y-C RQ X			-.16	.15	.87
Adol. Gen					
Y-C RQ X Adol. Age			-.01	.07	.99
Cop. Mon X Adol. Gen			-.07	.07	.94
Cop. Mon x Adol. Age			-.01	.03	.99
SNPAT X Adol. Gen			.15	.37	1.16
SNPAT X Adol. Age			-.04	.14	.96

Note. Y-CRQ X Pospar = the interaction of youth-coparent relationship quality X positive parenting, SNPAT X Pospar=the interaction of total SNPA support X positive parenting, Y-C RQ X Adol. Gen = the interaction of youth-coparent relationship quality X adolescent gender, Y-C RQ X Adol. Age = the interaction of youth-coparent relationship quality X adolescent age, Cop Mon X Adol. Gen = the interaction of coparent monitoring X adolescent gender, Cop Mon X Adol. Age = the interaction of coparent monitoring X adolescent age, SNPAT X Adol. Gen = the interaction of total SNPA support X adolescent gender, SNPAT X Adol. Age = the interaction of total SNPA support X adolescent age

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

Table 12.

Probing of the Interaction of Total SNPA Support X Positive Parenting on Alcohol Use: Conditional Effect of Positive Parenting on Alcohol Use at Varying Levels of Total Social Support

Levels of Total SNPA Support	Positive Parenting <i>b</i>	S.E.
Low	.00	.47
Medium	-.78*	.36
High	-1.56**	.55

Note. An SPSS macro for probing interactions in logistic regression created by Hayes & Matthes (2009) was used to probe the interaction.

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

Table 13.

Hierarchical Multivariate Regression Examining Youth-Coparent Contact Frequency and Interactions Involving Youth-Coparent Relationship Quality and Coparent Monitoring as Predictors of the Three Continuous Adolescent Outcomes

Independent Variable	Dependent Variable	R ² / Adj. R ²	df	F
Step 1 Model	Self-Esteem	.00 / -.01	1, 69	.15
	Internalizing T-Score	.02 / -.01	1, 69	.33
	Externalizing T-Score	.01 / -.01	1, 69	.41
Youth-Coparent Contact Frequency	Multivariate Set		3, 67	.16
	Self-Esteem		1, 69	.15
	Internalizing T-Score		1, 69	.33
	Externalizing T-Score		1, 69	.41
Step 2 Model	Self-Esteem	.09/.05	3, 59	2.02
	Internalizing T-Score	.05/ .00	3, 59	1.02
	Externalizing T-Score	.13/ .09	3, 59	3.02*
Coparent Monitoring	Multivariate Set		3, 57	1.80
	Self-Esteem		1, 59	.92
	Internalizing T-Score		1, 59	.13
	Externalizing T-Score		1, 59	2.15
Y-C Rel. Quality	Multivariate Set		3, 57	1.62
	Self-Esteem		1, 59	3.09 ^a
	Internalizing T-Score		1, 59	2.54
	Externalizing T-Score		1, 59	3.47 ^a
Step 3 Model	Self-Esteem	.22 / .14	6, 56	2.62*
	Internalizing T-Score	.14 / .04	6, 56	1.46
	Externalizing T-Score	.19/ .10	6, 56	2.14 ^a
Maternal age	Multivariate Set		3, 54	2.80*
	Self-Esteem		1, 56	7.55**
	Internalizing T-Score		1, 56	4.05*
	Externalizing T-Score		1, 56	3.09 ^a
Maternal education	Multivariate Set		3, 54	.85
	Self-Esteem		1, 56	.32

Table 13 (cont.)

Independent Variable	Dependent Variable	R ² / Adj. R ²	df	F
Maternal income	Internalizing T-Score		1, 56	.98
	Externalizing T-Score		1, 56	.33
	Multivariate Set		3, 54	.18
	Self-Esteem		1, 56	.43
	Internalizing T-Score		1, 56	.45
Step 4 Model	Externalizing T-Score		1, 56	.10
	Self-Esteem	.38/ .29	7, 52	4.51**
	Internalizing T-Score	.19 / .08	7, 52	1.70
	Externalizing T-Score	.37 / .29	7, 52	4.38**
Positive parenting	Multivariate Set		3, 50	6.74**
	Self-Esteem		1, 52	8.35**
	Internalizing T-Score		1, 52	2.39
	Externalizing T-Score		1, 52	12.36**
Step 5 Model	Self-Esteem	.40/ .29	9, 50	3.72**
	Internalizing T-Score	.21 / .07	9, 50	1.51
	Externalizing T-Score	.39 / .28	9, 50	3.56**
Adolescent age	Multivariate Set		3, 48	1.28
	Self-Esteem		1, 50	1.74
	Internalizing T-Score		1, 50	.66
	Externalizing T-Score		1, 50	1.22
Adolescent gender	Multivariate Set		3, 48	.72
	Self-Esteem		1, 50	.19
	Internalizing T-Score		1, 50	1.16
	Externalizing T-Score		1, 50	.35
Step 6 Model	Self-Esteem	.45 / .32	11, 48	3.50**
	Internalizing T-Score	.26 / .09	11, 48	1.51
	Externalizing T-Score	.39 / .26	11, 48	2.83**
Y-C RQ X Con. Freq.	Multivariate Set		3, 46	.17
	Self-Esteem		1, 48	.33
	Internalizing T-Score		1, 48	.08
	Externalizing T-Score		1, 48	.10
Cop. Mon. X Con. Freq.	Multivariate Set		3, 46	1.93
	Self-Esteem		1, 48	3.75 ^a
	Internalizing T-Score		1, 48	.11

Externalizing T-Score

1, 48

.64

Note. Y-C Rel. Quality = youth-coparent relationship quality, Y-C RQ X Con. Freq. = youth-coparent relationship quality X youth-coparent contact frequency, Cop. Mon. X Con. Freq. = coparent monitoring X youth-coparent contact frequency

* $p < .05$

Table 14.

Logistic Regression Examining Youth-Coparent Contact Frequency and Interactions With Youth-Coparent Relationship Quality and Coparent Monitoring as Predictors of Adolescent Alcohol Use

Independent Variable	Df	X ²	β	S.E.	Odds Ratio
Step 1 Model	1	1.20			
Y-C Contact Freq.			.23	.21	1.25
Step 2 Model	3	3.42			
Coparent Monitoring			-.07	.05	.93
Y-C Rel. Quality			.04	.07	1.04
Step 3 Model	6	4.56			
Maternal age			.05	.05	1.05
Maternal education			-.15	.33	.89
Maternal income			.00	.00	1.00
Step 4 Model	7	10.69			
Positive parenting			-1.35	.60	.26*
Step 5 Model	9	15.36 ^a			
Adolescent age			.62	.33	1.86
Adolescent gender			.40	.81	1.49
Step 6 Model	11	17.80 ^a			
Y-CRQ X Y-C Con. Freq.			-.07	.06	.94
Cop. Mon. X Y-C Con. Freq.			.05	.04	1.05

Note. Y-C Contact Freq. = youth-coparent contact frequency, Y-C Rel. Quality = youth-coparent relationship quality, Y-C RQ X Con. Freq. = youth-coparent relationship quality X youth-coparent contact frequency, Cop. Mon. X Con. Freq. = coparent monitoring X youth-coparent contact frequency

* $p < .05$

Table 15.

Hierarchical Multivariate Regression Examining Coparent Residence and Interactions With Youth-Coparent Relationship Quality and Coparent Monitoring as Predictors of the Three Continuous Adolescent Outcomes

Independent Variable	Dependent Variable	R ² / Adj. R ²	df	F
Step 1 Model	Self-Esteem	.00 / -.01	1, 76	.01
	Internalizing T-Score	.01 / .00	1, 76	.68
	Externalizing T-Score	.00 / .00	1, 76	.30
Coparent Residence	Multivariate Set		3, 74	.29
	Self-Esteem		1, 76	.01
	Internalizing T-Score		1, 76	.68
	Externalizing T-Score		1, 76	.30
Step 2 Model	Self-Esteem	.08 / .04	3, 65	1.94
	Internalizing T-Score	.05 / .01	3, 65	1.20
	Externalizing T-Score	.13 / .08	3, 65	3.09*
Coparent Monitoring	Multivariate Set		3, 63	1.97
	Self-Esteem		1, 65	.34
	Internalizing T-Score		1, 65	.36
	Externalizing T-Score		1, 65	2.74
Y-C Rel. Quality	Multivariate Set		3, 63	1.92
	Self-Esteem		1, 65	4.16*
	Internalizing T-Score		1, 65	3.18 ^a
	Externalizing T-Score		1, 65	3.39 ^a
Step 3 Model	Self-Esteem	.22 / .14	6, 62	2.89*
	Internalizing T-Score	.12 / .04	6, 62	1.43
	Externalizing T-Score	.19 / .11	6, 62	2.44*
Maternal Age	Multivariate Set		3, 60	3.33 ^a
	Self-Esteem		1, 62	7.73
	Internalizing T-Score		1, 62	2.52*
	Externalizing T-Score		1, 62	4.77*
Maternal Education	Multivariate Set		3, 60	1.71
	Self-Esteem		1, 62	.42
	Internalizing T-Score		1, 62	2.21

Table 15 (cont.)

Independent Variable	Dependent Variable	R ² / Adj. R ²	df	F
Maternal Income	Externalizing T-Score		1, 62	.08
	Multivariate Set		3, 60	.41
	Self-Esteem		1, 62	.92
	Internalizing T-Score		1, 62	.46
Step 4 Model	Externalizing T-Score		1, 62	.04
	Self-Esteem	.35 / .27	7, 57	4.41
	Internalizing T-Score	.18 / .08	7, 57	1.80
	Externalizing T-Score	.36 / .29	7, 57	4.64
Positive Parenting	Multivariate Set		3, 55	5.81*
	Self-Esteem		1, 57	5.81*
	Internalizing T-Score		1, 57	1.93
	Externalizing T-Score		1, 57	12.39**
Step 5 Model	Self-Esteem	.37 / .26	9, 55	3.51*
	Internalizing T-Score	.20 / .07	9, 55	1.57
	Externalizing T-Score	.39 / .29	9, 55	3.86*
Adolescent Age	Multivariate Set		3, 53	1.11
	Self-Esteem		1, 55	1.00
	Internalizing T-Score		1, 55	.24
	Externalizing T-Score		1, 55	1.69
Adolescent Gender	Multivariate Set		3, 53	.85
	Self-Esteem		1, 55	.18
	Internalizing T-Score		1, 55	1.37
	Externalizing T-Score		1, 55	.52
Step 6 Model	Self-Esteem	.39 / .26	11, 53	3.07**
	Internalizing T-Score	.37 / .12	11, 53	1.80a
	Externalizing T-Score	.40 / .27	11, 53	3.18**
Y-C RQ X Cop. Res.	Multivariate Set		3, 51	.14
	Self-Esteem		1, 53	.23
	Internalizing T-Score		1, 53	.01
	Externalizing T-Score		1, 53	.13
Cop. Mon. X Cop. Res.	Multivariate Set		3, 51	1.40
	Self-Esteem		1, 53	2.12
	Internalizing T-Score		1, 53	3.95 ^a
	Externalizing T-Score		1, 53	.45

Note. Y-C Rel. Quality = youth-coparent relationship quality, Y-C RQ X Cop. Res. = youth-coparent relationship quality X youth-coparent contact frequency, Cop. Mon. X Cop. Res. = coparent monitoring X youth-coparent contact frequency. * $p < .05$

Table 16.

Hierarchical Logistic Regression Examining Coparent Residence and Interactions With Youth-Coparent Relationship Quality and Coparent Monitoring as Predictors of Adolescent Alcohol Use

Independent Variable	Df	X ²	β	S.E.	Odds Ratio
Step 1 Model	1	.54			
Coparent Residence			.51	.68	1.67
Step 2 Model	3	2.24			
Coparent Monitoring			-.05	.04	.95
Y-C Rel. Quality			.02	.07	1.02
Step 3 Model	6	2.75			
Maternal age			.02	.05	1.02
Maternal education			-.17	.30	.85
Maternal income			.00	.00	1.00
Step 4 Model	7	9.95			
Positive parenting			-1.39	.57	.25*
Step 5 Model	9	16.33a			
Adolescent age			.62	.32	1.86a
Adolescent gender			1.03	.77	2.81
Step 6 Model	11	17.24			
Y-CRQ X Cop. Res.			-.16	.18	.85
Cop. Mon. X Cop. Res.			.06	.11	1.06

Note. Y-C Contact Freq. = youth-coparent contact frequency, Y-C Rel. Quality = youth-coparent relationship quality, Y-C RQ X Con. Freq. = youth-coparent relationship quality X youth-coparent contact frequency, Cop. Mon. X Con. Freq. = coparent monitoring X youth-coparent contact frequency

* $p < .05$

Table 17.

Hierarchical Multivariate Regression Examining SNPA Support Type as Predictors of Three Continuous Adolescent Outcomes

Independent Variable	Dependent Variable	R ² / Adj. R ²	df	F
Step 1 Model	Self-Esteem	.03 / -.02	7, 148	.57
	Internalizing T-Score	.01 / -.03	7, 148	.29
	Externalizing T-Score	.05 / .00	7, 148	1.02
SNPA Lend Money	Multivariate Set		3, 146	1.26
	Self-Esteem		1, 148	.06
	Internalizing T-Score		1, 148	.15
	Externalizing T-Score		1, 148	2.06
SNPA Talk Problems	Multivariate Set		3, 146	.57
	Self-Esteem		1, 148	.17
	Internalizing T-Score		1, 148	.16
	Externalizing T-Score		1, 148	.46
SNPA Advice	Multivariate Set		3, 146	1.32
	Self-Esteem		1, 148	.189
	Internalizing T-Score		1, 148	.12
	Externalizing T-Score		1, 148	2.07
SNPA Help Rules	Multivariate Set		3, 146	.69
	Self-Esteem		1, 148	.19
	Internalizing T-Score		1, 148	.72
	Externalizing T-Score		1, 148	.10
SNPA Talk Good	Multivariate Set		3, 146	.39
	Self-Esteem		1, 148	1.11
	Internalizing T-Score		1, 148	.31
	Externalizing T-Score		1, 148	.23
SNPA Compliment	Multivariate Set		3, 146	.22
	Self-Esteem		1, 148	.35
	Internalizing T-Score		1, 148	.18
	Externalizing T-Score		1, 148	.08
SNPA Homework Help	Multivariate Set		3, 146	.39
	Self-Esteem		1, 148	.19
	Internalizing T-Score		1, 148	.47
	Externalizing T-Score		1, 148	1.15
Step 2 Model	Self-Esteem	.06 / .01	8, 146	1.11

Table 17 (cont.)

Independent Variable	Dependent Variable	R ² / Adj. R ²	df	F
Father Support	Internalizing T-Score	.02 / -.04	8, 146	.31
	Externalizing T-Score	.07 / .02	8, 146	1.42
	Multivariate Set		3, 144	3.04*
	Self-Esteem		1, 146	4.80*
	Internalizing T-Score		1, 146	.48
Step 3 Model	Externalizing T-Score		1, 146	4.12*
	Self-Esteem	.12 / .05	10, 126	1.74
	Internalizing T-Score	.03 / -.04	10, 126	.45
Coparent Monitoring	Externalizing T-Score	.13 / .06	10, 126	1.83
	Multivariate Set		3, 124	3.40*
	Self-Esteem		1, 126	.90
	Internalizing T-Score		1, 126	.38
Y-C Rel. Quality	Externalizing T-Score		1, 126	4.38*
	Multivariate Set		3, 124	2.55 ^a
	Self-Esteem		1, 126	7.05**
	Internalizing T-Score		1, 126	2.65
Step 4 Model	Externalizing T-Score		1, 126	2.11
	Self-Esteem	.21 / .12	13, 121	2.42
	Internalizing T-Score	.11 / .00	13, 121	1.10
Maternal age	Externalizing T-Score	.17 / .08	13, 121	1.85
	Multivariate Set		3, 119	3.58*
	Self-Esteem		1, 121	9.79**
	Internalizing T-Score		1, 121	6.25*
Maternal education	Externalizing T-Score		1, 121	2.26
	Multivariate Set		3, 119	1.90
	Self-Esteem		1, 121	.00
	Internalizing T-Score		1, 121	1.94
Maternal income	Externalizing T-Score		1, 121	.63
	Multivariate Set		3, 119	1.49
	Self-Esteem		1, 121	.94
	Internalizing T-Score		1, 121	.00
Step 5 Model	Externalizing T-Score		1, 121	2.66
	Self-Esteem	.41 / .34	14, 115	5.72
	Internalizing T-Score	.22 / .12	14, 115	2.28
Positive parenting	Externalizing T-Score	.31 / .22	14, 115	3.66
	Multivariate Set		3, 113	20.72**
	Self-Esteem		1, 115	37.00**

Table 17 (cont.)

Independent Variable	Dependent Variable	R ² / Adj. R ²	df	F
Step 6 Model	Internalizing T-Score		1, 115	10.68**
	Externalizing T-Score		1, 115	23.51**
	Self-Esteem	.42 / .34	16, 113	5.17
	Internalizing T-Score	.23 / .12	16, 113	2.14
Adolescent age	Externalizing T-Score	.33 / .23	16, 113	3.41
	Multivariate Set		3, 111	1.67
	Self-Esteem		1, 113	2.26
	Internalizing T-Score		1, 113	.29
Adolescent gender	Externalizing T-Score		1, 113	2.38
	Multivariate Set		3, 111	.70
	Self-Esteem		1, 113	.25
	Internalizing T-Score		1, 113	2.08
	Externalizing T-Score		1, 113	.30

Notes. Y-C Rel. Quality= youth-coparent relationship quality. Statistics reported for each individual independent variable refer to the Step in which they were entered into the hierarchical model. SNPA Lend Money = the presence of an SNPA who would lend money, SNPA Talk Problems= the presence of an SNPA with whom to discuss problems, SNPA Advice = the presence of an SNPA who provides advice, SNPA Help Rules = the presence of an SNPA who helps make or enforce rules, SNPA Talk Good= the presence of an SNPA with whom to discuss good things, SNPA Compliments = the presence of an SNPA who give compliments, SNPA Homework Help = the presence of an SNPA who helps with homework.

Table 18.

Hierarchical Logistic Regression Examining SNPA Social Support Types as Predictors of Adolescent Alcohol Use.

Independent Variable	df	X ²	β	S.E.	Odds Ratio
Step 1 Model	7	29.73**			
SNPA Lend Money			1.36	.72	.46
SNPA Talk Problems			-.78	.58	11.95**
SNPA Advice			2.48	.85	1.05
SNPA Help Rules			.05	.53	.96
SNPA Talk Good			-.04	.69	.20
SNPA Compliments			-1.59	.80	.12**
SNPA Homework Help			-2.13	.69	.13*
Step 2 Model	8	30.76**			
Father Support			-.18	.18	.84
Step 3 Model	10	31.28**			
Coparent Monitoring			-.02	.03	.98
Y-C Rel. Quality			.02	.06	1.02
Step 4 Model	13	35.52**			
Maternal age			-.01	.05	.99
Maternal education			-.54	.28	.58 ^a
Maternal income			.00	.00	1.0
Step 5 Model	14	45.05**			
Positive parenting			-1.18	.42	.31**
Step 6 Model	16	55.10*			
Adolescent age			.68	.26	1.97*
Adolescent gender			.60	.59	1.83

Notes. Statistics reported for each individual independent variable refer to the Step in which they were entered into the hierarchical model. Y-C Rel. Quality= youth-coparent relationship quality. Statistics reported for each individual independent variable refer to the Step in which they were entered into the hierarchical model. SNPA Lend Money = the presence of an SNPA who would lend money, SNPA Talk Problems= the presence of anSNPA with whom to discuss problems, SNPA Advice = the presence of an SNPA who provides advice, SNPA Help Rules = the presence of an SNPA who helps make or enforce rules, SNPA Talk Good= the presence of an SNPA with whom to discuss good things, SNPA Compliments = the presence of an SNPA who give compliments, SNPA Homework Help = the presence of an SNPA who helps with homework.

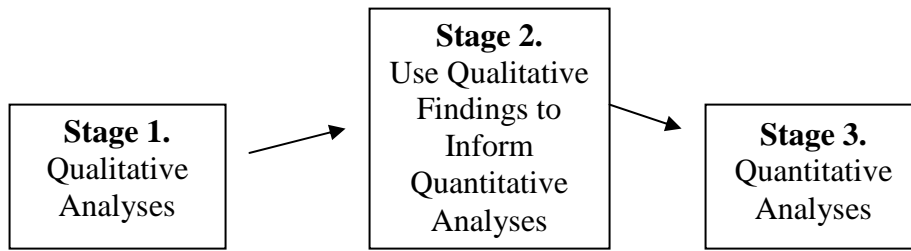


Figure 1. Sequential Quantitative-Dominant Mixed Methods Design Used in the Current Study

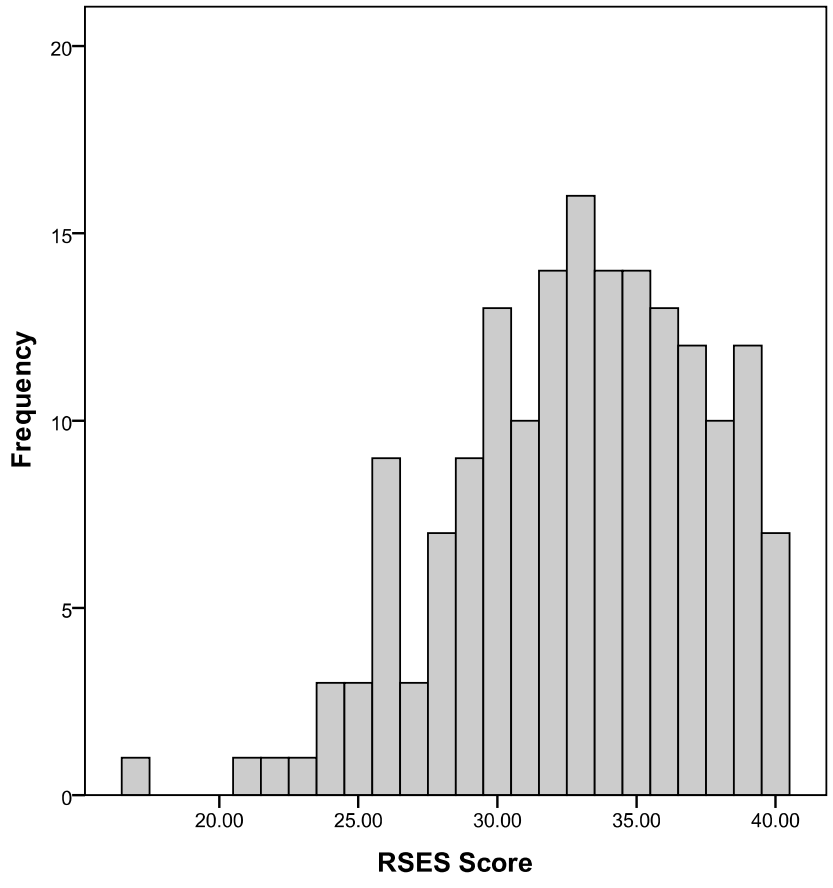


Figure 2. Histogram depicting the distribution of self-esteem scores

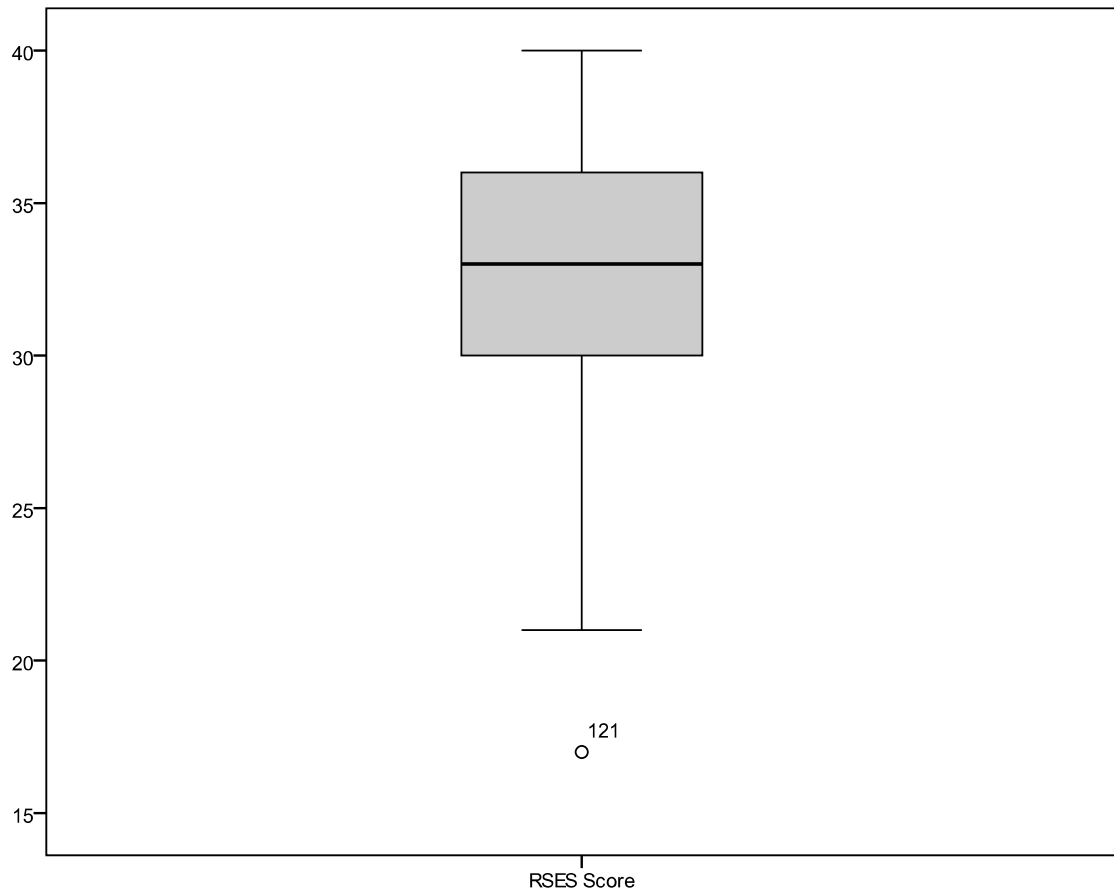


Figure 3. Box-plot depicting the distribution of self-esteem scores

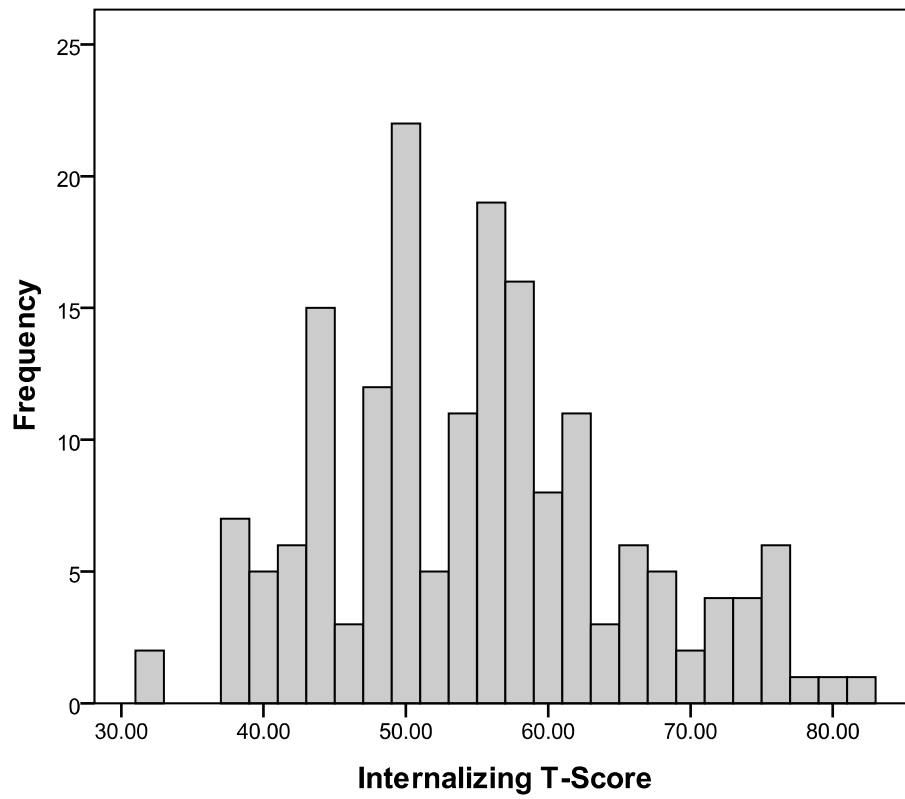


Figure 4. Histogram depicting the distribution of Internalizing T-scores

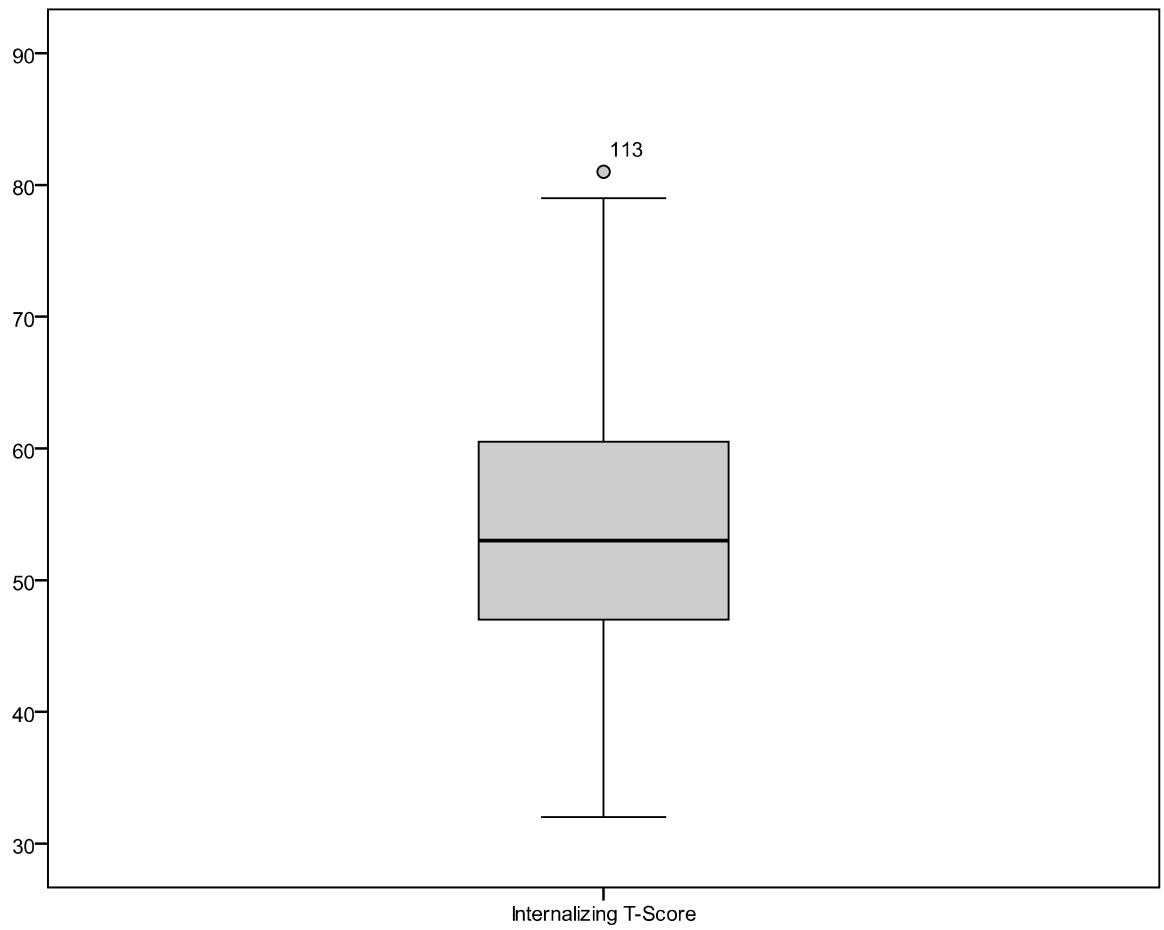


Figure 5. Box-plot depicting the distribution of Internalizing T- scores

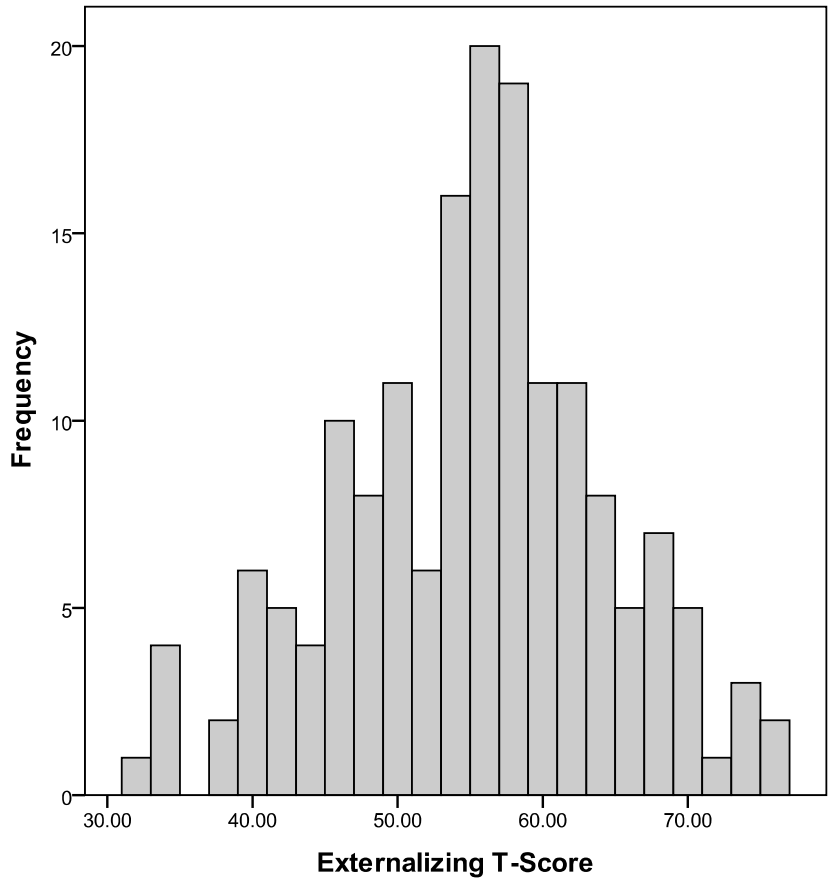


Figure 6. Histogram depicting the distribution of Externalizing T- scores

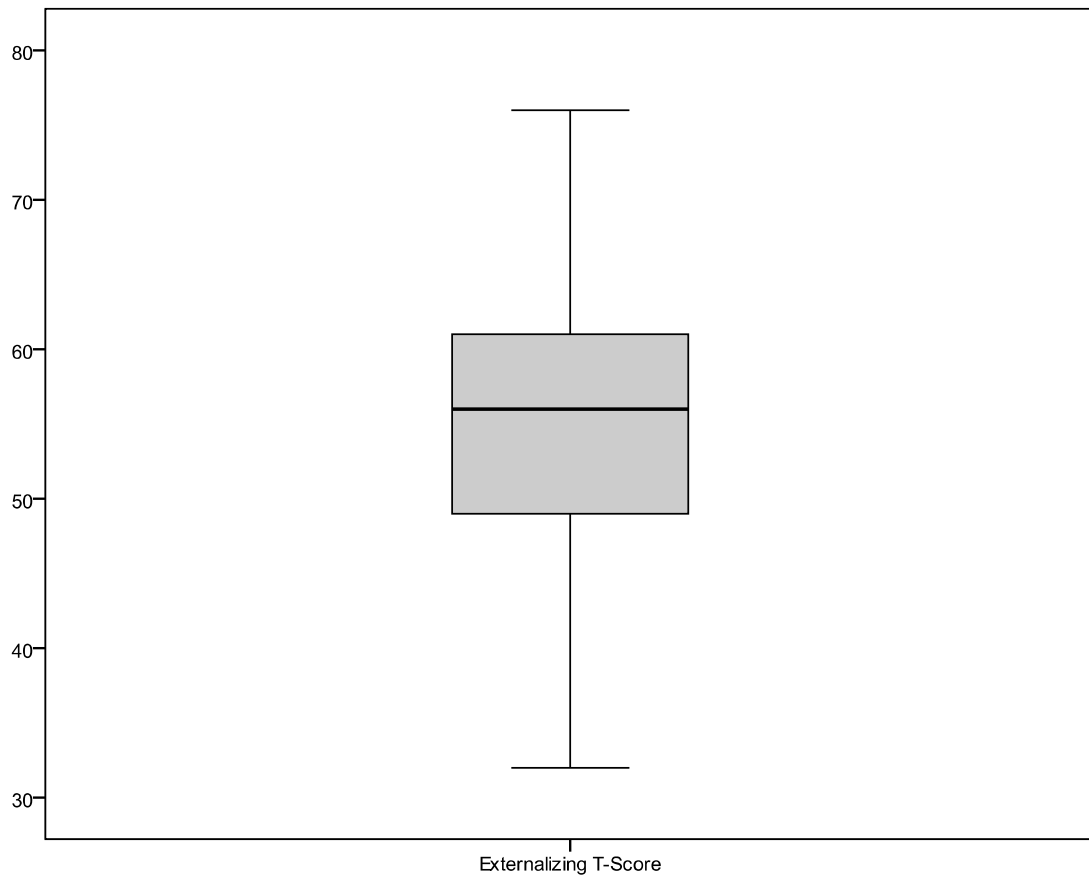


Figure 7. Box- plot depicting the distribution of Externalizing T- scores

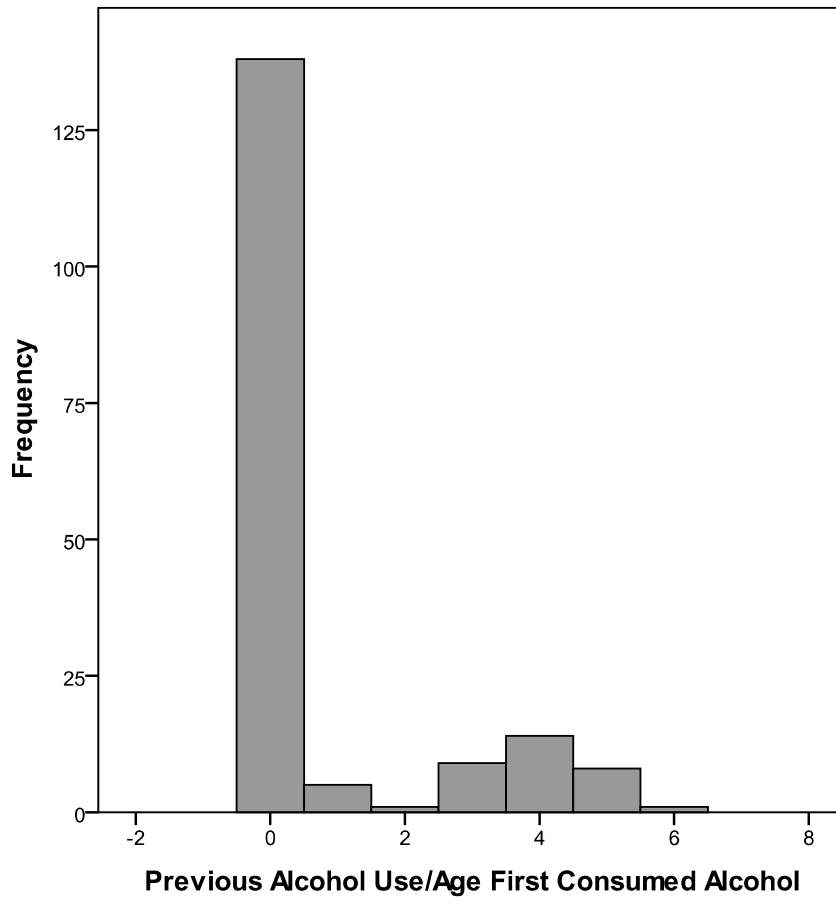


Figure 8. Histogram depicting the distribution of Alcohol use

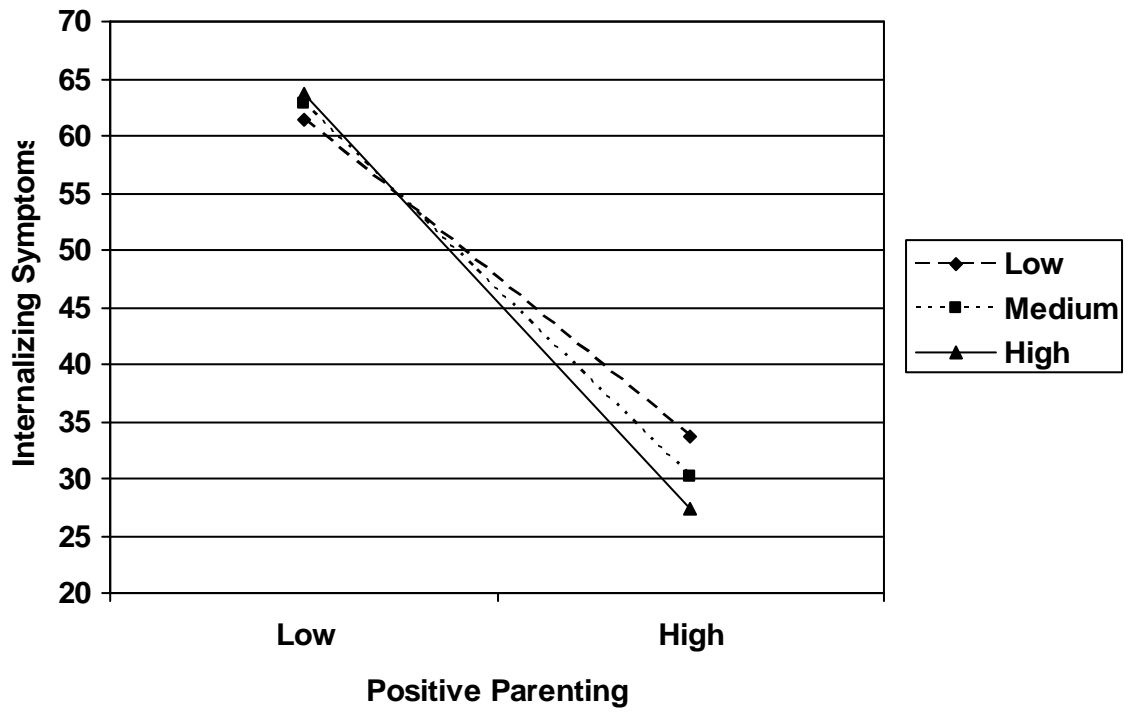


Figure 9. An Illustration of the Interaction of Youth-Coparent Relationship Quality X Positive Parenting on Internalizing Symptoms

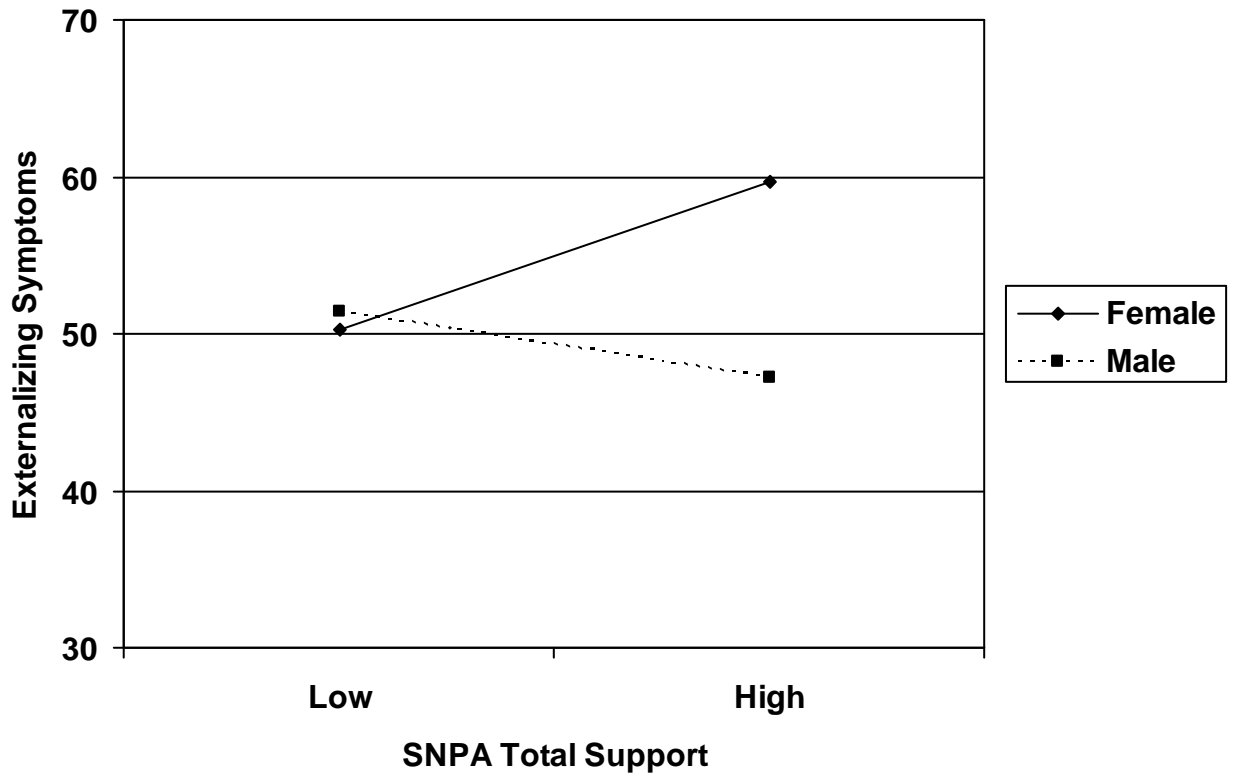


Figure 10. An Illustration of the Interaction of Total SNPA Support X Adolescent Gender on Externalizing Symptoms

Appendix A.

Interaction Behavior Questionnaire-Mother Questions

Think back over the last several weeks at home. The following statements have to do with you and your mother. Please tell us if you believe that the statement is mostly **true** or mostly **false** about you and your mother. Your answers will not be shown to your mother or anyone else in your family.

Q1. Your mother understands you. She knows where you are coming from. (Choose one)

- 0 True
- 1 False
- 8 Refuse to

Answer

Q2. When your mother and you fuss with each other, you end your fusses calmly sometimes. (Choose one)

- 0 True
- 1 False
- 8 Refuse to

Answer

Q3. Your mother and you almost always seem to agree or get along okay with each other. (Choose one)

- 0 True
- 1 False
- 8 Refuse to

Answer

Q4. You enjoy the talks your mother and you have. (Choose one)

- 0 True
- 1 False
- 8 Refuse to

Answer

Q5. When you state your opinion, or say what you think, your mother gets upset. (Choose one)

- 0 True
- 1 False
- 8 Refuse to

Answer

Q6. At least three times a week, your mother and you get angry or fuss at each other. (Choose one)

- 0 True
- 1 False
- 8 Refuse to

Answer

- Q7. Your mother listens when you need someone to talk to. (Choose one)
- | | |
|---|-----------|
| 0 | True |
| 1 | False |
| 8 | Refuse to |
- Answer
- Q8. Your mother is a good friend to you. (Choose one)
- | | |
|---|-----------|
| 0 | True |
| 1 | False |
| 8 | Refuse to |
- Answer
- Q9. Your mother says you have no consideration or respect for her. (Choose one)
- | | |
|---|-----------|
| 0 | True |
| 1 | False |
| 8 | Refuse to |
- Answer
- Q10. At least once a day your mother and you get angry or fuss at each other. (Choose one)
- | | |
|---|-----------|
| 0 | True |
| 1 | False |
| 8 | Refuse to |
- Answer
- Q11. Your mother is bossy when you talk. (Choose one)
- | | |
|---|-----------|
| 0 | True |
| 1 | False |
| 8 | Refuse to |
- Answer
- Q12. Your mother doesn't understand you or doesn't know where you are coming from. (Choose one)
- | | |
|---|-----------|
| 0 | True |
| 1 | False |
| 8 | Refuse to |
- Answer
- Q13. The talks your mother and you have are frustrating or they make you mad. (Choose one)
- | | |
|---|-----------|
| 0 | True |
| 1 | False |
| 8 | Refuse to |
- Answer
- Q14. Your mother understands what you mean even when she doesn't agree with you or see things the same way as you do. (Choose one)
- | | |
|---|-----------|
| 0 | True |
| 1 | False |
| 8 | Refuse to |
- Answer

Q15. Your mother seems to always be complaining about you or talking bad about you.
(Choose one)

- 0 True
- 1 False
- 8 Refuse to

Answer

Q16. You think your mother and you get along very well. (Choose one)

- 0 True
- 1 False
- 8 Refuse to

Answer

Q17. Your mother screams a lot. (Choose one)

- 0 True
- 1 False
- 8 Refuse to

Answer

Q18. Your mother puts you down or says bad things about you. (Choose one)

- 0 True
- 1 False
- 8 Refuse to

Answer

Q19. If you run into problems, your mother helps you out. (Choose one)

- 0 True
- 1 False
- 8 Refuse to

Answer

Q20. You enjoy spending time with your mother. (Choose one)

- 0 True
- 1 False
- 8 Refuse to

Answer

Appendix B

Monitoring Scale-Adolescent Version

The next several items will ask you how much your mother knows about your activities.

How often does your mother know:

- Q1. What you do during your free time? (Choose one)
- | | |
|---|------------------|
| 0 | Not at all |
| 1 | Rarely |
| 2 | Some of the time |
| 3 | Most of the time |
| 4 | Always |
| 8 | Refuse to Answer |

- Q2. Who you have as friends during your free time? (Choose one)

- | | |
|---|------------------|
| 0 | Not at all |
| 1 | Rarely |
| 2 | Some of the time |
| 3 | Most of the time |
| 4 | Always |
| 8 | Refuse to Answer |

- Q3. What type of homework you have? (Choose one)

- | | |
|---|------------------|
| 0 | Not at all |
| 1 | Rarely |
| 2 | Some of the time |
| 3 | Most of the time |
| 4 | Always |
| 8 | Refuse to Answer |

Q4. What you spend your money on? (Choose one)

0	Not at all
1	Rarely
2	Some of the time
3	Most of the time
4	Always
8	Refuse to Answer

Q5. When you have an exam or assignment due at school? (Choose one)

0	Not at all
1	Rarely
2	Some of the time
3	Most of the time
4	Always
8	Refuse to Answer

Q6. How you do on different subjects in school? (Choose one)

0	Not at all
1	Rarely
2	Some of the time
3	Most of the time
4	Always
8	Refuse to Answer

Q7. Where you go when out at night with friends? (Choose one)

0	Not at all
1	Rarely
2	Some of the time
3	Most of the time
4	Always
8	Refuse to Answer

Q8. What you do and where you go after school? (Choose one)

- 0 Not at all
- 1 Rarely
- 2 Some of the time
- 3 Most of the time
- 4 Always
- 8 Refuse to Answer

Q9. In the past month, how often has your mother had no idea where you were at night? (Choose one)

- 0 Not at all
- 1 Rarely
- 2 Some of the time
- 3 Most of the time
- 4 Always
- 8 Refuse to Answer

Appendix C.

Interaction Behavior Questionnaire-Coparent Questions

- Q21. Continue to think back over the last several weeks at home. These statements have to do with you and another person who parents you, besides your mother. Please tell us this other person's first and last initials now: _ _ _ _

Now, please tell us if you believe that each statement is mostly **true** or mostly **false** for you and this other person, who we'll refer to as your mother's "co-parent." Your answers will not be shown to your mother's co-parent or anyone in your family.

- Q22. This co-parent understands you. He or she knows where you are coming from. (Choose one)

0 True
1 False
8 Refuse to Answer

- Q23. When this co-parent and you fuss with each other, you end your fusses calmly sometimes. (Choose one)

0 True
1 False
8 Refuse to Answer

- Q24. This co-parent and you almost always seem to agree or get along okay with each other. (Choose one)

0 True
1 False
8 Refuse to Answer

- Q25. You enjoy the talks this co-parent and you have. (Choose one)

0 True
1 False
8 Refuse to Answer

- Q26. When you state your opinion, or say what you think, this co-parent gets upset. (Choose one)

0 True
1 False
8 Refuse to Answer

- Q27. At least three times a week, this co-parent and you get angry or fuss at each other. (Choose one)

0 True
1 False
8 Refuse to Answer

- Q28. This co-parent listens when you need someone to talk to. (Choose one)
- 0 True
1 False
8 Refuse to Answer
- Q29. This co-parent is a good friend to you. (Choose one)
- 0 True
1 False
8 Refuse to Answer
- Q30. This co-parent says you have no consideration or respect for him or her. (Choose one)
- 0 True
1 False
8 Refuse to Answer
- Q31. At least once a day this co-parent and you get angry or fuss at each other. (Choose one)
- 0 True
1 False
8 Refuse to Answer
- Q32. This co-parent is bossy when you talk. (Choose one)
- 0 True
1 False
8 Refuse to Answer
- Q33. This co-parent doesn't understand you or doesn't know where you are coming from.
(Choose one)
- 0 True
1 False
8 Refuse to Answer
- Q34. The talks this co-parent and you have are frustrating or they make you mad. (Choose one)
- 0 True
1 False
8 Refuse to Answer
- Q35. This co-parent understands what you mean even when he or she doesn't agree with you or see things the same way as you do. (Choose one)
- 0 True
1 False
8 Refuse to Answer
- Q36. This co-parent seems to always be complaining about you or talking bad about you.
(Choose one)
- 0 True
1 False
8 Refuse to Answer

- Q37. You think this co-parent and you get along very well. (Choose one)
- 0 True
 - 1 False
 - 8 Refuse to Answer
- Q38. This co-parent screams a lot. (Choose one)
- 0 True
 - 1 False
 - 8 Refuse to Answer
- Q39. This co-parent puts you down or says bad things about you. (Choose one)
- 0 True
 - 1 False
 - 8 Refuse to Answer
- Q40. If you run into problems, this co-parent helps you out. (Choose one)
- 0 True
 - 1 False
 - 8 Refuse to Answer
- Q41. You enjoy spending time with this co-parent. (Choose one)
- 0 True
 - 1 False
 - 8 Refuse to Answer

Appendix D

Supportive Adult Inventory

Today we have already asked you many questions about (coparent's name), the person who your mother identified as being most involved in raising you in addition to her. Now, we would like to know whether there are any other adults or family members, in addition to your mother and (coparent's name) who assist you in a variety ways.

Q1. Is there another adult or family member who you can ask to give you a ride when you need one?

Yes	No	Don't Know	Refuse to Answer	Not Applicable
1	0	7	8	9

Q11. Is there another adult or family member who you can ask for money when you need it?

Yes	No	Don't Know	Refuse to Answer	Not Applicable
1	0	7	8	9

Q21. Is there another adult or family member who you can talk to if you have a problem?

Yes	No	Don't Know	Refuse to Answer	Not Applicable
1	0	7	8	9

Q31. Is there another adult or family member who gives you advice?

Yes	No	Don't Know	Refuse to Answer	Not Applicable
1	0	7	8	9

Q41. Is there another adult or family member who you talk to when something good has happened to you?

Yes	No	Don't Know	Refuse to Answer	Not Applicable
1	0	7	8	9

Q51. Is there another adult or family member who compliments you when you do a good job?

Yes	No	Don't Know	Refuse to Answer	Not Applicable
1	0	7	8	9

Q61. Is there another adult or family member who helps you with your homework?

Yes	No	Don't Know	Refuse to Answer	Not Applicable
1	0	7	8	9

Appendix E

Child Behavior Checklist-Internalizing and Externalizing Problems

The following is a list of items that describe children and adolescents. For each item that describes your child now or within the past 6 months, please tell us whether the item is very true, somewhat true, or not true of your child. Please answer all items as well as you can, even if some do not seem to apply to your child.

- | | | |
|--|---|------------------|
| Q1. Drinks alcohol without parents' approval. (Choose one) | 0 | Not true |
| | 1 | Somewhat true |
| | 2 | Very true |
| | 8 | Refuse to Answer |
| Q2. Argues a lot (Choose one) | 0 | Not true |
| | 1 | Somewhat true |
| | 2 | Very true |
| | 8 | Refuse to Answer |
| Q3. There is very little he or she enjoys. (Choose one) | 0 | Not true |
| | 1 | Somewhat true |
| | 2 | Very true |
| | 8 | Refuse to Answer |
| Q4. Cries a lot (Choose one) | 0 | Not true |
| | 1 | Somewhat true |
| | 2 | Very true |
| | 8 | Refuse to Answer |
| Q5. Cruelty, bullying, or meanness to others (Choose one) | 0 | Not true |
| | 1 | Somewhat true |
| | 2 | Very true |
| | 8 | Refuse to Answer |
| Q6. Demands a lot of attention (Choose one) | 0 | Not true |
| | 1 | Somewhat true |
| | 2 | Very true |
| | 8 | Refuse to Answer |
| Q7. Destroys his or her own things (Choose one) | 0 | Not true |
| | 1 | Somewhat true |
| | 2 | Very true |
| | 8 | Refuse to Answer |

Q8. Destroys things belonging to his or her family or others (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q9. Disobedient at home (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q10. Disobedient at school (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q11. Doesn't seem to feel guilty about misbehaving (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q12. Breaks rules at home, school, or elsewhere. (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q13. Fears certain animals, situations, or places, other than school (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q14. Fears going to school (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q15. Fears he or she might think or do something bad (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q16. Feels he or she has to be perfect (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer

Q17. Feels or complains that no one loves him or her (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q18. Feels worthless or inferior (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q19. Gets in many fights (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q20. Hangs around with others who get in trouble (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q21. Would rather be alone than with others (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q22. Lying or cheating (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q23. Nervous, highstrung, or tense (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q24. Nightmares (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q25. Constipated, doesn't move bowels (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q26. Too fearful or anxious (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer

Q27. Feels dizzy (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q28. Feels too guilty (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q29. Overtired (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q30. Aches or pains, (not stomach or headaches), without a known medical cause (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q31. Headaches, without a known medical cause (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q32. Nausea, feel sick, without a known medical cause (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q33. Problems with eyes, (not if corrected by glasses), without a known medical cause (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q34. Rashes or other skin problems, without a known medical cause (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer

- Q35. Stomachaches or cramps, without a known medical cause (Choose one)
- 0 Not true
1 Somewhat true
2 Very true
8 Refuse to Answer
- Q36. Vomiting, throwing up, without a known medical cause (Choose one)
- 0 Not true
1 Somewhat true
2 Very true
8 Refuse to Answer
- Q37. Physically attacks others (Choose one)
- 0 Not true
1 Somewhat true
2 Very true
8 Refuse to Answer
- Q38. Prefers being with older kids (Choose one)
- 0 Not true
1 Somewhat true
2 Very true
8 Refuse to Answer
- Q39. Refuses to talk (Choose one)
- 0 Not true
1 Somewhat true
2 Very true
8 Refuse to Answer
- Q40. Runs away from home (Choose one)
- 0 Not true
1 Somewhat true
2 Very true
8 Refuse to Answer
- Q41. Screams a lot (Choose one)
- 0 Not true
1 Somewhat true
2 Very true
8 Refuse to Answer
- Q42. Secretive, keeps things to self (Choose one)
- 0 Not true
1 Somewhat true
2 Very true
8 Refuse to Answer
- Q43. Self-conscious or easily embarrassed (Choose one)
- 0 Not true
1 Somewhat true
2 Very true
8 Refuse to Answer

Q44. Sets fires (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q45. Sexual problems (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q46. Shy or timid (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q47. Steals at home (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q48. Steals outside the home (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q49. Stubborn, sullen, or irritable (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q50. Sudden changes in mood or feelings (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q51. Sulks a lot (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q52. Suspicious (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q53. Swearing or obscene language (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer

Q54. Talks about killing self (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q55. Teases a lot (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q56. Temper tantrums or hot temper (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q57. Thinks about sex too much (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q58. Threatens people (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q59. Smokes, chews, or sniffs tobacco (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q60. Truancy, skips school (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q61. Underactive, slow moving, or lacks energy (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q62. Unhappy, sad or depressed (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer
Q63. Unusually loud (Choose one)	0	Not true
	1	Somewhat true
	2	Very true
	8	Refuse to Answer

- Q64. Uses drugs for nonmedical purposes, (don't include alcohol or tobacco) (Choose one)
- 0 Not true
 1 Somewhat true
 2 Very true
 8 Refuse to Answer
- Q65. Vandalism (Choose one)
- 0 Not true
 1 Somewhat true
 2 Very true
 8 Refuse to Answer
- Q66. Withdrawn, doesn't get involved with others (Choose one)
- 0 Not true
 1 Somewhat true
 2 Very true
 8 Refuse to Answer
- Q67. Worries (Choose one)
- 0 Not true
 1 Somewhat true
 2 Very true
 8 Refuse to Answer

Appendix F

Rosenberg Self-Esteem Scale

The following items deal with your general feelings about yourself. Please tell us the extent of your agreement or disagreement with each statement. Your answers may range from **strongly disagree** to **strongly agree**.

- | | | |
|---|---|-------------------|
| Q1. On the whole, I am satisfied with myself. (Choose one) | 1 | Strongly disagree |
| | 2 | Disagree |
| | 3 | Agree |
| | 4 | Strongly agree |
| | 8 | Refuse to Answer |
| Q2. At times, I think I am no good at all. (Choose one) | 1 | Strongly disagree |
| | 2 | Disagree |
| | 3 | Agree |
| | 4 | Strongly agree |
| | 8 | Refuse to Answer |
| Q3. I feel that I have a number of good qualities. (Choose one) | 1 | Strongly disagree |
| | 2 | Disagree |
| | 3 | Agree |
| | 4 | Strongly agree |
| | 8 | Refuse to Answer |
| Q4. I am able to do things as well as most other people. (Choose one) | 1 | Strongly disagree |
| | 2 | Disagree |
| | 3 | Agree |
| | 4 | Strongly agree |
| | 8 | Refuse to Answer |
| Q5. I feel I do not have much to be proud of. (Choose one) | 1 | Strongly disagree |
| | 2 | Disagree |
| | 3 | Agree |
| | 4 | Strongly agree |
| | 8 | Refuse to Answer |
| Q6. I certainly feel useless at times. (Choose one) | 1 | Strongly disagree |
| | 2 | Disagree |
| | 3 | Agree |
| | 4 | Strongly agree |
| | 8 | Refuse to Answer |

- Q7. I feel that I'm a person of worth, at least on an equal plane with others. (Choose one)
- 1 Strongly disagree
 - 2 Disagree
 - 3 Agree
 - 4 Strongly agree
 - 8 Refuse to Answer
- Q8. I wish I could have more respect for myself. (Choose one)
- 1 Strongly disagree
 - 2 Disagree
 - 3 Agree
 - 4 Strongly agree
 - 8 Refuse to Answer
- Q9. All in all, I'm inclined to feel that I am a failure. (Choose one)
- 1 Strongly disagree
 - 2 Disagree
 - 3 Agree
 - 4 Strongly agree
 - 8 Refuse to Answer
- Q10. I take a positive attitude toward myself. (Choose one)
- 1 Strongly disagree
 - 2 Disagree
 - 3 Agree
 - 4 Strongly agree
 - 8 Refuse to Answer

Appendix G.

Alcohol Use

How old were you when you had your first drink of alcohol, other than a few sips? A drink is 1 can or bottle of beer, 1 glass of wine, 1 bottle of wine cooler, 1 cocktail, or 1 shot of liquor.
(Choose one)

- 0 I have never had a drink of alcohol other than a few sips
- 1 8 years old or younger
- 2 9 or 10 years old
- 3 11 or 12 years old
- 4 13 or 14 years old
- 5 15 or 16 years old
- 6 17 years old or older
- 8 Refuse to Answer

Appendix H.

AAFACT Qualitative Semi-Structured Interview Guide

Today I'm going to be asking you about your relationships with adults, besides your mother and father. I will begin by asking you to identify who these adults are, including the person your mother identified as your coparent, _____. Then, I will ask you about what those relationships mean to you, including how and why they are helpful and times when they may be disappointing. Lastly, I will ask you about the types of help you receive from other people and who helps you in those ways. You can stop the interview at any time or skip any questions that make you feel uncomfortable.

Social Mapping

Show the participant the Social Map. This paper represents your relationships with supportive adults, besides your mother and father. I am going to put your name in the innermost circle. Then I would like you to name all the non-parental adults who are helpful to you. For each person I want you to also tell me how close your relationship is with that person. If you consider your relationship to be very close to you, I will put those people in the circle closest to your name, if the relationship is somewhat or "kind of" close to you, I will put those people in the middle circle, and if your relationship with this person is "not so" close, but you still consider them to be helpful to you, I will put their name in the outermost circle. So who are the adults, other than your mother and father, who are helpful to you?

Interview About Supportive Non-Parental Adults

Now I am going to ask you your opinions and ideas about adults who are helpful, other than your mother or father.

1. Do you think it is important for single-mothers to have someone helping them out, as far as taking care of the house and their children? Why?
2. How has the coparent identified by your mother been helpful to you and your family? Why is that helpful?
3. How is your relationship with your coparent different from your relationship with your mother?
4. Do you ever get upset with your coparent? If so, how does your relationship get back to normal or how do you two "get over it"?
5. How has your relationship with this coparent changed over time?
6. Have you had different coparents over time?
7. Do you have more than one coparent?

8. Now let's move onto other adults besides your mother, father and coparent. You named _____, _____, and _____ (*list all the other adults*) as being adults who are helpful to you. How is (1st adult named) helpful to you? Why is that helpful?

9. How is your relationship with (1st adult named) different from your relationship with your mother? How is your relationship with (1st adult named) different from your relationship with your coparent?

10. Do you ever get upset with (1st adult named)? If so, how does your relationship with (1st adult named) get back to normal or how do you two "get over it"?

11. How was your relationship with (1st adult named) changed over time?

12. You also named (2nd adult named) as someone who is helpful to you. How is (2nd adult named) helpful to you? Why is that helpful?

13. How is your relationship with (2nd adult named) different from your relationship with your mother? How is your relationship with (2nd adult named) different from your relationship with your coparent?

14. Do you ever get upset with (2nd adult named)? If so how does your relationship with (2nd adult named) get back to normal or how do you two "get over it"?

15. How was your relationship with (2nd adult named) changed over time?

Move on to asking about each additional adult named.

16. How are your relationships with your coparent, and *name all the other adults*, different from your relationships with peers? Are there any things you like better about your relationship with these adults than your relationships with peers? Things that are worse?

17. Some teens who live with their moms don't have a relationship with their fathers, others have a close relationship with their fathers, and some have relationships that are somewhere in between. How is your relationship with your father? How are your relationships with your coparent, and *name all the other adults*, different from your relationship with your father?

18. Overall, do you think adults outside of your biological mother and father have made a significant impact on you and/or your life?

IF YES: A. Have they made an impact in a positive way? If so, what has changed about you and/or your life? Why do you think other adults, outside of your biological parents, were able to make a difference? Which adults have made a significant positive impact on you and/or your life?

- B. Have they made an impact in a negative way? If so, what has changed about you and/or your life? Why do you think other adults, outside of your biological parents, were able to make a difference? Which adults have made a significant negative impact on you and/or your life?

If NO: Why do you think other adults, outside of your biological parents have not made a significant impact on your life?

19. When it comes to teens receiving the help they need, do you think it is more important who helps teens, for example if it is peers, non-family adults or family adults, or that they receive help when they need it? Why?

20. Does it make a difference how old the adults are? Why?

21. Does it make a difference what gender the adults are? Why?

22. If a teen does not have a good relationship with his or her primary caregiver, do you think that other adults can “make up” for that relationship? In other words, if a teen has a good relationship with other adults, can he or she be happy, healthy, and successful even if he or she doesn’t have a good relationship with his or her mom?

Diagramming Types and Sources of Support

Now I am going to ask you about different types of help that adolescents typically receive from others. This time I want you to think about help you receive from all the adults in your life, such as from your mother, father, coparent and other adults. I am going to ask you about each type of support, one at a time, using a pie chart to represent each type of support. For each type, I want you to tell me who helps you the most and what percentage of help you receive from that person. Then we will go to the person who is the second most helpful in that way and so on. I will ask you to tell me what part of the pie chart should be filled for each person who is helpful to you.

Let’s start with Help Dealing with Emotions. Other people can help us deal with our emotions in a variety of ways, such as by listening to us talk about our feelings, telling us how they deal with their feelings, or by helping distract us from negative feelings. What kind of Help Dealing with Emotions do you receive from adults? Name all the adults in your life who help you with your emotions. Out of all those adults, who helps you with your emotions the most? If this circle represents the help with emotions you receive from other people, what percentage of the help you receive comes from that person? *If the adolescent seems to have difficulty assigning a percent, ask her/him to think of the last 10 times s(he) received help with emotions from an adult, and how many of those times came from the person named as providing the most help.* Okay, now I am going to fill in a section that matches that percent. *(After filling in the section in the pie chart, and writing in the percent)* Does that look about right? Now, who helps you the second most with your feelings? What percentage of help you receive with your emotions comes from that person? I am going to fill in a section that matches that percent. *(After filling in the section and writing in the percent)* Does that

look about right? *Continue until you have asked about each person named as providing Help Dealing with Emotions.*

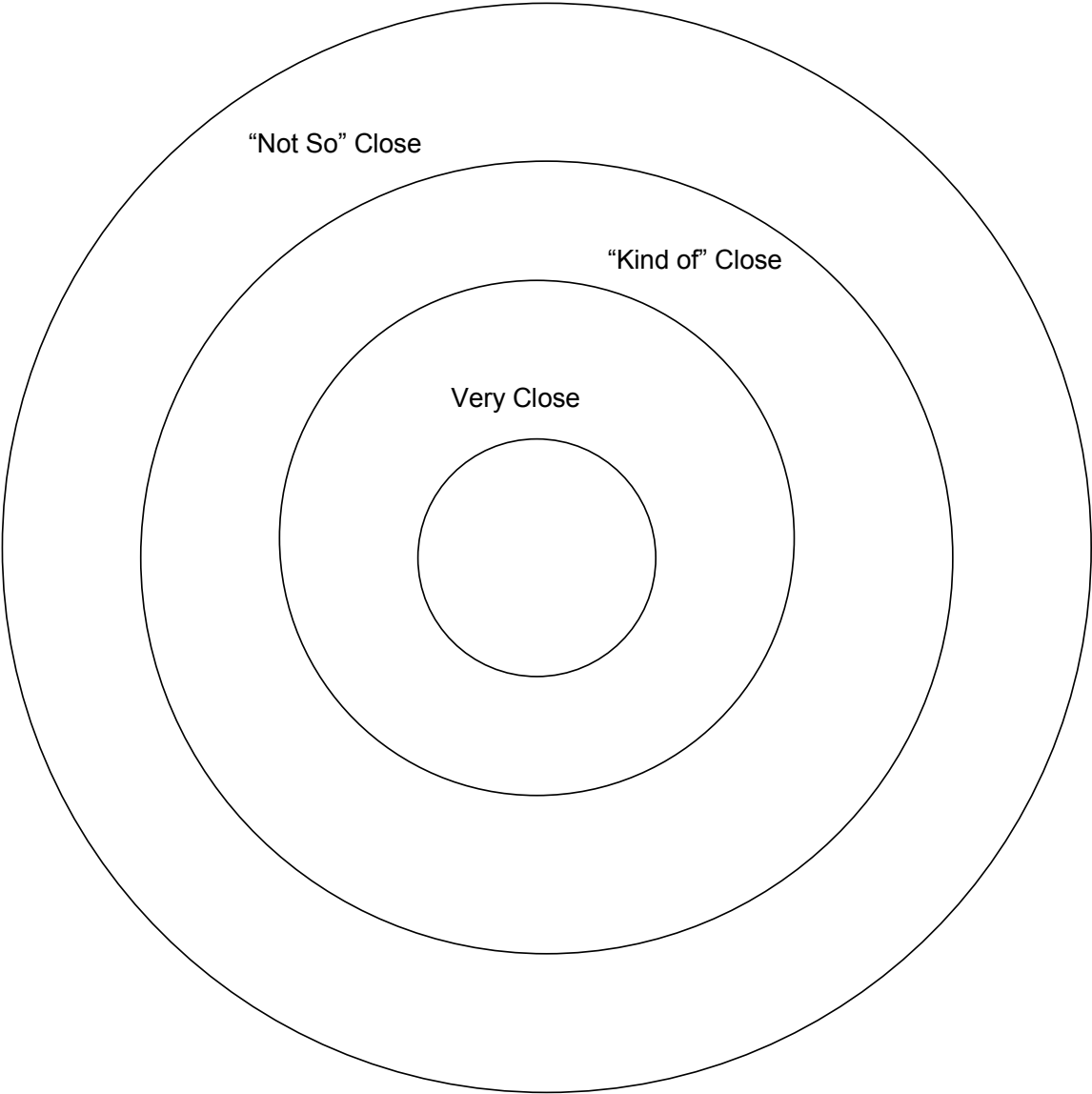
Next, let's talk about Concrete Help. Concrete help refers to things people actually give you that you can touch or feel, such as money, clothes, food, school supplies, games. What kind of Concrete Help do you receive from adults? Name all the adults in your life who give you Concrete Help. Out of all those adults, who gives you the most concrete help? What percentage of the concrete help you receive from adults comes from that person? I am going to fill in a section that matches that percent. *(After filling in the section and writing in the percent)* Does that look about right? *Continue on asking about each adult, from who gives the most Concrete Help to the least, and what section of the pie chart and corresponding percent each person gives.*

Another way that people can help us is by giving us Advice, such as advice about school, how to handle problems in our relationships with friends or family, or how to reach our goals in the future. What kind of good advice do you receive from adults? Name all the adults in your life who give you Advice that you think is good and that you consider when making decisions, in other words advice that you "take to heart." Out of all those adults, who gives you good advice most often? What percentage of the good advice you receive from adults comes from that person? I am going to fill in a section that matches that percent. *(After filling in the section and writing in the percent)* Does that look about right? *Continue on asking about each adult, from who gives the most good Advice to the least, and what section of the pie chart and corresponding percent each person gives.*

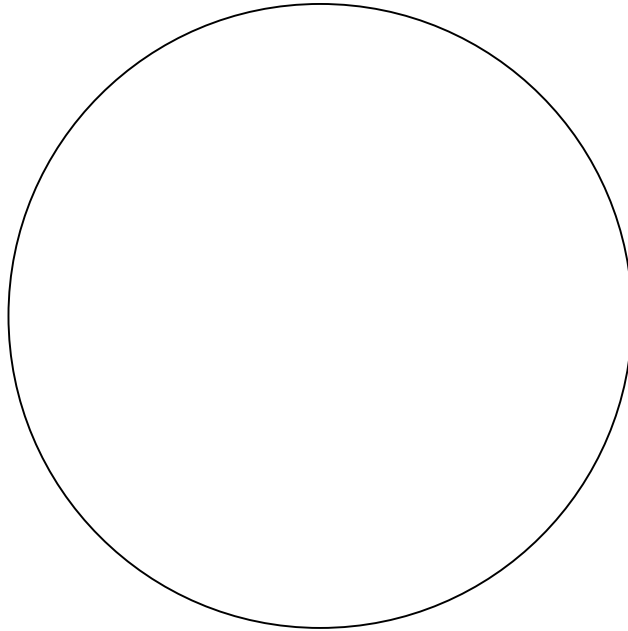
People can also help us by giving us Encouragement, which can include them saying they believe in us, that we can accomplish a goal, or that they are proud of us for something we've already done. What kind of encouragement do you receive from adults? Name all the adults in your life who give you Encouragement. Out of all those adults, who gives you the most encouragement? What percentage of the encouragement you receive from adults comes from that person? I am going to fill in a section that matches that percent. *(After filling in the section and writing in the percent)* Does that look about right? *Continue on asking about each adult, from who gives the most Encouragement to the least, and what section of the pie chart and corresponding percent each person gives.*

Finally, is there another type of help you receive from adults that is important to you? If so I will write it on the blank line on the top of this circle. Name all the people who help you in this way. Out of all those adults, who gives you the most_____? What percentage of the _____you receive from adults comes from that person? I am going to fill in a section that matches that percent. *(After filling in the section and writing in the percent)* Does that look about right? *Continue on asking about each adult, from who gives the most in this way to the least, and what section of the pie chart and corresponding percent each person gives.*

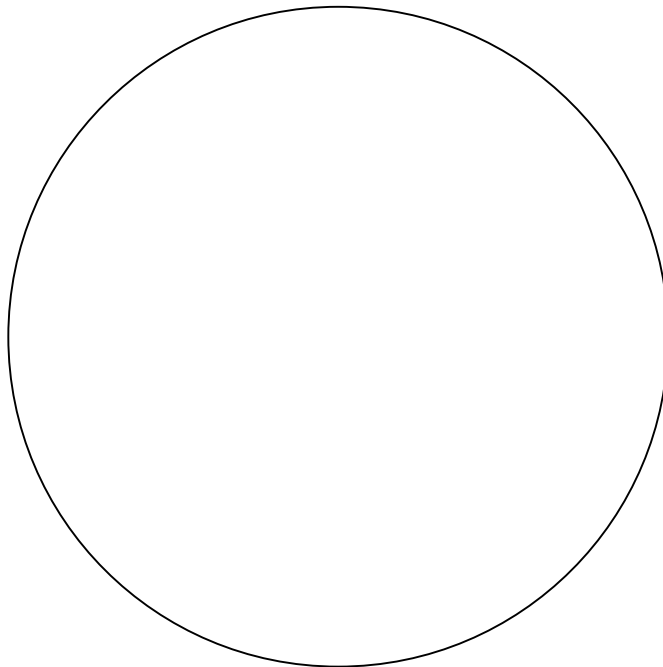
Map of Helpful Adults



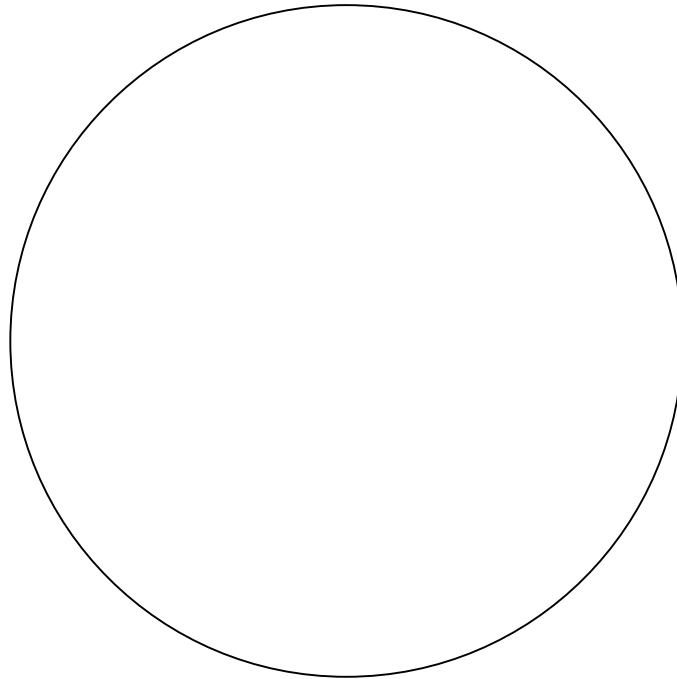
Help Dealing With Emotions



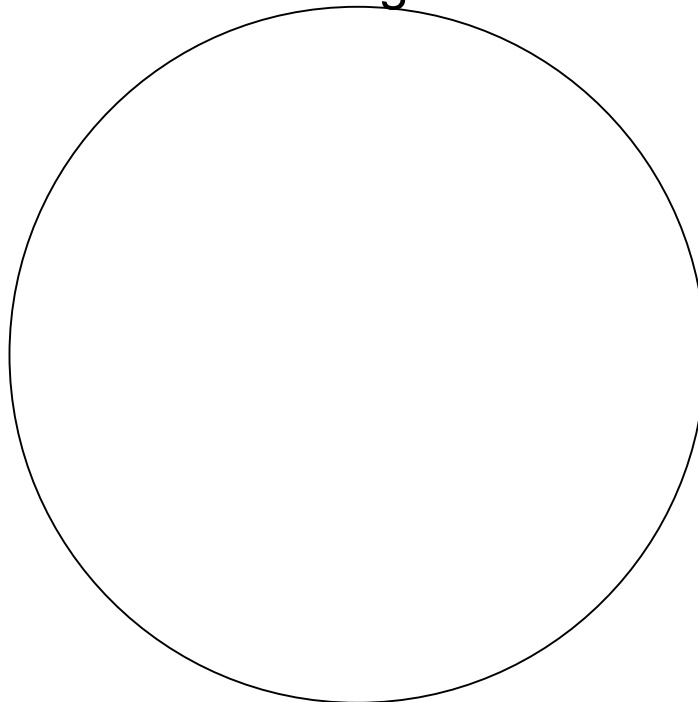
Concrete Help

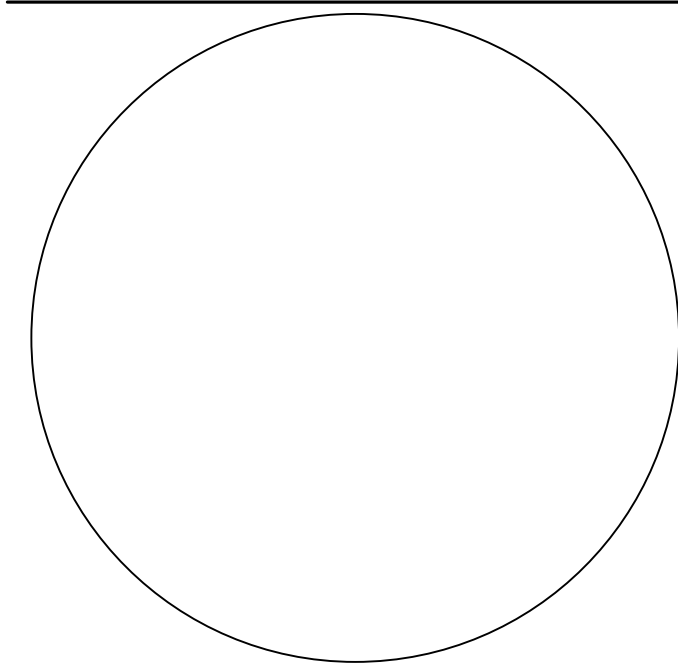


Helpful Information



Encouragement





Appendix I.

Themes Emerging from Qualitative Coding

Adolescent Characteristics. Participants described ways in which their own characteristics also affect the relationships they have with coparents and SNPA's. The characteristic mentioned most often was adolescent age. Many adolescents reported that younger children need more care from coparents and SNPAs than older children. For example, Jason, said "At certain ages they might need more help than others. Like when they get towards my age or like 16 and up they can pretty much, the kids should be able to start taking care of themselves, and taking care of things around the house. So, there wouldn't need to be as much help with that." The adolescents also mentioned that, as a result of their own maturation, their relationships with coparents and SNPAs involved having more mature conversations, having greater trust in each other, and having relationships characterized by greater mutuality. Ryan said of his relationship with his mentor, "Well its changed uh because we both got more mature. I've taught him things he didn't know, he's taught me things that I didn't know."

Biological Father. The participants discussed their relationship, or lack thereof, with their biological fathers, both in response to questions by the interviewer and spontaneously. Most adolescents said they have a poor or non-existent relationship with their father. In addition, when asked to compare their relationships with their fathers to their relationships with their coparents and SNPA's, many adolescents said their relationships with these adults are better than their relationship with their fathers. For example, Ryan, said, "I guess you can say I feel more comfortable around my helpful adults than my biological father. I haven't seen him in 14 or 15 years, or how

ever long I've been you know on this planet. I haven't seen him in a long time and I can go to my helpful adults for pretty much anything ...I guess you can say that I would probably just feel uncomfortable talking to him or asking for anything." Another adolescent, Ben said, "I see it as kinda...disheartening to have other people, I guess, care about me more than my own dad. I'm not saying he doesn't care about me, just, probably not as much as other people. He'll get me—he'll buy me stuff, and clothes and stuff, but it doesn't really bring happiness. Material possessions can only make you feel so happy."

In addition, a few adolescents stated that one way in which coparents and SNPA's are helpful is in helping them cope with their strained relationships with their fathers. For example, Michelle said about her grandmother's help when she is having difficulties with her father, "It is helpful because she's my dad's mother, so she knows him, so I could talk to her and she could just give me advice on like how to handle it." Thomas described an adult cousin being helpful in this way, "Kevin and I, our relationship is close because he knows, he's been through what I'm going through now so he's kind of pushing me along like ok it will be alright you don't need a father, my mom taught me how to shave and I'm doing perfect."

Biological Mother. The adolescents also discussed their relationships with their mothers and how those relationships compared to or affected their relationships with other adults. For example, they tended to say that various attributes of mothers, such as their income and how emotionally "strong" they are, as well as the ages and number of children they have determines how much adolescents need help from another adult. For example, Anthony said, "Well it depends on how strong the single

parent is like for example, like my mom, yea, like I feel as if I could be the man of the house and help out and stuff so I don't feel as if she has to have someone but if the parent's like not that strong or not that stable with their kids or anything, yea, they should."

Other adolescents said all adolescents need help outside of their mothers.

Keisha said, "I feel like every teenager needs some guidance in their life besides their parents. Like someone different." In addition, some male adolescents, said they would talk to male SNPA's about different topics than they would talk to their mom's about. Tyrone provided this example of a topic he would discuss with his uncle but not his mother, "Like, I would take about girls to him but not to my mom."

Also, some adolescents said SNPA's can relate to them better than or aren't as strict as their mothers. Diana discussed differences between her communication with her aunt and her mother, "Talking to my mom about sex is just mm-mm [no] But talking to her about it, you know, it's like, okay, like I was saying, she can give, you know, like the mom perspective, like okay, 'You need to be on birth control, you need to be using condoms, you know don't let anybody pressure you,' but then it's like, you know, she's also, like, the aunt, you know and she can understand if I have like a slip-up then you know instead of like, 'Oh, why are you messin with him?' it's just like, 'Well Diana, you know, I hope you learned your lesson'." Some adolescents discussed differences in personality traits between their mothers and coparents and SNPAs. Lisa compared her mother's personality to her grandmother's, "Well, I rather talk to my grandmother than my mom cause my grandmother is a little bit more easy going than my mom is."

On the other hand, other adolescents said they can talk to their mothers about more personal topics than those they discuss with coparents and SNPAs. Melissa said, "um, I really don't talk to my godmom like I talk to my mommy. I tell my mom lots of things, and I really don't—I can't really go to my godmom and be like 'hey godmom, guess what?' I really can't do stuff like that." In addition, some adolescents said that, out of the adults in their lives, their mothers had the biggest influence on them. Camille said, "They have influenced me but since I'm around my mother all the time she pretty much has shaped me." Many adolescents also said that no one could take the emotional or psychological place of a mom. Ashley said, "A woman and her child have a special bond that no other adult can have with that child. So like if you don't have a good relationship with your mother, no one else is going to fill that void."

Coparent and SNPA Characteristics. The adolescents described a variety of coparent and SNPA characteristics as being important to their relationships. Most adolescents said that there are benefits to both younger and older coparents and SNPAs. Younger coparents and SNPAs were typically described as being helpful because they are easier to relate to and non-judgmental. For example, Keisha said her coparent is helpful because she "is more closer to my age. She's like in her 20's. So um, I guess she understands me more because she's closer to my generation." Adolescents also said they saw the benefits of coparents and SNPAs who were older. When asked if older or younger adults were more helpful, Tiffany said, "I think maybe older adults cause they've been through more stuff so they can probably help you out more than somebody younger who probably don't know much more than you know." Similarly to coparent and SNPA age, most adolescents stated that there were benefits to both

genders of helpful adults. Michelle said, "Like, if I'm havin' a problem with another girl at school it'd probably just be easier to go to my grandma since she's a female too and she's probably been through that than with my uncle." When asked whether males also could be helpful she said, "Yes. They could be more helpful with like, if you're playing a sport or something they can give you pointers or help you with that."

Participants also described personality characteristics that they found helpful in coparents and SNPAs, such as being "laid-back," smart or funny. Jason said, "Uncle Sam always lends a good piece of advice whenever I need to talk to somebody. He's always good. He's the laid back one out of the brother's and sisters. My mother's brothers and sisters." A few adolescents also described their gratitude for coparents and SNPA's who demonstrate firmness. Camille described her uncle in this way, "He's just tough. Just straight up tough. And he brings nothing but toughness to the family. And he's hard on us and he makes sure that we do good.... He was in the military so he has that military frame of mind ...at first I didn't like it though if I'ma be honest but I got over it. I knew that I needed it so it was good."

Coparents and SNPAs who have certain jobs, for example, chefs, teachers, radio personalities were also described as being helpful. Ryan said about his mentor, "he's a radio uh person and he's part of the radio cast and he has football section and basketball section so we can talk about those things better than I can talk to my mom." Marvin said, "Um. My uncle ...he's really in to native history and African American studies. And I remember when I was taking a class, in eighth grade, African American studies, and I needed his advice on this book, cause he's a professor and he really knows how to write and he knows basically how to write and I

was asking him if he could proofread my paper and it was for like this little essay contest. And so I let him proofread my paper and we got that situated and we talked and he told me what I needed and all that kind of stuff. And um. I took that, I finished my final draft and I took that in and I actually won that little contest.”

Coparent and SNPA Impact. Coparents and SNPA's were perceived by the adolescents as having a variety of types of impact on their lives, from emotional to more concrete effects. For example, participants discussed coparents and SNPAs having an impact on their psychological functioning such as, keeping them more focused on school, cheering them up, keeping them calm, and keeping their “head on straight.” For example, Lisa said, “Yes, my mentor um helped me focus more on school when she came cause I wasn’t really focused on school. I was worried about other things. So now I’m more focused about graduating and going to college cause before I wasn’t really thinking about going to school after high school.” For Stacy, who was partially raised by her aunt, she credits her aunt with showing her “right from wrong.” Other adolescents said that their SNPA's kept them from feeling sad at events at which a biological parent was supposed to be. Diana said the following about her grandmother, “It could be as small as, like, taking me to cheerleading practice or picking me up, or you know if I had a performance or something and [my mother] couldn’t be there, then she would be there. So I think it’s like, it’s very helpful, because I think if she hadn’t been there then I would have felt, like, forgotten or you know like [my mom] just didn’t want to do it but because my grandmother was there, it wasn’t that bad, you know, I didn’t feel—you know, it’s like, when the child doesn’t

have somebody there and everybody else has their mom or somebody there you know they feel like bad and by themselves, so she helped a lot.”

More tangible effects of coparents and SNPAs were also felt such as transporting the adolescents places on time, giving them supplies, helping them improve their grades, showing them how to do things and exposing them to new experiences. Ryan, said of his mentor, “People need to be open to new opportunities and new things so they can get further in life and have more experience in life. And uh with him he helps me out a lot with that cause I think just two summers ago- I like [Removed to protect confidentiality] University in South Carolina and he took me down there so I can look at the stadium and now he uh he has connections with so many people that I don’t even know. He called up one of his old friends ...and now we have tickets to go see [Removed to protect confidentiality] and [Removed to protect confidentiality] play. So I mean its just new opportunities that I’m open for.”

Importantly, on the other hand, Jennifer described a negative interaction with her coparent, an aunt with whom she lived previously, as helping her to focus on school work, “when I’m upset I go study honestly for some reason. So like if she were to upset me I would just go in my room and study. I guess it’s kind of weird but it worked.” In addition, two participants, Camille and Jason, said that even though her coparent and SNPA's have influenced them, it was mostly her mother who influenced them.

Coparent and SNPA Support. The adolescents described several types of support provided by coparents and SNPAs. Although social support types have been defined in the broader social support literature, consistent with the inductive focus of the qualitative portion of this study, the types of support were coded using a grounded

theory approach, with the themes emerging from the reports of the adolescents, as opposed to being imposed by previous theory. Eight types of support emerged from the interviews. *Emotional Support* was defined as the active provision of comfort or reassurance. For example, Camille said about her grandmother, “She’s more for support-wise. She will talk to you, support you, you having trouble just call her. She’ll get you through it nine times out of ten.” *Informational Support* included the provision or sharing of guidance, advice, knowledge, or lessons learned from experience. Ben described an uncle being helpful in the following way, “Always giving me good advice on how to live life and always telling me to watch out for my mom and do the best I can, don’t get into any of this foolishness that we have today, stuff like that...Like the stereotypes of all races, don’t fall into that, be your own man, um, look at Barack Obama for inspiration, other great people who have done good things.” *Engaging in Shared Activities* describes situations in which adolescents and coparents or SNPA’s spend time doing activities together, such as watching sporting events or shopping. For example, Michelle said, “me and my uncle we both love to eat, and so we both like, if he wants to go somewhere and I do too, he doesn’t mind driving out, but my mom on the other hand doesn’t, so we just both share that.”

Academic Help involves the provision of advice or assistance with homework, tests, or planning for future academic endeavors. Camille said about her aunt, “she’s a teacher so when it comes down to education. You know she can help grade things, papers, stuff like that, math homework.” *Esteem Support* refers to recognizing and communicating youth’s strengths, competencies, or beneficial personality traits. Tyrone said of the leader of an after-school program, “She knows I’m a good, a good

guy really. And she wants to help me do good or something like that. *Instrumental Support* includes the provision of concrete materials or aid. For example, Tiffany said of an aunt, “Because she sometimes, like when I have to stay after school she’ll pick me up or if I have to go somewhere she’ll take me.” *Structure/Redirection* refers to the communication of feedback regarding an adolescent’s behavior in an attempt to alter it. Melissa described actions taken by a woman she knows through church activities in this way, “She, um, puts me in my place, like when I’m wrong. Cuz some people don’t—some people won’t be honest with you. Like when you’re wrong, you’re wrong and you always need someone who is going to tell you when you’re wrong, you’re wrong, and she always does that.” Finally, *Motivational Support* includes communication by coparents and SNPA’s that encourages adolescents to stay focused on achieving goals. Lisa said the following about her grandmother, “Yea, she’s trying to get me out of high school too. She wants me to be better than what she said her and my mom are.”

Difficult Times. Discussion of difficult times was another theme that emerged during the interviews and took on various forms including difficult times experienced by the adolescents, their mothers, coparents or SNPA’s. Many adolescents referenced difficulties they experienced when describing ways in which coparents and SNPA’s are helpful, such as Jason who described an adult cousin in the following way, “You know, like I can be going through issues and stuff and all I have to say is ‘this such and such happened’ and she’ll be like ‘ok, I understand. I’ll back off and give you your space,’ or talk to you about it and be like ‘you should do this and this and this.’”

Some adolescents discussed difficulties single mothers experience. Camille, said, “Yes, cuz cuz its hard. To have children and raise them on your own, and juggle a

job, juggle bills too all by yourself. It gets hard so I think she needs somebody to help her.” A few adolescents also discussed ways in which hearing or learning about struggles coparents and SNPA’s experienced provided them with helpful information. Tamika said, “Kim also does the same. She tells us about how she struggled because she had um my friend’s brothers at a young age at a very young age and how she didn’t um graduate from college and so on and so forth. But um, she was telling us if we want our lives to be better for ourselves then we’ll have to complete college and like start our own lives.”

Knowledge of Other Adolescents. Some adolescents also reported knowing other adolescents who had relationships with adults outside of their biological parents. For example, Thomas described the difference between having a one-on-one relationship with non-parental adults and having more superficial relationships with adult leaders of programs, “Myself and my other friends they had people side by side like ‘ok you need to keep going in this path, don’t go this way, don’t go that way’ unlike the other people they don’t have [that] other than their parents and the little programs so I guess they’re not really getting nothing out of it.” Diana said, “Well my best friend, her mentor, like she really loves her, um, because she got her, like involved in so much stuff.. you know, got her a scholarship to school, and helped her, ...like get a good job and everything.”

Multiple Coparents. The interviewer asked all participants whether, during the course of their lives, they had had multiple coparents, whether simultaneously or sequentially. Sixteen of the 20 adolescents indicated that they had multiple coparents, with 12 indicating that at some time during their lives they had multiple coparents at

the same time. For example, Jennifer, said, “Um, my uncle John was there too, it was his house too that I was living in.” Marvin, said, “Yes, yes, I would say that I have more than one.” When asked how many he has in total, he said, “Um. There’s so many. I would probably just say like 10.”

Need for Coparent and/or SNPA Involvement. The idea of having a need that was filled by coparents and SNPAs was an additional theme that emerged. Some adolescents described coparents and SNPAs providing instrumental support that was needed because their mother was temporarily unable to provide the service, such as housing the adolescent, babysitting younger siblings, attending at an event where biological parents usually attend. For example, Stacy, said, “Like I have a bond with my mother too but its just a different bond cause for those years that my mother wasn’t there my aunt had to step in and take her place.” Some adolescents also discussed talking to coparents and SNPAs when they felt they could or did not want to talk to parents. Tamika, said, “Like she buys me things that I need and she talks to me. Me and my mom don’t really talk and she, I mean she might buy me something every now and then if I absolutely need it but we don’t really talk at all.” Other times it seems that the adolescents discussed having a more abstract need that is not possible for a mother to fill, including the needs for an outside perspective or someone to vent to about problems within the adolescent’s nuclear family. Keisha said, “Um, because I feel like every teenager needs some guidance in their life besides their parents. Like someone different...because I would say parents are kind of biased. They want the best for their teens and they only give them one side and that’s the side that be like good and everything, but a mentor would be like oh well you should do whatever you feel is

right.” In addition, some male adolescents said they need advice from a man. For example, Jason, said, “He taught me more about guy stuff. It’s always that. My mother can’t talk about that.” One adolescent Ryan clarified that although he receives advice from his coparent and SNPAs, he doesn't really "need" advice from all those people.

Psychological Role. Many adolescents described a psychological role, or a role that did not involve the provision of help but was a mental construct or representation of a coparent or SNPA. Two psychological roles emerged:

Psychological Relational Role and Aspirational Role. Adolescents frequently utilized the language of relational roles when describing what coparents and SNPA's meant to them, employing mostly familial roles like a mother, sister, father, etc but also non-familial roles, such as teacher, boss, mentor etc. Stephanie said of a friend of her mother’s, “Um, well he’s like the father figure kind of. Um, he just understands me I guess since I’m a teenager and he also gives me advice on boys of course and college.” Tyrone said, “He, he’s kind of like a boss type person.” Importantly, a higher proportion of male adolescents mentioned a coparent or SNPA acting as a father figure than female adolescents. Five of the eight male adolescents described someone as a “father figure” with an additional boy describing a couple as his “fun parents,” whereas two of the twelve girls described someone as a father figure. Importantly, one male, Jason, said that boys tend to seek out a person to act as a father figure, “It’s possible to raise a son without there being a father in there, but they’re going to get attached to some man in their life whether it be good or bad. You just hope that that man is setting a good example.” In contrast, male and female adolescents were equally as likely to say that a coparent or SNPA was like a “second mother” to them. Five of the twelve

females described a coparent or SNPA as a second mother and three of the eight males used this phrase, with a fourth male, mentioned previously, describing a couple as his “fun parents.”

Also, as discussed under the code Biological Mother, several adolescents said the role a mother plays is unique and can not be replaced. However, two adolescents said they were functioning adequately without a strong relationship with their mothers. Stephanie said, “I mean, it’s like, sometimes you do long for that relationship with your mom, but because you have other people there, it’s just like, it’s okay.”

Secondly, many adolescents discussed some coparents and SNPAs acting as role-models or providing them with examples of ways they would like to live their lives in the future. Adolescents also discussed coparents and SNPAs serving as role-models or aspirations figures. For example, Ben said, ‘cause he’s a doctor and he really likes what he does, and it just gives me a little inspiration to be the best at whatever I want to be.”

Relationship Changes. Adolescents also discussed changes in their relationships with coparents and SNPAs. Adolescents described most relationships as getting closer as they aged while other relationships were described as not changing. Melissa said about a friend of the family who is her coparent, “um, I think as I got older I probably talked to her more, trusted her more, and the things we talked about, could have like, the levels of things we talked about got higher, I guess higher and higher.” A couple adolescents also said they started divulging more information to coparents and SNPAs as they grew older. Marvin, “It has changed because now, I remember when I was little I really didn’t talk to her as much but now I started to open up because

I used to be really shy, so I started opening up with other people because she's given me advice and opportunities that open doors for me." Some relationships grew closer when the SNPA's moved geographically closer to the adolescents. Keisha said of her relationship with her grandparents, "Um, well since they moved to North Carolina from New York we've gotten much closer. I see them a lot more than I did when they were in New York."

On the other hand, some adults became less involved over time. Lisa said that when her mentor was more involved her grandmother became less involved, "When I had a mentor my grandmother like she was there but she wasn't there as much. [Now] Yea, I guess my grandmother fell in the place of her, but she isn't my mentor anymore." Malcolm said, "And it's like, it's harder for you too (mhm). It feels the old days would be better when we was younger. ...And it's like everybody just got more love back then."

Relationship Characteristics. The final theme that emerged was the broad theme of Relationship Characteristics, with adolescents discussing several aspects of their relationships with coparents and SNPA's. The codes *coparent* and *SNPA* were used on passages of text pertaining to coparents and SNPAs, respectively. The code *Family Member* was applied whenever the adolescent was discussing a coparent or SNPA that was related to them. The code *Non-Family Member* was applied for coparents or SNPAs who were not family members, with a minor code of *Relationship through an organization* being used for coparents or SNPA's the adolescent had met through an organization such as school or athletics. Four other self-explanatory codes

related to structural aspects of the relationships also emerged, *Geographic Location Contact Frequency/Duration Relationship Longevity, Residential Status*.

Other more process-related codes also emerged. *Indirect Consequence of the Relationship* was used when the adolescent discussed an indirect benefit they gained from the relationship. For example, Ben said about a family friend, “Her son and I got along very well so I’ll go over there and stay the night, he’ll come over here and stay the night. Um, she has a older daughter, um, she’s pretty cool to hang with, um, she’s got her own daughter and...(unintelligible)...so it’s kinda fun to play with the baby and that stuff.” *Outside Influences on Coparents and SNPAs* describes outside factors that affect the role or quality of the relationship between adolescents and their coparent/SNPA. For example, Keisha said, “Like she has children like a 19 year old son and a 10 year old son and a 5 year old son. She’s more into the younger generation than my mother since she has all of the kids. She has to keep up with what they’re doing and things.” Finally, *Youth Relational Behaviors Towards Coparents and SNPAs* refers to a variety of actions taken by the adolescent towards adults outside of their biological parents, such as seeking them out for support, negotiating which adults to talk to about certain topics, apologizing to the adults, or helping the adults. Tyrone said of the leader of an after school program, “She’s like someone like we go to for help. I can go to my mom for help too but its just like help with my work cuz my mom is busy at work and it’s my little brother so I might as well get some more help and help her out.”

Division of Support Provided. Adolescents reported that a variety of individuals helped them in each area. In all four areas, the majority of adolescents

reported that mothers provided them with the most support. However, for each category, some adolescents nominated another individual, such as a grandmother, aunt, grandfather, or uncle as the provider of the most support (See Table 7). In addition, adolescents tended to report that their mothers provided them with about half of each type of support, although mothers tended to be perceived as providing around 40% of informational support. At least one adolescent reported that fathers, grandmothers and aunts, each, provided support in each category, and when they were identified as support providers, all three types of family members tended to be perceived as providing around one-fifth of the support received. Grandfathers were also identified as a provider at least once in each category, with the support they provided tending to be a little less than that provided by fathers, grandmothers, and aunts. In addition, mentors were reported as a provider of each type of support, and, when identified as a provider of emotional or informational support or encouragement, tended to be perceived as providing around one-third of the support, and when identified as a provider of concrete help, were perceived as providing around 5% of the help. Sisters were reported, at least once, as providing emotional, concrete, and informational support, and when nominated, their support tended to make up around one-fifth of the total support received. Teachers were nominated at least once as a provider of emotional support, informational support, and encouragement, with, when reported, their support averaging around one-tenth of the total support received in each category. A variety of other individuals were identified as providing support including uncles, brothers, mothers' friends, godmothers and cousins.

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