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Predictors of Parenting Among African American Single Mothers: Personal and Contextual Factors

Guided by family stress theory, relations among neighborhood stress, maternal psychological functioning, and parenting were examined among 123 low-income, urban-dwelling, African American single mothers. Using a longitudinal design, structural equation modeling was employed to test the hypothesis that neighborhood stress results in poorer parenting over time through its detrimental effect on maternal psychological functioning. Social support from family and friends was examined as a potential moderator of the association between neighborhood stress and parenting behavior. Results indicated that higher levels of neighborhood stress were related to greater psychological distress among mothers, which in turn, was significantly related to less engagement in positive parenting practices approximately 15 months later. A moderating effect emerged for social support, however, such that the proposed model provided a better fit for mothers reporting low levels of perceived social support than for mothers reporting high levels. Implications of

the findings for prevention and intervention are discussed.

A rich empirical history has documented how positive parenting, characterized by positive parent-child relationships, open displays of warmth or affection, monitoring of children's activities, and consistent disciplinary strategies, relates to various measures of adaptive child psychosocial adjustment. Across many studies with diverse populations, these parenting behaviors have been associated with greater academic competence, higher self-esteem, positive peer relations, and fewer child behavior problems (e.g., Baumrind, 1978; Brody & Flor, 1998; Patterson, Reid, & Dishion, 1992). Positive parenting has been found to be particularly important for children in families facing adverse circumstances, such as financial hardship, parental divorce, or parental illness (e.g., Fauber, Forehand, Thomas, & Wierson, 1990). Research in these areas suggests that positive parenting provides children with a buffer against such stresses and strengthens their coping abilities.

Given the importance of parenting in promoting child adjustment, it is disheartening that little is known about the personal and environmental factors that shape or affect parenting practices. Certainly, research has shown that parenting can be adversely affected by such factors as financial stress (e.g., McLoyd, 1998) and parental conflict (e.g., Fauber et al., 1990). Our

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Key Words: child development, family stress, neighborhood, parenting.

understanding of *how* stressors lead to compromised parenting, however, and the factors that may serve to buffer or protect parents, and thus, their children, from the deleterious effects of stress, remains rather limited.

PARENTING IN CONTEXT: FAMILY STRESS THEORY AND NEIGHBORHOOD RESEARCH

Two relatively independent lines of research provide insight into some of the factors that influence parenting behavior. First, family stress theory postulates that the primary mechanism through which contextual stressors impair parenting is parental psychological distress (Conger, Rueter, & Conger, 2000; McLoyd, 1998). According to the family stress model, exposure to stressful life events increases parental psychological distress, which, in turn, compromises parenting, which then exacerbates child behavioral and emotional maladjustment.

Empirical support for this theory is rooted in the work of Elder and his colleagues who studied the effects of the Great Depression on family functioning (Elder, Liker, & Cross, 1984; Elder, Nguyen, & Caspi, 1985). Collectively, Elder's research demonstrated that economic hardship was associated with fathers' increased irritability, depression, and explosive behavior, which then led to disruptions in effective parenting (Elder et al., 1984, 1985). This pattern of findings—that economic stress exacerbates parental psychosocial distress, which then disrupts parenting (and subsequently, child adjustment)—has been replicated in contemporary, two-parent European American families (Conger, Ge, Elder, Lorenz, & Simons, 1994), two-parent African American families (Conger et al., 2002), and single-parent African American families (McLoyd, Jayaratne, Ceballo, & Borquez, 1994). Aside from economic disadvantage, however, few sources of stress have been studied in the family stress framework with respect to their effect on parental psychological functioning and parenting behavior.

A second line of research focuses on child development within low-income, urban neighborhoods. Studies in this area provide clear evidence that residence in high-risk communities characterized by poverty, violence, and inadequate public services results in problems for children and adolescents (see Brooks-Gunn, Duncan, & Aber, 1997, for a review). Within

this research, family-level factors, such as parenting, frequently have been examined as mediators and moderators of neighborhood risks on child and adolescent outcomes (Burton & Jarrett, 2000). For example, parents residing in dangerous neighborhoods utilize more harsh and inconsistent discipline strategies and display less warmth, which, in turn, are related to child and adolescent behavioral, emotional, and academic difficulties (Klebanov, Brooks-Gunn, & Duncan, 1994). Research on neighborhood risks, however, has rarely included an examination of how living in high-risk environments translates into deficits in parenting.

This oversight is particularly noticeable when the two lines of research—family stress theory and neighborhood risk—are considered conjointly. Family stress theory positions parental psychological distress as the most proximal influence on parenting behavior. It would follow, then, that a key mediator between neighborhood stress and parenting would be parental psychological distress. Indeed, research has suggested both that neighborhood disorder is significantly related to psychological distress among mothers residing in impoverished urban settings (Cutrona, Russell, Hessling, Brown, & Murry, 2000) and that positive parenting under such challenging conditions is often impaired (e.g., Jones, Forehand, Brody, & Armistead, 2003; McLoyd & Wilson, 1990). No empirical study to date, however, has applied the family stress model to comprehensively examine the pathways between subjective neighborhood stress, parental psychological distress, and parenting.

SOCIAL SUPPORT: TESTING A BUFFERED FAMILY STRESS MODEL

According to family stress theory, the environmental stressors that many African American single mothers face likely result in disruptions in effective parenting because of increased maternal psychological distress. Previous research, however, has shown that many single mothers successfully engage in positive parenting behaviors despite the financial challenges and community-related risks they face (see Murry, Bynum, Brody, Willert, & Stephens, 2001). Thus, identifying the protective factors that enable these mothers to parent effectively under stressful conditions provides an opportunity to determine targets for intervention and

prevention, thereby widening the scope of services that may ultimately buffer children and parents against the detrimental effects of poverty.

One likely protective factor is social support (Belsky, 1984). In general, social support has been widely studied and found to be associated with a number of positive outcomes in the areas of both psychological and physical health (see Pierce, Sarason, & Sarason, 1996, for a review). In addition, social support has been found to have a buffering effect in stressful situations (Cohen & Wills, 1985). Informal social support from family, friends, and neighbors is a particularly salient protective factor for economically disadvantaged African American single mothers, as they often rely on extended family networks, including neighbors, relatives, and church members, for support in childrearing tasks and parenting duties (Forehand & Kotchick, 1996).

Although sufficient evidence exists to support both a direct and an indirect relation between social support and parenting, it has been argued that social support most likely enhances parenting under stressful conditions through its positive influence on parental functioning. Prior research has demonstrated that social support from friends and family enhanced maternal psychological well-being and self-esteem, which corresponded to more effective parenting practices, as well as less aversive parenting practices, among economically disadvantaged African American families (Simons, Lorenz, Wu, & Conger, 1993; Taylor & Roberts, 1995). Thus, higher levels of social support may serve to promote effective parenting practices in the face of environmental stress by protecting parental psychological well-being (MacPhee, Fritz, & Miller-Heyl, 1996).

The current study seeks to examine the relation between perceived neighborhood stress, maternal psychological distress, social support, and parenting within a sample of single African American mothers living in a socioeconomically disadvantaged urban context. This study builds upon and extends the available literature in two important ways. First, the family stress model is expanded to include perceptions of neighborhood stress as the stressor that presumably impairs parenting through its negative effect on maternal psychological functioning. Second, the role of social support as a potential moderator of the relationship between neighborhood stress and parenting behaviors is examined.

The following hypotheses are proposed: First, it is expected that greater neighborhood

stress will be related to higher levels of maternal psychological distress, which, in turn, will be negatively related to positive parenting practices. Second, it is hypothesized that perceived social support from family, friends, and neighbors will moderate the relation between neighborhood stress and parenting such that mothers who report receiving higher levels of social support will experience less disruption in effective parenting practices. The hypothesized relationships were tested using a longitudinal design: The constructs of neighborhood stress, maternal psychological distress, and social support were measured at Time 1, and the positive parenting construct was measured at Time 2 (approximately 15 months later).

METHOD

Participants

Participants were 141 African American families who resided in inner-city New Orleans, Louisiana, and were headed by single mothers with a 7- to 15-year-old child. Forty-three percent, 33%, and 24% of the mothers had less than a high school education, a high school education or Graduation Equivalency Degree, or education beyond high school, respectively. Almost all of the families had a per capita income of \$3,800 or less (mean family income = \$736). According to the criteria established by the Census Bureau (U.S. Bureau of the Census, 1992), this figure placed families in the first quintile for household income, which the bureau defines as poverty status.

Of the initial sample of 141 participants, 17 did not participate in the second assessment and 1 was excluded because of missing data. The demographic characteristics of the remaining 123 families that served as the sample for the current analyses are reported in Table 1.

Procedure

The majority of participants were initially recruited for another project concerning stress and family functioning (see Family Health Project Research Group, 1998). Single mothers and their children enrolled in the Family Health Project ($N = 106$) were then asked to participate in the current study, along with an additional 35 mother-child dyads recruited from the same

TABLE 1. SAMPLE DEMOGRAPHICS AND MEANS
AND STANDARD DEVIATIONS OF STUDY
VARIABLES ($N = 123$)

Variable	%	<i>M</i>	<i>SD</i>
Child			
Age (years)		11.65	1.77
% Female	49		
Mother			
Age (years)		35.84	6.17
Education			
Less than high school	43		
High school or Graduation	33		
Equivalency Degree			
More than high school	24		
Employment			
Employed	59		
Full time	41		
Part time	59		
Family			
Monthly income		\$736.49	\$474.05
Neighborhood stress		4.96	3.00
Maternal depression		.36	.42
Maternal anxiety		.46	.54
Maternal hostility		.41	.47
Parent-child relationship		10.02	3.80
quality			
Parental monitoring		58.60	8.36
Disciplinary consistency		46.69	8.38

communities as those represented by the Family Health Project participants. All families were recruited through five public schools that serve predominantly low-income African American children residing in impoverished zip code areas of Orleans Parish. Letters that briefly described the study and invited families to participate were sent home to the mothers of a random sample of students from each school. (In the case of the 35 participants recruited for the current study, families headed by single mothers were identified by school personnel and randomly selected to receive letters.) Mothers from each school who returned a card (sent with the letter) indicating their interest in participating were then contacted by project staff and scheduled for their first assessment session. The final sample consisted of 141 mother-child dyads; overall, the rate of participation among families who were contacted about the study was over 90%.

Mother-child dyads participated in two assessments, each of which consisted of two sessions

lasting between 1 and 2 hours. The first assessment (Time 1) took place between January 1997 and June 1998. The second assessment (Time 2), which was identical in format and measures to the first assessment, was conducted approximately 15 months later between June 1998 and December 1999. During the first session of each assessment, the mother completed informed consent forms and the mother and the child completed an interview focusing on demographic information. The second session took place approximately 2 weeks later and included assessment of the study constructs (e.g., maternal psychological functioning). At both data collection sessions, self-report questionnaires were administered in an interview format to the mother and child. Each interview was conducted privately between the mother or child and a trained interviewer, with no other family members present or able to overhear the conversation. All data collection was conducted at the child's school, and families were compensated \$50 for each data collection session. For the current study, only mother-child dyads who participated in both assessments ($N = 123$) were included in the analyses.

Development of Measures

At the outset of the project, the accurate assessment of the population to be studied was a significant concern as most available instruments for evaluating family risk and children's outcomes were developed for use with and standardized on European American, middle-class families. Consequently, it was unclear whether the available measures would accurately capture family processes among African Americans in this study. To address this issue, two precautions were taken. First, focus groups composed of African American community members, who were demographically similar to the participants in the sample, evaluated the relevance of the constructs proposed for investigation and the likelihood that the measures would elicit information relevant to those constructs. The groups reviewed items on the scales and suggested wording changes as well as the deletion of items that were unclear to them or irrelevant to families in their communities.

Second, instruments developed or modified for use in the current study were subjected to exploratory factor analyses. Examination of eigenvalues and scree plots determined the

number of factors extracted for each measure. Items loading .40 and higher were retained for each factor, provided they did not load any higher on any other factor to preserve both the statistical and conceptual integrity of the scale. Original, unmodified instruments that had not been previously utilized with a similar sample were subjected to a confirmatory analysis, with items loading .40 and higher being retained for use. In both cases and when appropriate, an alpha coefficient for the retained items on each scale was computed. For instruments with standardization data and samples similar to the current one, only an alpha coefficient was calculated. For all measures, only those instruments with an alpha coefficient greater than .65 were utilized in the current analyses.

Measures and Constructs

Maternal report was used for all measures for a number of reasons. First, the primary goal of the current study was to determine the relation between mothers' perceived environmental stress, psychological functioning, and engagement in positive parenting practices. Therefore, mothers' reports were necessary for the first two constructs. With regard to the third construct, positive parenting, when mother and child reports were used jointly to assess the latent construct, the measurement model would not converge. Because including both reports would result in the utilization of a latent construct that was not supported by the data, the decision was made to utilize only mother report of parenting practices in the analyses.

Neighborhood stress. This construct was designed to assess a mother's perceptions of environmental stress in the neighborhood in which she and her child reside. The selection of particular environmental stressors was based on the definitions of risk and neighborhood stress used in prior studies (e.g., Forehand et al., 2000) and interviews with community leaders. The stressors were then refined and expanded based on pilot studies with single-parent African American mothers and their children. Mothers were asked whether each of nine stressors was present in their neighborhood, including the presence of gangs, physical fighting, drug use or dealing, shootings and/or knifings, homicides, substandard housing conditions (e.g., broken pipes), unsanitary living conditions (e.g., insect infesta-

tions), noise, and overcrowding. Higher scores indicate more perceived neighborhood stress.

Maternal psychological distress. This construct was designed to assess mothers' psychological distress. It consists of the Depression, Anxiety, and Hostility subscales from the Brief Symptom Inventory (BSI; Derogotis & Spencer, 1982). The BSI is a 53-item inventory that was developed as a global measure of psychological symptomatology. Adequate reliability and validity data have been presented by the investigators who developed the scale (e.g., Derogotis, Rickles, & Rock, 1976) and by others (e.g., Morlan & Tan, 1998). The internal consistency and test-retest reliability of the subscales have been shown to be adequate and to have adequate discriminant and convergent validity (e.g., Morlan & Tan). For the current project, each item was rated on a four-point Likert scale ranging from 0 (*not at all*) to 3 (*extremely*). This scale represented a modification of the original BSI, on which individuals rate the items on a five-point Likert scale. The modification resulted from focus group testing suggesting that, with oral administration of the instrument, a four-point Likert scale was easier to complete than a five-point Likert scale. Additional modifications included minor word and format changes to increase simplicity of verbal administration and comprehensibility. The alpha coefficients for the Depression, Anxiety, and Hostility scales were .82, .86, and .71, respectively. Higher scores indicate greater maternal psychological distress.

Positive parenting. Based on their well-established associations with child competence, three dimensions of parenting were examined at Time 2: mother-child relationship quality, maternal monitoring of child activities, and disciplinary consistency.

Mother-child relationship quality was assessed by the short form of the Interaction Behavior Questionnaire (Prinz, Foster, Kent, & O'Leary, 1979). This form consists of the 20 items that have the highest phi coefficients and the highest item-to-total correlations among the 75 items in the original Interaction Behavior Questionnaire. The short form correlates .96 with the longer version. The items, which are endorsed as true or false, include "You enjoy spending time with your child," and "You think you and your child get along well together." Prinz et al. (1979) and Robin and Weiss (1980)

reported adequate internal consistency and discriminant validity. A confirmatory factor analysis (CFA) indicated that 14 of the 20 items loaded on a single construct at .40 or above; therefore, only these 14 items were included in the measure for data analysis. The alpha coefficient for these 14 items was .85. Scores could range from 0 to 14, with higher scores indicating more warmth and support.

Maternal monitoring of children's activities was assessed by a 17-item scale developed for use with the current sample. The questionnaire is based on monitoring measures used by Patterson and Stouthamer-Loeber (1984) and by Steinberg, Lamborn, Dornbusch, and Darling (1992), and it assesses parents' perceptions of their knowledge about various aspects of their children's lives. Items are rated on a four-point Likert scale ranging from 1 (*never*) to 4 (*always*). Sample items include "How often do you know where [target child] is and what s/he is doing when away from home?" and "How often do you know about [target child's] use of alcohol?" Scores could range from 17 to 68, with higher scores indicating higher levels of maternal monitoring. For the present sample, CFA indicated that all 17 items loaded at .40 and above. The resulting alpha coefficient was .91.

Disciplinary Consistency was assessed by the Laxness subscale of the Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993). The Parenting Scale is a 30-item scale originally designed to measure dysfunctional parenting in parents of young children. Each item consists of a parenting "mistake" that is paired with its more effective counterpart to form anchors of a seven-point scale. Response choices are preceded by leading statements that clarify the discipline encounter (e.g., "When my child misbehaves, I raise my voice or yell/I speak to my child calmly"). The effective and mistake anchors appear randomly on the left and right throughout the scale. Respondents are asked to rate their own behavior for each item, with higher scores indicating more dysfunctional parenting. The Laxness scale utilized in the current analyses assesses the consistency of parental discipline (e.g., "If my child gets upset, I back down and give in/I stick to what I said"; "When my child does something I don't like, I do something about it every time/I often let it go"). The original subscale consisted of 11 items, with an alpha of .83 reported by Arnold et al. (1993). CFA for the current project indicated that 10 of

the 11 items were retained, with a resulting alpha coefficient of .66. Items were recoded such that higher scores indicated parental consistency and lower scores indicated parental laxness.

Social support. Social support was assessed by the Social Support Scale, a self-report questionnaire based on an instrument developed and used by Belle (1982) in a study of stress in the lives of single African American mothers. The original Social Support Scale consisted of 11 items that measure perceived instrumental and emotional support from neighbors and friends. In the current study, the same 11 items were administered twice—once with respect to neighbors and friends and once with respect to family—yielding subscale measures of perceived social support from both extrafamilial (i.e., neighbors and friends) and familial sources.

CFAs completed for the current sample indicated that six items significantly loaded on the Neighbors-Friends subscale. Four of these items assessed perceived support from neighbors (e.g., "How easy is it to get help from a neighbor if you cannot do something yourself?") and were rated on a four-point scale anchored by 1 (*always very easy*) and 4 (*always very hard*). A fifth item, "Are contacts with your neighbors...", was rated on a five-point scale: 1 (*very positive*), 2 (*positive*), 3 (*neither positive nor negative*), 4 (*negative*), and 5 (*very negative*). A sixth item assessed perceived support from friends (e.g., "Do you feel that you cannot turn to your friends for help when things get rough for you?") and was rated on a three-point scale: 1 (*no*), 2 (*sometimes*), and 3 (*yes*). The alpha coefficient for this six-item scale was .78. Items were recoded such that higher scores indicated higher levels of perceived support.

CFAs indicated that five of the same six items loaded significantly on the Family Support subscale, with no additional items meeting the loading criteria outlined previously. The resulting scale included all but the last item from the measure of Neighbors-Friends support, reworded to assess perceived support from family (e.g., "How easy is it to get help from a relative if you cannot do something yourself?"). The five-item Family Support subscale yielded an alpha coefficient of .84. Again, items were recoded so that higher scores indicated higher levels of perceived support. The Neighbors-Friends Support subscale and the Family Support subscale were then summed to reflect perceived support from both nonfamily and family domains.

Demographic information. In addition to the constructs described above, mothers completed a demographic measure providing information about themselves, their children, and their families (e.g., age of mother, age of child, educational attainment).

Data Analyses

Structural equation modeling (SEM) was used to examine the hypothesized relations because it provides an opportunity to estimate both the measurement and the structural model to determine the relations among latent variables without the confounding effects of measurement error. In addition, although structural equation modeling cannot be used to determine causation, it provides a method of assessing whether inferences about causation are consistent with the data (Tomarken & Baker, 2003).

All model analyses were conducted using LISREL 8.3 (Joreskog & Sorbom, 1999) and utilized the maximum likelihood method of estimation that has been found to be robust against violations of normality (West, Finch, & Curran, 1995). The covariance matrix was used for input on all analyses, and a one-tailed Wald *t* test, alpha level of .05, was used to evaluate the significance of all factor loadings and path coefficients.

Evaluating overall model fit. Based on recommendations for small sample sizes (Hu & Bentler, 1995), the current study utilized the comparative fit index (CFI; Bentler & Bonett, 1980) and the root mean square error of approximation (RMSEA; Bentler, 1990) to evaluate the fit of the measurement and structural models in addition to the normal-theory weighted least

squares chi-square. Acceptable values for the CFI and SRMR are $\geq .95$ and $\leq .09$, respectively (Bentler; Medsker, Williams, & Holahan, 1994).

Evaluating differences between models. In analyses where nested model comparisons are made (e.g., testing moderation), the chi-square difference test and the change in CFI were used to determine whether modification to the model (i.e., adding constraints) affected model fit (Cheung & Rensvold, 2002; Vandenberg & Lance, 2000). When conducting multigroup analyses (i.e., low- and high-social support groups), such as those in the nested models in the current paper, the SRMR is not available as a global fit index. Therefore, when global fit indices are reported, only the chi-square and CFI are provided. Additionally, when examining *individual* group fit within multigroup analyses, the goodness of fit index (GFI), and not the CFI, is reported. Like the CFI, acceptable values are $\geq .95$.

RESULTS

Evaluation of the Measurement Model

Prior to estimating the structural model, a CFA model was estimated to determine whether the indicators selected to represent the latent constructs did so in a statistically reliable manner. The CFA model also examined the correlations among the latent constructs: environmental risk (Time 1), maternal psychological distress (Time 1), and positive parenting (Time 2). Correlations between all measured variables are presented in Table 2.

TABLE 2. CORRELATION MATRIX FOR ALL MEASURED VARIABLES (*N* = 123)

Variables	1	2	3	4	5	6	7	8
1. Neighborhood stress	—							
2. BSI depression	.22*	—						
3. BSI anxiety	.25**	.79**	—					
4. BSI hostility	.24**	.55**	.57**	—				
5. Relationship quality	-.10	-.21*	-.25**	-.27**	—			
6. Parental monitoring	-.06	-.25**	-.14	-.14	.43**	—		
7. Parental consistency	-.09	-.09	-.09	-.24**	.44**	.40**	—	
8. Social support	-.23**	-.29**	-.27**	-.21*	.11	.18*	.19*	—

Note: Values rounded to two decimal places. BSI = Brief Symptom Inventory.

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

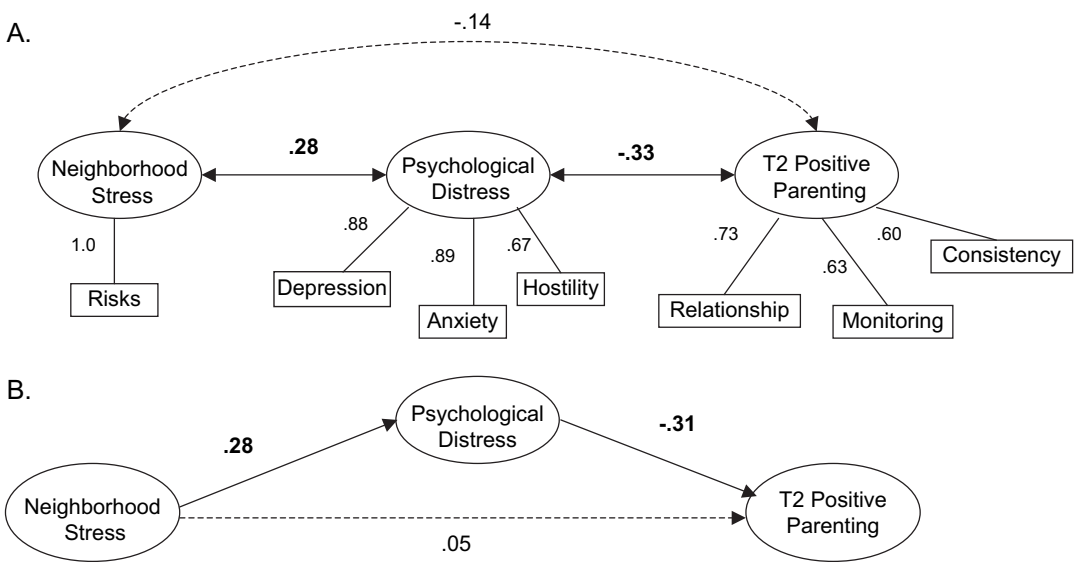
In the CFA model presented in Figure 1, the first observed variable for each latent factor was set to 1.0 to establish the metric and all factors were allowed to covary freely. The analysis indicated that the initial measurement model demonstrated good fit: $\chi^2(12, N = 123) = 19.25, p > .05, CFI = .97, SRMR = .05$. In addition, the latent constructs of interest were significantly correlated with one another, with the exception of community risk and positive parenting ($\lambda = -.14, t = 1.24$; see Figure 1A).

Evaluation of the structural model. Having determined that the measurement model fit the data as specified, the factor structures confirmed in the evaluation of the measurement model were used in the structural analysis. The results of the structural model are also presented in Figure 1. The specified model demonstrated good fit: $\chi^2(12, N = 123) = 19.25, p > .05, CFI = .97, SRMR = .05$. The results indicate that greater neighborhood stress was significantly related to higher levels of maternal psychological distress ($\lambda = .28, t = 2.97, p < .05$), which, in turn, was significantly related to lower levels of positive parenting ($\lambda = -.31, t = 2.61, p < .05$). As in the CFA, the direct path between neighborhood stress and parenting was not significant ($\beta = -.05, t = .44, p > .05$). This

finding suggests that for the current sample, community-related stress relates to deficits in parenting practices predominantly through its association with higher levels of maternal psychological distress. Therefore, the direct path from community-related stress to parenting was not included in subsequent analyses. Neighborhood stress explained 8% of the variance in the maternal psychological distress construct; the overall model, however, predicted only 2% of the variance in the parenting construct.

Testing moderation. It was hypothesized that perceived social support from friends and family would moderate the relation between community-related stress and maternal psychological functioning such that positive parenting was less adversely affected. Given the relatively small sample size, moderation was examined by conducting a median split on the Social Support Scale. The structural model was then tested in the resulting low- ($n = 62, M = 20.47$) and high- ($n = 61, M = 30.1$) social support groups with no constraints on structural or error parameters. The results yielded a global $\chi^2(30, N = 123) = 45.43, p < .05, CFI = .93$. Structural and error parameters were then constrained to be equal across the two groups, yielding a global $\chi^2(34, N = 123) = 53.71, p < .05, CFI = .90$.

FIGURE 1. (A) CONFIRMATORY FACTOR ANALYSIS OF MEASUREMENT MODEL. PARAMETER ESTIMATES SHOWN ARE STANDARDIZED VALUES. T2 = TIME 2. (B) STRUCTURAL MODEL.



When the two global models were compared, the difference in χ^2 was not significant, $\Delta\chi^2(4) = 8.28, p > .05$. The change in CFI ($\Delta\text{CFI} = .03$) was significant, however, as it exceeded .01 (Cheung & Rensvold, 2002). The significant change in CFI indicates that model fit was significantly worsened by the constraints imposed and that the model does not fit the data similarly in the low- and high-social support groups.

According to the individual group GFIs, the hypothesized model provided an excellent fit for the data in the low-social support group, $\chi^2(15, n = 62) = 12.76, p > .05$, GFI = .94, SRMR = .072; it provided a poor fit for the data, $\chi^2(15, n = 61) = 33.79, p < .05$, GFI = .86, SRMR = .11, in the high-social support group. Given the poor model fit, examination and interpretation of the individual paths within the model for the high-social support group were contraindicated. Differences in model fit between the two social support groups, however, suggest that the hypothesized model—that perceived neighborhood stress relates to higher levels of maternal psychological distress and, in turn, to lower levels of engagement in positive parenting practices—may not be relevant for mothers who report higher levels of support from family and friends.

DISCUSSION

Using the family stress model, the current study examined relations among community-related stress, maternal psychological functioning, and parenting within a sample of low-income, urban, single mother-headed African American families. The primary analyses supported the main hypothesis of the study: Exposure to neighborhood stress was related to greater psychological distress among mothers, which, in turn, predicted less engagement in positive parenting practices approximately 15 months later. These findings are consistent with the results of previous studies that have examined the family stress model in that exposure to stress has a disruptive effect on parenting through its effect on maternal psychological functioning (e.g., Elder et al., 1984, 1985). Specifically, higher levels of perceived neighborhood stress were related to more depression, anxiety, and hostility among single mothers living in economically disadvantaged urban neighborhoods. Greater psychological distress among these women was then related to poorer mother-child relationships, less

maternal monitoring of children's activities, and more lax or inconsistent discipline practices. Furthermore, the longitudinal methodology employed in the current study allows us to speculate that the deleterious effects of maternal psychological distress on parenting accumulate over time, resulting in prolonged damage to positive parenting efforts.

Regarding the hypothesized buffering effect of social support, the family stress model tested in the current study appears to be most relevant for single-parent African American mothers who have low levels of perceived support. Although the poor model fit for the high-social support group makes it impossible to determine the point at which social support moderates the relationship between neighborhood stress and parenting behavior, the available literature would suggest that social support from family and friends is an important resource that may enhance parenting directly by providing parenting support or assistance or indirectly by lessening the effect of environmental stress on maternal psychological functioning (e.g., Taylor & Roberts, 1995). Without adequate social support from family, friends, and neighbors, mothers facing chronic environmental stressors such as those examined in the current study are more likely to suffer from higher levels of psychological distress, which then exerts a negative influence on their parenting practices.

Another important contribution of the current findings is the extension of the definition of *stress* in the family stress model beyond financial hardship in general to include the community or environmental stress that often accompanies socioeconomic disadvantage. Although previous research has found that other stressors, such as parental illness or divorce, result in impairments in parenting by negatively influencing parental psychological functioning, the current study is the first to identify this pathway for the effect of neighborhood stress on parenting. Similarly, although several studies have sought to understand how community context influences parenting in a compensatory fashion to protect children against environmental risk (i.e., parents adjust their parenting strategies to fit the environment in which their children reside; e.g., Furstenberg, 1993; Klebanov et al., 1994), none to date have examined the mechanisms through which community-related stress may negatively affect parenting. Because effective parenting is believed to be such a crucial

protective factor for children growing up in disadvantaged circumstances (Armistead, Forehand, Brody, & Maguen, 2002), an understanding of how parenting comes to be affected by exposure to neighborhood stress is critical to the development and delivery of viable prevention and intervention services.

Unexpectedly, the direct path between community stress and parenting practices was not significant in the current study. Previous research has documented that residence in dangerous and socioeconomically disadvantaged neighborhoods is associated with impaired parenting (Burton & Jarrett, 2000; Klebanov et al., 1994). In the current study, however, neighborhood stress was linked to deficits in parenting only through its effect on maternal psychological functioning. This finding speaks to the importance of examining the ripple effects of more distal factors, such as community stress, on parenting and child adjustment as posited by Bronfenbrenner's (1979, 1989) developmental-ecological framework. Indeed, the effect of distal factors such as community stress on parenting and child adjustment may operate through a series of intermediate processes. Among these intermediate processes, the level of parental psychological distress appears to be particularly salient.

The current study has several limitations. First, the small sample sizes in the two-group analysis of social support make it difficult to draw sound conclusions about the role of social support as a buffer against stress on parenting behavior. With such small groups, the correlations among the study variables may be unstable and require replication with larger samples. Second, all measures were completed by mothers; thus, common method variance may have contributed to the detection of significant paths. Third, the findings are based on a sample comprised exclusively of low-income, single-parent African American families residing in an urban setting and may not generalize to other populations. Furthermore, the sample comprised mothers who were the first to volunteer for participation in the study; thus, they likely represent a fairly high-functioning group of families despite the stressors associated with their low-income status. As such, their experiences of stress, support, and psychological distress may differ from those of families from the same communities who did not participate in the study.

Despite these limitations, the current study has many important strengths. First, it represents an effort to expand our understanding of how stress affects parenting by (a) extending a model based solely on financial stress to community-related risks and (b) identifying a key pathway through which exposure to neighborhood stress results in disrupted parenting. Together, the findings broaden the conceptual models of parenting currently available and attempt to integrate what is already known about the detrimental effects of stress and parental psychological distress on parenting efforts. Furthermore, support for a mediated pathway between exposure to neighborhood stress and parenting, and the buffering effect of social support, offers two important targets for prevention and intervention efforts. To maximize effective parenting under high-stress conditions, mothers need to first protect their own psychological well-being. Building and accessing social support networks offers one potential means to bolster psychological functioning among single mothers facing conditions of neighborhood stress.

Second, the current study makes a major contribution to the parenting literature by establishing a time ordering of effects among variables typically studied concurrently. Previous research in the parenting arena has been marred by an overrepresentation of cross-sectional studies in which the direction of effects between variables could not be specified. Although the data in the present study are still correlational in nature, the use of variables measured at one point in time to predict a variable measured at a later point in time imposes a structure on the results that eliminates the possibility that effects could be interpreted in more than one direction. The findings lend support to the hypothesis that maternal psychological distress serves to disrupt parenting, rather than poorer parenting disrupting maternal functioning.

Finally, the use of structural equation modeling techniques offers several advantages over traditional multivariate statistical methods, including multiple regression. SEM allows for the simultaneous evaluation of both measurement and structural models, and tests multiple paths between constructs in one step, thus offering better control over Type I errors.

In sum, the current study contributes an important piece to the complex puzzle of the parenting process, particularly among single-parent, minority, and economically disadvantaged

families. The results of the present investigation support the statement that parenting behavior develops as the result of multiple factors that combine to produce a final effect. In particular, the findings suggest that community stress and maternal psychological functioning are important contributing factors to positive parenting and that maternal functioning appears to be a primary mechanism through which stress exerts an influence on parenting behavior. Future research should concentrate on identifying additional contributing and moderating variables and understanding the processes through which such factors come to shape parenting over time.

NOTE

This research was supported by the William T. Grant Foundation, the Institute for Behavioral Research at the University of Georgia, and the National Research Service Award Predoctoral/Postdoctoral Traineeship from the National Institute of Mental Health sponsored by the Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, Grant T32 MH19117.

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