

The Mother–Coparent Relationship and Youth Adjustment: A Study of African American Single-Mother Families

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African American youth from single-mother homes are at increased risk for a range of adjustment difficulties. The family is a central context in which to study youth adjustment; however, much of the work on African American youth has focused on family conflict and maladjustment, with less attention to the supportive aspects of family relationships or their potential links with positive outcomes. This study examined the associations between conflictual and supportive aspects of the relationships that single mothers have with their nonmarital coparents and both positive and negative outcomes among 268 African American youth from single-mother homes. Findings revealed that mother–coparent support was associated with child competence, and mother–coparent conflict was associated with child maladjustment. In addition, positive parenting fully mediated these relations between mother–coparent relationship and child outcomes. Clinical implications and future directions are discussed.

Keywords: African American, parenting, coparenting, competence, maladjustment

Building on social exchange theory (Homans, 1974; Thibaut & Kelley, 1959), the benefits of supportive relationships and the detriments of conflictual relationships on

mental and physical health have been well documented (for reviews, see Cohen, 1988; Uchino, Cacioppo, & Keicolt-Glaser, 1996). In short, the pattern of findings across studies that examine both supportive and conflictual aspects of family relationships has been summarized by “not being nasty matters more than being nice” (Ewart, Taylor, Kraemer, & Agras, 1991, p. 155). Given that most of this work has been conducted with Caucasian and intact families, however, and limited largely to the study of the presence or absence of negative outcomes, primarily in adults (see Jones, Forehand, Dorsey, Foster, & Brody, 2005, for an exception), the applicability of findings to minority and single-parent families or positive child outcomes is limited.

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Youth from single-mother homes, especially those living in poor communities, are at higher risk for adjustment problems (e.g., Barrett & Turner, 2005; Lipman, Boyle, Dooley, & Offord, 2002; McLoyd, Jayaratne, Ceballo, & Borquez, 1994). African American youth are much more likely than Caucasian youth to be raised in single-mother homes (54% vs. 21%; U.S. Census Bureau, 2008), yet being raised in a single-mother home does not necessarily mean that other adults and family members are not intricately involved in parenting (i.e., coparenting). In fact, the majority of African American single mothers identify a *coparent*, defined as the second most important person who assists in childrearing (e.g., child’s grandmother, biological father). In addition, conflict with a nonmarital coparent around

parenting issues has been linked with compromised parenting in African American single-mother families (e.g., less monitoring, involvement, warmth/support; e.g., Dorsey, Forehand, & Brody, 2007; Jones et al., 2005; Jones, Shaffer, Forehand, Brody, & Armistead, 2003). In turn, compromises in the parenting behaviors of African American single mothers, as well as compromises in the quality of the relationship that African American single mothers have with their children, have been shown to mediate the link between coparent conflict and greater child maladjustment (e.g., Brody, Flor, & Neubaum, 1998; Conger et al., 2002; Jones et al., 2003).

Taken together, such findings may suggest that not being nasty does in fact matter more than being nice when it comes to the quality of the relationships that African American single mothers have with their nonmarital coparents, particularly with regard to maternal parenting and child adjustment. A smaller but evolving literature, however, suggests that coparenting support likely has a role as well, particularly when the presence of positive child outcomes (e.g., competence), rather than the presence or absence of negative child outcomes (e.g., internalizing or externalizing problems), is examined (e.g., Brody et al., 1998; Brody, Murry, Kim, & Brown, 2002). Notably, African American families have been defined as more "fluid" than Caucasian families, with more frequent changes in individuals residing in the home and greater reliance on extended family for support (see Greenwood et al., 1996, for a review). Moreover, African Americans are more likely to view parenting as a communal task, with mothers often relying on extended family and community networks to share in childrearing (see Jones, Zalot, Foster, Sterrett, & Chester, 2007, for a review). Extended family support has been linked with more warm and supportive mother-child relationships in African American families (Jones et al., 2007; Taylor & Roberts, 1995), and African American mothers may value such support to a greater extent than do Caucasian mothers (Furstenberg & Harris, 1993; Hill & Herman-Stahl, 2002).

The purpose of the current study was to integrate and extend prior work on the support and conflict that African American single mothers experience in their relationships with their nonmarital coparents, particularly with regard to parenting, and the impact of the mother-coparent relationship on maternal parenting and positive and negative aspects of child adjustment. On the basis of prior work (e.g., Jones et al., 2003), we hypothesized that mother-coparent conflict would be associated with greater levels of child internalizing and externalizing symptoms. In addition, we expected that mother-coparent support would be associated with greater levels of child social and cognitive competence (e.g., Brody et al., 1998). Finally, given the literature suggesting that coparent relationship quality affects parenting behavior (e.g., Brody et al., 1994; Dorsey et al., 2007; Jones et al., 2005; Taylor & Roberts, 1995) and, in turn, that parenting behavior influences child outcomes (Davies & Cummings, 1994; Fauber, Forehand, Thomas, & Wierson, 1990; Jones et al., 2003), we further hypothesized that positive parenting, a parenting style associated with optimal child outcomes regardless of race/ethnicity or family struc-

ture (e.g., Steinberg, Lamborn, Darling, & Mounts, 1994; also see Masten & Coatsworth, 1998), would mediate the associations between the mother-coparent relationship and child outcomes. We predicted that mother-coparent conflict would compromise positive parenting, resulting in higher levels of child maladjustment. Alternatively, we expected that mother-coparent support would promote positive parenting, resulting in higher levels of child competence.

Method

Participants

This study represents a secondary analysis of a larger study focused on family functioning in low-income African American single-mother families residing in the southeastern United States. A sample of 277 single mothers (M age = 33.94 years) and their 7- to 15-year-old children (M age = 11.36 years; 50.2% girls) participated. A minimum age of 7 years and maximum age of 15 years were selected for the target children so that participants had sufficiently advanced cognitive skills to complete measures of psychological adjustment but were in a range typically monitored more closely by parents than older adolescents. The mean monthly income for families was \$1,075, and most mothers (61.3%) had obtained at least a high school diploma (see Table 1).

Mothers were asked to identify the second most important person in raising the target child. Nine mothers were unable to identify a coparent, resulting in sample size of 268 for the current analyses. Individuals who the mothers identified most often as coparents were the child's maternal grandmother (31%), biological father (26%), maternal aunt (11%), and adult sister (11%), or a broad range (e.g., another relative) of other individuals (21%).

Development of Measures

The availability of instruments to measure the constructs of interest was a particular concern because most measures of family functioning and child adjustment have been developed for use with Caucasian, intact, middle-class families. Consequently, the concern was that the available measures would not adequately capture the nature of family processes among the African American, single-mother families in this study. Thus, to ensure that measures were culturally sensitive and otherwise appropriate for the target population, focus groups comprising 60 African American community members from the counties sampled discussed the relevance of the constructs proposed for investigation, as well as the likelihood that measures would elicit information relevant to these constructs. The groups reviewed each item 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.

On the basis of focus group discussions, as well as information obtained regarding educational attainment of study participants, it was deemed most appropriate for all questionnaires to be administered in an interview format to

Table 1
Demographic and Descriptive Characteristics of the Sample (N = 268)

Variable	Statistic	Range	<i>r</i>	α
Child gender, %				
Male	49.8			
Female	50.2			
Mean (<i>SD</i>) child age (years)	11.36 (1.83)	7–16		
Mean (<i>SD</i>) mother age (years)	33.94 (6.29)	24–67		
Mean (<i>SD</i>) monthly family income (\$)	1,075 (857)	0–8,968		
Mother education level, %				
Less than high school	38.6			
High school diploma	36.2			
More than high school	25.1			
Mean (<i>SD</i>) coparenting support	6.23 (1.96)	2–8	.71*	
Mean (<i>SD</i>) coparenting conflict	8.38 (2.53)	3–12		.65
Mean (<i>SD</i>) maternal monitoring	45.73 (7.04)	17–51		.91
Mean (<i>SD</i>) mother–child relationship	16.11 (3.91)	1–20		.85
Mean (<i>SD</i>) social competence	13.10 (2.46)	4–16		.67
Mean (<i>SD</i>) cognitive competence	22.14 (4.42)	7–28		.83
Mean (<i>SD</i>) externalizing problems	10.92 (8.08)	0–60		.89
Mean (<i>SD</i>) internalizing problems	7.56 (6.24)	0–52		.81

* $p < .01$.

mothers and children. Thus, each questionnaire was modified for use with the present sample in that directions were adapted for verbal administration and cue cards were used to visually represent rating scales.

Procedure

Recruitment focused on neighborhoods in which at least 25% of the population was African American. Families were recruited through community leaders and agencies (e.g., schools). Each community contact gave the research staff names of families who expressed interest in participation. Staff members contacted families, 67% of whom agreed to participate.

Mother–child dyads participated in two interviews: (a) the sociodemographic interview, during which assent and consent for participation, as well as the family's sociodemographic information, were obtained; and (b) the psychosocial interview, completed within 2 weeks of the sociodemographic interview, in which the psychological and relational variables in the current analyses were obtained. Each member of the dyad was interviewed privately by a separate interviewer to ensure confidentiality. Interviewers were 16 African American and five Caucasian community members and graduate students. Prior to data collection, the interviewers received 1 month of training in administering the interviews. The training involved role-playing scenarios as well as practice sessions with parents and children. For the constructs of interest in the present study, information about demographics, mother–coparent relationship, maternal parenting practices, and child competence was obtained from the mothers. Information about child psychological maladjustment was obtained from children. Families were paid \$50.

Measures

The measures used in the current study have been shown in our previous research (e.g., Brody et al., 1998; Dorsey et

al., 2007; Jones et al., 2005) and that of others (e.g., Fitzpatrick, 1993; Patterson & Stouthamer-Loeber, 1984; Prinz, Foster, Kent, & O'Leary, 1979) to be sensitive indicators of the constructs of interest. Exploratory factor analysis was conducted for those measures that were modified from their original format, had not been used with similar samples in prior research, or were developed specifically for the purposes of this study. Items loading at .40 and above were retained, and alpha coefficients were calculated for the resultant scales (see Table 1).

Demographic information. Mothers completed a set of questions pertaining to demographic characteristics of themselves (e.g., age, educational attainment), their children (e.g., age, gender), and their families (e.g., monthly income, identity of a coparent).

Mother–coparent support and conflict. Mother–coparent support and conflict were assessed using the Parenting Convergence Scale (Ahrns, 1981). Each mother was first asked to identify a person who assists her in caring for the participating child. Mothers who could identify one such person were subsequently administered this scale. On the basis of focus group discussions, this questionnaire was changed for use with the present sample by reducing the Likert scale from 5 points to 4 points, with endpoints of 1 (*never*) and 4 (*often*).

Coparenting support was measured using the two-item Support subscale (Ahrns, 1981). Items are completed in reference to a person who helps raise the child and include the following two questions: "When you need help with your child, how often do you go to [coparent] for help?" and "How often would you say that [coparent] is a help to you in raising this child?" As only two items constitute the subscale, a correlation coefficient was calculated ($r = .71, p < .01$). Scores on the Support subscale can range from 2 to 8, with higher scores indicating greater mother–coparent support.

Coparenting conflict was measured using the three-item Conflict subscale (Ahrns, 1981). These items also are

completed in reference to a person who helps raise the child and include the following: "When you and [coparent] talk about how to raise the target child, how often is the conversation hostile or angry?"; "When your child complains about [the coparent], how often do you usually agree with him/her?"; and "How often do you and [coparent] have different ideas as to how to raise him or her?" Exploratory factor analyses revealed that all items loaded at .40 or above ($\alpha = .65$). Scores can range from 3 to 12, with higher scores indicating greater conflict.

Positive parenting. Maternal monitoring and mother-child relationship quality were included as measures of positive parenting. The Monitoring and Control Questionnaire was used to assess the extent to which a mother monitors her child's behavior. This 17-item scale was developed for the present study (see Kotchick et al., 1997) and is based on monitoring measures used by Patterson and Stouthamer-Loeber (1984) and Steinberg, Lamborn, Dornbusch, and Darling (1992). It assesses mothers' perceptions of their knowledge about various aspects of their children's lives. Items are rated on a 4-point Likert scale ranging from 1 (*never*) to 4 (*always*). Sample items include, "How often do you know about where [target child] is and what he or she is doing when away from home?"; "How often do you know about [target child's] use of alcohol?"; and "How often do you know about what his or her grades are?" All items were retained following exploratory factor analyses ($\alpha = .91$). Scores can range from 17 to 68, with higher scores indicating higher levels of maternal monitoring.

The short form of the Interaction Behavior Questionnaire (Prinz et al., 1979) was used to assess mothers' perceptions of the quality of their relationship with their children. 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 scale. The short form correlates .96 with the longer version (Prinz et al., 1979). The true or false items include positively worded statements (e.g., "For the most part, your child likes to talk to you") and negatively worded statements, which are reverse-scored (e.g., "You and your child argue a lot about rules"). Exploratory factor analyses revealed all items loaded at .40 or above ($\alpha = .85$). Scores can range from 0 to 20, with higher scores indicating more positive relationship quality.

Child competence. The Parent's Rating Scale of Child's Actual Competence (Harter, 1982) was administered to mothers to assess cognitive and social competence. Mothers were asked seven questions pertaining to their children's cognitive competence (e.g., "My child is very good at his or her schoolwork") and seven questions pertaining to social competence (e.g., "He or she has a lot of friends"). Items are rated on a 4-point Likert scale ranging from 1 (*not at all*) to 4 (*always*). Exploratory factor analyses revealed that all of the items loaded at .40 or above on the Cognitive Competence subscale ($\alpha = .83$); however, three items did not load at .40 and were deleted from the Social Competence subscale ($\alpha = .67$). Scores on the Cognitive Competence subscale could range from 7 to 28 and, because of item elimination, scores on the Social Competence scale could range

from 4 to 16, with higher scores indicating greater competence.

Child maladjustment. Child reports of externalizing and internalizing problems were used to assess maladjustment. Externalizing problems were examined using the Aggression and Delinquency subscales of the Youth Self-Report (Achenbach, 1991). These subscales were selected because they assess the types of externalizing problems that can be displayed by children in the age range included in this study, and they have demonstrated acceptable reliability and validity (Achenbach, 1991). Items are rated using a 3-point Likert scale ranging from 0 (*not true*) to 2 (*very true*). The two subscales were summed to yield a 30-item measure of externalizing problems (range from 0 to 60), with higher scores indicating higher levels of child-reported externalizing problems. Given that this measure was designed for children 11 to 18 years of age and has not been standardized with children as young as some of those included in this investigation, several items were modified (e.g., wording changes, providing examples) to increase child understanding. Exploratory factor analyses revealed all items loaded at .40 or above ($\alpha = .89$).

Internalizing problems were examined using the Child Depression Inventory (Kovacs, 1981), a self-report measure of depression for children 7 to 17 years of age. This measure consists of 27 sets of statements, and the child is asked to select the one statement in each set that best describes him or her. Responses are scored on a 3-point Likert scale, ranging from 0 to 2. Scores correlate highly with clinicians' ratings of severity of depression (Kovacs, 1981), and high internal consistency and adequate test-retest reliability have been reported (Clarizio, 1984). Adequate psychometric data also have been reported for diverse samples, including ones similar to the present sample of children (e.g., Fitzpatrick, 1993). For the current study, one question about suicidal ideation was omitted, resulting in a 26-item scale ($\alpha = .81$). Scores can range from 0 to 52, with higher scores indicating higher levels of child-reported depressive symptomatology.

Results

Preliminary Analyses

Means, standard deviations, ranges, and alpha coefficients for major study variables are presented in Table 1. Of note, older child age was associated with poorer mother-child relationship quality ($r = -.14, p < .05$). Older mother age ($r = .21, p < .01$) and higher mother education ($r = .19, p < .01$) were associated with more monitoring. Higher mother education also was associated with fewer internalizing problems ($r = -.14, p < .05$). Table 2 displays correlations among major study variables. Consistent with hypotheses, higher coparenting support was associated with more monitoring ($r = .13, p < .05$) and greater cognitive competence ($r = .16, p < .05$), whereas higher coparenting conflict was associated with less monitoring ($r = -.21, p < .01$), poorer mother-child relationship quality ($r = -.28, p < .001$), more internalizing problems ($r = .17, p < .01$), and more externalizing problems ($r = .17, p < .01$). Fur-

Table 2
Correlation Matrix for Major Study Variables (N = 268)

Variable	1	2	3	4	5	6	7	8
1. Support	—							
2. Conflict	-.21***	—						
3. Monitoring	.13*	-.21**	—					
4. Parent-child relationship	.10	-.28***	.25***	—				
5. Social competence	.01	.04	-.09	.15*	—			
6. Cognitive competence	.16*	.06	.09	.28***	.46***	—		
7. Externalizing	-.01	.17**	-.17**	-.15*	-.14*	.04	—	
8. Internalizing	-.02	.17**	-.18**	-.17**	-.03	-.21**	.34***	—

* $p < .05$. ** $p < .01$. *** $p < .001$.

thermore, more monitoring was associated with fewer internalizing ($r = -.18, p < .01$) and externalizing ($r = -.17, p < .01$) problems, whereas more positive mother-child relationship quality was associated with greater social ($r = .15, p < .05$) and cognitive competence ($r = .28, p < .001$), as well as fewer internalizing ($r = -.17, p < .01$) and externalizing ($r = -.15, p < .01$) problems.

Primary Analyses

Structural equation modeling in AMOS 7.0 was used to examine primary study hypotheses. In an initial model testing direct associations between the coparenting variables and child outcomes, we entered coparenting conflict and coparenting support as exogenous variables, which were allowed to covary, and child competence and maladjustment were entered as endogenous variables included as outcomes. As detailed in the Method section, coparenting support was indexed by help sought and help received, each with respective loadings of .91 and .79. Coparenting conflict was indexed by hostile conversations, complaints, and parenting divergence, which loaded at .64, .53, and .68, respectively. Maternal monitoring (.45) and mother-child relationship quality (.61) were entered as indicators of positive parenting. Finally, social competence (.34) and cognitive competence (.50) indexed the child competence construct, and externalizing (.50) and internalizing (.68) symptoms indexed child maladjustment. Overall, this model fit the data well: $\chi^2(23) = 33.77, p > .05$; comparative fit index (CFI) = .97; root mean square error of approximation (RMSEA) = .04, CI [.00, .07]. Higher levels of coparenting support were associated with greater child competence ($\beta = .14, p < .01$); however, coparenting support was not significantly associated with child maladjustment ($\beta = -.13, ns$). Conversely, higher levels of coparenting conflict were associated with greater child maladjustment ($\beta = .37, p < .05$), although coparenting conflict was not significantly associated with child competence ($\beta = .09, ns$). Thus, coparenting conflict and support were associated with distinct child outcomes.

Criteria set forth by Baron and Kenny (1986) were used to determine whether positive parenting served as a mediator of the relations between coparenting variables and child outcomes. The first criterion for mediation was met in that coparenting support was directly associated with compe-

tence and coparenting conflict was directly associated with maladjustment, as described above. To satisfy the second criterion, we developed a second structural model to test whether coparenting support and conflict were associated with positive parenting. This model fit the data very well, $\chi^2(12) = 14.26, p > .10$; CFI = .99; RMSEA = .03, CI [.00, .07], and indicated that greater coparenting support was associated with more positive parenting ($\beta = .45, p < .001$), whereas greater coparenting conflict was associated with less positive parenting ($\beta = -.74, p < .001$). A third structural model was used to assess the third criterion of mediation, namely that the mediator would be significantly associated with the dependent variables while controlling for the effects of the independent variables. This model demonstrated adequate fit, $\chi^2(40) = 81.57, p > .05$; CFI = .92; RMSEA = .07, CI [.04, .09], and it was found that positive parenting was significantly associated with greater competence ($\beta = .46, p < .001$) and less maladjustment ($\beta = -.76, p < .001$).

Figure 1 displays the model for testing the final criterion for mediation. This model fit the data well, $\chi^2(40) = 52.48, p > .10$; CFI = .97; RMSEA = .04, CI [.00, .06], with positive parenting mediating the association between coparenting support and child competence such that greater support was associated with more positive parenting ($\beta = .40, p < .001$), which in turn was associated with greater competence ($\beta = .24, p < .05$). Similarly, coparenting conflict was associated with less positive parenting ($\beta = -.65, p < .01$), which in turn was associated with more maladjustment ($\beta = -.44, p < .05$). Satisfying the final criterion of mediation, the direct associations between coparenting and child outcomes were reduced to nonsignificance ($\beta = .08$ for support; $\beta = -.09$ for conflict, ns) in the presence of the mediator.

Finally, as has been recommended in the structural equation modeling literature (see Bollen & Stine, 1990; MacKinnon, Lockwood, & Williams, 2004; Preacher & Hayes, 2008), we further examined mediation by testing the direct and indirect associations in the model using bootstrap analyses. Confidence limits were estimated on the basis of 5,000 bootstrap samples. Bias-corrected estimates were included as these may be more reliable when testing indirect effects (e.g., MacKinnon et al., 2004). A Bollen-Stine p was estimated as a measure of model fit, which confirmed that the mediation model fit the data well

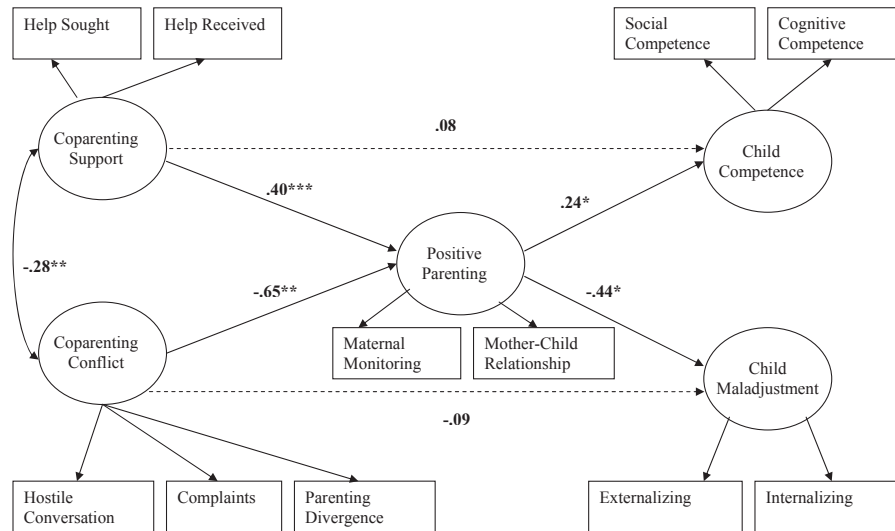


Figure 1. Positive parenting as a full mediator. Dashed lines represent direct paths reduced to nonsignificance with the addition of the mediator. * $p < .05$. ** $p < .01$. *** $p < .001$.

(Bollen–Stine $p > .10$). Consistent with the above-mentioned results, the indirect associations between coparenting support and child competence and between coparenting conflict and child maladjustment were significant (i.e., 0 is not in the confidence interval), with respective confidence intervals of [.06, .18] and [-.34, -.19]. Direct associations between support and competence ($M = .08$, CI [-.10, .11]) and between conflict and maladjustment ($M = -.10$, CI [-.14, .17]) were not significant. Thus, positive parenting mediated the associations between coparenting variables and child outcomes.

The effects of the demographic variables that were associated with the outcomes of interest (i.e., child age, mother age, and mother education level) on the full mediation model were examined. An additional model was tested to determine whether the inclusion of those demographic variables significantly associated with major study variables in bivariate analyses would alter the relations between coparenting relationship variables, parenting, and child outcomes. In this model, child age was negatively associated with mother–child communication ($\beta = .20$, $p < .01$), mother age was positively associated with maternal monitoring ($\beta = .19$, $p < .01$), and mother education level was positively associated with both monitoring ($\beta = .14$, $p < .05$) and internalizing ($\beta = -.12$, $p < .05$). Although model fit was reduced with the inclusion of these demographic variables, $\chi^2(60) = 81.24$, $p < .05$; CFI = .95; RMSEA = .04, CI [.01, .06], the significance and direction of effect for all model paths remained unchanged, indicating that the relations between constructs in the model were supported when demographic variables were controlled.

Discussion

This study explored the associations between two dimensions of coparenting relationships and child outcomes

among a sample of African American single-mother families. Mother–coparent support was associated with child competence, whereas mother–coparent conflict was associated with adjustment difficulties. In addition, structural equation modeling revealed that positive parenting mediated the relation between mother–coparent conflict and child maladjustment, as well as the relation between mother–coparent support and child competence.

As hypothesized, coparenting support and conflict were associated with distinct child outcomes. Consistent with prior research conducted with primarily Caucasian, intact or recently separated families (see Cummings, Davies, & Campbell, 2000; Davies & Cummings, 1994, for reviews), higher levels of coparenting conflict were associated with more adjustment problems, and this association was mediated by compromises in maternal parenting. Parental conflict has been associated with parent–child relationship difficulties, including parental withdrawal, emotional unavailability, and low parental warmth (e.g., Brody et al., 1994; Mann & Mackenzie, 1996; Miller, Cowan, Cowan, Hetherington, & Clingempeel, 1993), as well as disruptions in parental monitoring and discipline (e.g., Dishion & McMahon, 1998). It has been posited that these disruptions in positive parenting are the primary mechanisms through which youth are adversely affected by parental conflict, affording limited behavioral restrictions (or restrictions that are too harsh) and little opportunity for guidance regarding emotional or behavioral norms or expectations (e.g., Davies & Cummings, 1994; Fauber et al., 1990; Masten & Coatsworth, 1998).

Contributing to a small but growing literature (e.g., Brody et al., 1998, 2002), greater levels of coparenting support were associated with more child social and cognitive competence, and this association was also mediated by maternal parenting. In related work with other groups, support from spouses, extended family, friends, and neighbors

has been shown to alleviate psychological distress, which in turn enhances positive parenting behavior (Hashima & Amato, 1994; Taylor & Roberts, 1995; also see Simons & Johnson, 1996, for a review). In turn, the warmth/support characteristic of a positive parenting style may afford youth the confidence to appropriately begin to explore the contexts outside the home, including the peer and academic contexts, increasing their competence socially and cognitively, while monitoring/control, which is also characteristic of a positive style, affords the limits necessarily for children to explore these contexts safely and with limits (Brody & Flor, 1998; Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Masten & Coatsworth, 1998).

Several limitations of the study merit attention. First, the study relied on self-report measurement and a single reporter (i.e., mother) of multiple constructs (i.e., coparent relationship quality, parenting, and child competence). Because of limitations with the data, only children's reports of maladjustment were included in the current analyses. Replication of the current findings with different reporters for independent, mediator, and dependent variables, as well as observational measures of parenting, more nuanced measures of coparenting (i.e., in the current study, we included only two items to assess support and three items to assess conflict), and coparents' reports of mother-coparent relationship quality, would strengthen confidence in findings. In addition, the present data are cross-sectional, and the model presupposes a unidirectional association between the quality of the coparenting relationship, maternal parenting practices, and child outcomes. Longitudinal research would provide an opportunity to examine the bidirectional nature of associations as well. For example, it is plausible that greater maladjustment in children may contribute to a less positive, more maladaptive parenting style (e.g., coercive cycle as detailed by Patterson, 1982; see McMahon & Forehand, 2003, for a review) that, in turn, may lead to more conflict in the coparenting relationship. Third, the model included several latent variables indexed by only two indicators, which may increase the likelihood that it may be underidentified (Kline, 2005). Although we found the current model to be adequately identified for the purposes of these analyses, future investigations using more than two indicators of these variables would increase confidence in the findings. Fourth, related to the model, other variables likely contribute to the link between coparenting, parenting, and child adjustment, most notably maternal psychosocial adjustment (e.g., maternal depression; Dorsey et al., 2007); however, limited power precluded examination of more nuanced models. Fifth, we were unable to examine whether the pattern of findings varied depending on the relation of the coparent to the mother-child dyad (e.g., child's maternal grandmother) because of the relatively small groups, and we did not collect data on coparent residential status.

Finally, given that all of the women in this study identified the coparent as the second most important person involved in raising her target child, the literature to date does not suggest differential outcomes based on the identity of the coparent. The bulk of the work on coparenting in African American single-mother families focuses on teen

mothers with infants and the role of maternal grandmothers, with whom most teen mothers reside and rely on heavily for assistance, as well as the role of the child's biological father in coparenting (see Jones et al., 2007, for a review). Of note, the role of maternal grandmothers and biological fathers in coparenting clearly continues for many African American families as represented by the majority of mothers in the current study identifying the child's maternal grandmother or biological father as the second most important person in raising the target child. The work on teen mothers with infants suggests that conflict in mother-maternal grandmother and mother-biological father relationships is detrimental for maternal psychosocial adjustment and, in turn, maternal parenting; however, little is known about the extent to which teen mothers' reliance on other individuals (e.g., child's adult sister, another relative, etc.) would yield a similar or different pattern of findings or whether coparenting with these individuals exacerbates the impact of coparenting on parenting or child adjustment as mothers and children age. Beyond who the coparent is, future work with larger sample sizes should also examine whether the obtained pattern of results differs for families in which the coparent does and does not reside with the mother-child dyad.

Despite these limitations, the current study makes several significant contributions to the literature, with potential practice implications as well. First, this study answers the call for further research on coparenting relationships in diverse and single-parent families (Feinberg, 2002; Jones et al., 2007; van Egeren & Hawkins, 2004). Although it is likely that the families with the most difficulties in coparenting, parenting, and child adjustment did not volunteer to participate, this study focused on a relatively understudied and difficult to reach group, African American single-mother families. Second, this study adopted a much more balanced model than is typically seen in research on African American children, which tends to focus on risks. By examining positive and negative dimensions of child functioning, as well as examining two distinct dimensions of coparenting rather than a single continuum, the present study revealed that coparent support is as important as coparent conflict in the ability of mothers to effectively parent their children, as well as in child well-being. Building on the current study's emphasis on the positive and negative domains of coparenting and child outcomes, continued study of the mediating roles of positive and negative (or harsh) parenting behaviors merits further consideration. Finally, the present study examined family- and child-level variables amenable to intervention. In addition to building on prior work highlighting the positive effects of parenting characterized by monitoring and warmth, two dimensions of parenting routinely targeted in parent-focused treatment (e.g., McMahon & Forehand, 2003; Reid & Webster-Stratton, 2001), children may benefit directly, as well as indirectly via improved parenting, from interventions that include extended family and address the quality of the coparenting relationship. Of course, our study focused on one at-risk group, African American youth from single-mother homes; however, future work should consider the relevance of this

model to other stressed families as well (e.g., depressed mothers, bereaved families, divorced families).

Contrary to earlier suggestions in the marital and family literatures (Ewart et al., 1991), not being nasty may not matter more than being nice when it comes to the coparenting relationship in African American single-mother families or its impact on maternal parenting and child adjustment. In fact, earlier studies may have underestimated the importance of coparenting support by not considering its association with more positive aspects of well-being, such as competence. Thus, comprehensive studies of family functioning should include measures of positive and negative aspects of coparenting and child outcomes.

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