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Parental Stress and Coping in U.S. and Caribbean Immigrant Parents of Adolescents

Simone A. Wright
Walden University

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Walden University

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Simone A. Wright

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Walden University
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Abstract

Parental Stress and Coping in U.S.
and Caribbean Immigrant Parents of Adolescents

by

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MS, Walden University, 2020

MA, Kean University, 2005

BA, Bloomfield College, 2001

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy in
Clinical Psychology

Walden University

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Abstract

The immigrant population in the U.S. is growing, and the way immigrants cope with the stress of parenting may differ from parents in their host country. There is a gap in the literature regarding knowledge about how Caribbean parents cope with parenting stress compared to U.S. parents. The purpose of this quasi-experimental quantitative study was to predict coping strategies used by Caribbean immigrant and U.S.-born parents of adolescents living in the U.S based on country of origin using transactional stress and coping theory as frameworks. Thirty-seven U.S.-born and 37 Caribbean-born caregivers living in the U.S. were recruited from social media platforms and completed anonymous online questionnaires including the Parental Stress Scale, the Ways of Coping Checklist-Revised, and a demographic survey. Multivariate linear regression was used to examine the extent to which parental stress and cultural origin as well as several covariates (educational level, racial ethnic background, and adolescent culture of origin), predicted eight different coping strategies (confrontive, distancing, self-controlling, seeking social support, accepting responsibility, escape avoidance, planful problem-solving, and positive appraisal). Cultural origin and the interaction of cultural origin and parental stress did not significantly predict the use of any coping strategies. Parental stress levels significantly predicted the use of escape avoidance in both groups. Educational level predicted confrontive coping, distancing, and seeking social support, while racial-ethnic background predicted distancing. These findings contribute to the literature and positive social change initiatives by increasing our understanding of coping processes in parenting and by helping health care providers treat Caribbean immigrant families.

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Dedication

This dissertation is dedicated to Jesus, the head of my life, who guides my path as I accomplish His plan. I appreciate the people He had put in my life to support and encourage me when I needed it the most.

I would also like to dedicate this work in appreciation of the support of my family throughout this entire process: my parents, Carl and Vinnette Jarrett, who encouraged and gave me the space to focus; my 10 nieces and nephews (Nicaiah, Nishae, Jorgianna, Kaniel, Natavia, Kris, Kyle, Xiva, Paris, and Omari) who did not get much of auntie's time over the past 3 to 4 years as I accomplish this; and my siblings (Craig, Stacyann, Karesha, Georgette, and Kimberly) who provide support and did not hound me to be there more than they know that I could be available.

This work is also dedicated to so many family members who were instrumental in helping me to accomplish this, my cousin and brother in Christ, Richard Buckley; several cousins who have supported me in helping to complete daily tasks that I could not have done due to the time that I needed to focus, Sharon Summerville and Anodine Cole; my auntie Pauline Poyser, who prayed for me diligently; my grandmother, Christine McKreth with her words of wisdom; and all my other family members who provide support and encouragement that I could do it.

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Table of Contents

List of Tables -----	vi
List of Figures -----	vii
Chapter 1: Introduction to the Study -----	1
Introduction.....	1
Background.....	2
Caribbean Immigrant Parents -----	2
U.S. Parents -----	3
Coping Strategies-----	4
Parental Stress -----	5
The Gap in the Discipline-----	6
The Need for the Study-----	7
Problem Statement.....	7
Purpose of the Study.....	9
Research Questions and Hypotheses	9
Theoretical Framework.....	10
Definitions of Key Terms	12
Assumptions.....	14
Scope and Delimitations	15
Limitations	15
Significance.....	17
Significance to Practice -----	17
Significance to Social Change-----	18

Summary	18
Chapter 2: Literature Review -----	20
Introduction.....	20
Literature Search Strategy.....	21
Theoretical Foundation	21
Stress and Cognitive Appraisal-----	22
Coping -----	23
Stress and Coping Theory in the Literature -----	24
Theory Rationale -----	25
Relationship of the Theory to the Study -----	25
Literature Search of Key Variables.....	26
Immigrants in the United States.....	29
Immigrant Parents.....	29
Caribbean Immigrants Parents.....	30
Caribbean Origin -----	30
Caribbean Family Structure -----	31
Caribbean Parenting Practices-----	33
U.S. Parents.....	35
U.S. Origin -----	35
U.S. Family Structure-----	36
U.S. Parenting Practices-----	37
Coping Strategies	38
Parental Stress.....	44

Parental Stress and Adolescence-----	46
Parental Stress and Cultural Origin-----	47
Summary	48
Chapter 3: Research Method -----	50
Introduction.....	50
Research Design and Rationale	50
Methodology	52
Population -----	52
Sampling and Sampling Procedures -----	52
Procedures for Recruitment, Participation, and Data Collection -----	54
Instrumentation -----	54
<i>Parental Stress Scale (PSS)</i> -----	54
<i>The Ways of Coping Checklist-Revised (WCC-R)</i> -----	56
<i>Demographic Questionnaire (DQ)</i> -----	57
Operationalization of Constructs-----	58
Data Analysis Plan -----	59
<i>Data Assumptions</i> -----	59
<i>Research Questions</i> -----	60
External Validity Threats.....	62
Internal Validity Threats.....	63
Ethical Procedures	64
Summary	65
Chapter 4: Results-----	67

Introduction.....	67
Data Collection	68
Results.....	69
Demographics and Descriptive Statistics of Caregivers-----	69
Statistical Assumptions for a Multivariate Regression Analysis -----	72
Multivariate Regression Test Results -----	77
Hypothesis 1: Cultural Origin Predicts Coping Strategies -----	84
Hypothesis 2: Parental Stress Predicts Coping Strategies-----	84
Hypothesis 3: Cultural Origin and Parental Stress Interaction predicts Coping Strategies -----	85
Summary	85
Chapter 5: Discussion, Conclusions, and Recommendations-----	86
Introduction.....	86
Interpretations of the Findings	87
Literature Review and Research Findings -----	87
Theoretical Framework and Research Findings -----	91
Limitations of the Study.....	93
Recommendations for Future Research.....	95
Implication for Positive Social Change and Clinical Practice	96
Implication for Positive Social Change -----	96
Implication for Clinical Practice -----	97
Conclusion	98
References-----	100

Appendix A: Explanation of Study Email -----	119
Appendix B: Email, Social Media, and Posted Announcement -----	120
Appendix C: Consent to Use Parental Stress Scale -----	121
Appendix D: Consent to Use Ways of Coping Checklist Revised -----	122
Appendix E: Demographic Questionnaire -----	123

List of Tables

Table 1. Literature Review Matrix.....	27
Table 2. Summary of Operational Construct of Variables	58
Table 3. Demographic Variables Frequency and Percentage (N = 74)	71
Table 4. Results From the Independence of Observation Test.	74
Table 5. Multivariate Multiple Linear Regression for the Entire Model (N = 74)	77
Table 6. Multivariate Test Results (N = 74)	78
Table 7. Parameter Estimates for the Dependent Variables (N = 74).....	80

List of Figures

Figure 1. Residual Scatterplot Testing Homoscedasticity	75
Figure 2. P-P and Q-Q plot for Linearity and Normality.....	76

Chapter 1: Introduction to the Study

Introduction

In the United States (U.S.), more than 6 million children between the ages of 6 and 17 are children of a foreign-born parent (U.S. Census Bureau, 2019a). Caribbean immigrants make up approximately 10% of the foreign-born individuals in the United States (U.S. Census Bureau, 2019b). Their culture of origin may influence parents who are not native to the United States in how they perceive and cope with stress (Dhillon & Hafiz, 2017; Szabo et al., 2017; Tilley et al., 2020). Understanding the relationship between parental stress and coping in the Caribbean immigrant and U.S.-born parents of adolescents is crucial when counseling individuals from both cultures (Bernal & Adames, 2017; Rousseau & Frounfelker, 2019). It could be detrimental when treating Caribbean immigrant individuals and families if one's culture and sociocultural experiences are not considered when evaluating individual psychopathology (Kirmayer & Ryder, 2016; Thompson, 2016). This study was needed to enhance psychologists' cultural understanding of how parents of adolescents' cope with stress in the large Caribbean immigrant population within the United States. It could aid in generating culturally specific treatments and approaches for counseling Caribbean immigrants, resulting in potential positive social change.

In this chapter, I introduce this study. After describing the study's background, I state the problem and the purpose of the study. Next, I discuss the study's research question, hypotheses, and theoretical and conceptual frameworks. Finally, I explore the nature of the study, define terms, and discuss the assumptions, scope, delimitations, limitations, and significance of the study before summarizing the chapter.

Background

Caribbean Immigrant Parents

Caribbean immigrants in the United States face acculturation challenges in parenting their children. The American Psychological Association (APA) explained that it is often difficult for adult immigrants to acculturate to their new country because they have been thoroughly socialized into their culture of origin before migration (APA Presidential Task Force on Immigration, 2013). Approximately 4.5 million Caribbean immigrants live in the United States (U.S. Census Bureau, 2019b). Caribbean immigrant families in the United States struggle with adjusting to the cultural differences in parenting practices (Muruthi et al., 2016). Differences in family structure, parenting approaches, power-control, and knowledge of available resources are all factors that provide challenges for Caribbean immigrant parents (APA Presidential Task Force on Immigration, 2013; Roopnarine & Jin, 2016; Smith, 2016).

Caribbean immigrant parents and families who migrate to the United States encounter sociocultural challenges (behavior and identity, family values, intergenerational discrepancies, and parent-adolescent conflicts) when acclimating to the U.S. culture, which influences how parents, as well as adolescents, adjust and cope (Cobb et al., 2019; Roopnarine & Yildirim, 2016; Rousseau & Frounfelker, 2019; Ward & Geeraert, 2016). Culture impacts the ways individuals cope with stressors in part because the availability of resources changes when a family migrates to the United States (Cobb et al., 2019; Ward & Geeraert, 2016). Therefore, the parenting coping resources that Caribbean immigrant parents use would depend on how acculturated they are to the U.S. culture and the availability of

coping resources that are familiar to them (APA Presidential Task Force on Immigration, 2013; Ward & Geeraert, 2016).

The parenting practices of Caribbean immigrant families influence the way parents appraise and cope with parental stress. Parenting in the Caribbean culture consists of a high parental structure involving setting clear rules and expectations with predictable consequences and consistent feedback and increased parental control involving domineering, coercive, and intrusive parenting styles (Griffith & Grolnick, 2014). Notably, most Caribbean immigrant parents use punitive discipline, a form of confronting coping strategies, to deal with children's behavioral issues (Roopnarine & Jin, 2016; Smith, 2016; van der Kooij et al., 2017). Caribbean parents may eschew forms of non-punitive discipline as ineffective, as culturally, corporal punishment is considered more effective (Landon et al., 2017; Smith, 2016). Thus, cultural norms can influence child-rearing practices and parents' choice of strategies for coping with parental stress.

U.S. Parents

Parenting practices in the United States are mainly authoritative, where parents express warmth and are nurturing yet firm in the way they discipline their children (Liu et al., 2017; Teti et al., 2017). Authoritative parents are more willing to listen to their child's input and communicate with their child by explaining what makes inappropriate behavior (Parker & Horowitz, 2015). The U.S. culture focuses on positive parenting practices over the practice of corporal punishment (Hornor et al., 2020; McWayne et al., 2017; McWayne et al., 2018). This is why spanking is the least commonly used disciplinary practice by U.S. parents. However, it was found that spanking was more likely to be used by Black parents than White

or Hispanic parents living in the United States (Parker & Horowitz, 2015). In the U.S. culture, harsh parenting is highly discouraged, but supportive parenting with open-minded parents is encouraged (Liu et al., 2017; Teti et al., 2017). The way U.S. natives' parent may influence their choices of coping strategies when experiencing parental stress.

Coping Strategies

There are several different types of coping strategies that are used by individuals who are experiencing stress. These strategies include confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive appraisal (Rexrode et al., 2008; van Pelt et al., 2019). They serve both problem-solving and emotion-regulating functions in one's ability to manage when experiencing stress. Folkman and Moskowitz (2004) reported that higher levels of stress are experienced by those who use emotion-focused coping. Using problem-focused coping strategies tends to generate a more adaptive stress response.

One coping strategy that is used by many Caribbean individuals that may influence parenting is religious coping. Religious coping is considered part of a positive reappraisal coping strategy (Folkman et al., 1986). Researchers compared positive religious coping in people with perceived discrimination and its effect on hypertension in three different populations: African Americans (n = 2,253), Caribbean Americans (n = 927), and Whites (n = 6,128; Teteh et al., 2020). The researchers found that positive religious coping is a protective factor against hypertension in Caribbean Americans and African Americans compared to Whites with or without hypertension (Teteh et al., 2020). Specifically, Caribbean Americans with hypertension tend to use more positive religious coping than

African Americans and Whites. It may be that Caribbean parents experiencing parental stress use religious coping as a means of parental coping; however, the researchers did not assess parental coping.

Another coping strategy that many Caribbean parents use is that of extended family support. Forsythe-Brown et al. (2017) examined the kinship support network of Caribbean immigrant families in the United States by comparing a sample of Jamaican immigrants with a sample of Jamaicans with the latter living in their country of origin. The authors reported that Jamaican immigrant adults over 60 years old with children more frequently received assistance from family members than childless individuals in the same age group. There were no group differences in the frequency that support was given to family members. This coping strategy indicates that family and social support are key coping strategies for Caribbean families raising children.

Parental Stress

Research indicates that environmental factors such as the child's age, behaviors, and disabilities impact how parents appraise stress (Barlow, 2019; Griffith & Grolnick, 2014; Mofokeng & van der Wath, 2017; Sohmaran & Shorey, 2019; Yi-Frazier et al., 2017).

Researchers examined the relationship between parents' parental stress level and externalizing and internalizing problems in their children and found that parental stress level decreases as children get older (Stone et al., 2016). Furthermore, they found an association between higher parental stress levels and more child externalizing problems. As child externalizing problems decrease, so does parental stress level. The study indicated that a

child's behavior impacts the parent's parental stress level; however, the researchers did not address the way parents coped with stress.

Parental evaluation of their adolescent's behavior could impact their parental stress level. A study that examined the parent-adolescent agreement of 27,861 parent-adolescent dyads across 25 different societies found that adolescents reported significantly more problems in 24 of the 25 societies examined than their parents (Rescorla, 2016). However, adolescents and parents tended to agree on their perceptions of the intensity of a problem. Furthermore, reports of the problem by both parents and adolescents were higher for the clinical population than the general population. The researcher attributed parents becoming concerned with parents' appraisal of their adolescent externalizing problems versus internalizing problems.

Additionally, the author expressed that issues are not always obvious when evaluating family dynamics and can only be viewed from each person's perspective. Therefore, the way a parent appraises their adolescent's behavior could impact their parental stress level. Rescorla, however, did not address coping strategies.

The Gap in the Discipline

This study was proposed to fill a gap in the discipline by providing information about possible cultural differences in parenting coping strategies in Caribbean immigrant and U.S.-born parents of adolescents. Psychologists who work with individuals from different cultures may attempt to help without understanding the culturally specific context to which they applied therapeutic techniques and interventions (Bernal & Adames, 2017; Dhillon & Hafiz, 2017; Kirmayer & Ryder, 2016; Szabo et al., 2017). Moreover, immigrants' choice of coping

strategies might not be understood by the prevailing culture they live in (APA Presidential Task Force on Immigration, 2013). Furthermore, the APA states that some mental health professionals may consider immigrants' coping strategies unacceptable and have cultural biases. Therefore, this study may inform psychologists and increase their cultural awareness regarding Caribbean immigrant parents and their coping strategies.

The Need for the Study

U.S. psychologists tend to apply their culturally specific developed psychology to individuals from other cultures without understanding the differences in the cultural context (Sundararajan, 2019). Additionally, Sundararajan (2019) highlighted the importance of developing cultural awareness and not viewing U.S. psychology as the only lens through which to view the entire world. Therefore, to effectively provide mental health services to immigrant individuals, these populations must be examined through their culture of origin and cultural experiences (APA Presidential Task Force on Immigration, 2013). Culture needs to be an important factor in treating individuals, whether in the individual culture of origin or as immigrants in another country (Kirmayer & Ryder, 2016). Caribbean immigrants enter the United States with their cultural values and worldviews. Therefore, a psychologist needs to understand the cultural context of the Caribbean immigrant family and the way they cope with parental stress.

Problem Statement

Researchers have indicated that immigrant parents, specifically Afro-Caribbean mothers, struggle with parenting their children due to differences between their culturally-based parenting practices and their U.S. host country (Covington-Ward et al., 2018; Muruthi

et al., 2016). These cultural factors may have significantly impacted how Caribbean immigrant parents respond to their adolescents' behaviors and their appraisal of their parental stress level (Muruthi et al., 2016). However, there is no current published literature discussing differences or similarities in Caribbean immigrant and U.S. parents' coping strategies when parenting adolescents (Cobb et al., 2019; Covington-Ward et al., 2018; Rescorla, 2016). Although research has been conducted on parental stress in each native culture (Roopnarine & Jin, 2016; Yi-Frazier et al., 2017), specific differences in coping strategies between the two cultures in the United States have not been explored. More research is needed on coping strategies among Caribbean immigrant parents of adolescents living in the United States compared to U.S.-born parents experiencing parental stress.

Multicultural psychology continues to grow (Abbott et al., 2019; Sapp, 2016); however, there is limited understanding of the coping practices of the Caribbean immigrant parents of adolescents. Gaining this understanding will help clinical psychologists who work with families and adolescents understand the way parents from this culture evaluate the stress of parenting their adolescent, help these parents respond to parental stress, and help these parents cope with the stress they experience while parenting their adolescent. This study will fill the gap in knowledge regarding parental stress and coping in the Caribbean immigrant family dynamic; filling this gap may enable psychologists to develop a better cultural conceptualization. U.S. psychologists may be better able to create or choose appropriate interventions when working with these families.

Purpose of the Study

The purpose of this quantitative study was to compare the coping strategies used by Caribbean immigrant and U.S.-born parents of adolescents living in the United States experiencing parental stress. The independent variables are parental stress levels and cultural origin (Caribbean immigrant and U.S.-born parents living in the United States). The dependent variables are the eight coping strategies used by the participants.

Research Questions and Hypotheses

RQ1: Does cultural origin predict using any of eight coping strategies in a sample of Caribbean-born and U.S.-born parents of adolescents in the United States?

H_{01} : Cultural origin does not predict the use of any of the eight coping strategies.

H_{a1} : Cultural origin significantly predicts the use of each of the eight coping strategies.

RQ2: Does parental stress level predict the use of any of eight coping strategies in a sample of Caribbean-born and U.S.-born parents of adolescents in the United States?

H_{02} : Parental stress level does not predict the use of any of the eight coping strategies.

H_{a2} : Parental stress level significantly predicts the use of the eight coping strategies.

RQ3: Do cultural origin and parental stress levels interact in the prediction of the use of any of the eight coping strategies in a sample of Caribbean-born and U.S.-born parents of adolescents located in the United States?

H_{03} : There is no interaction between cultural origin and parental stress level in predicting the use of the eight coping strategies.

H_{a3}: There is a statistically significant interaction between cultural origin and parental stress level in predicting the use of the eight coping strategies.

Theoretical Framework

Folkman and Lazarus's (1985) transactional stress and coping theory (TSCT), initially developed by examining psychological distress and coping in adults, served as the theoretical framework for the study. The theory holds that individuals' relationships with their environment can act as a lens through which one appraises stress and how individuals cope in a stressful situation (Lazarus, 1993). The theory provides the framework for researchers to focus on coping processes, specifically on what individuals think and do when experiencing stressful situations. Folkman and Lazarus (1988) wrote that the copying process is fluid and can change over time. Furthermore, there are no good or bad coping processes, but some strategies may be more effective than others (Lazarus, 1993). There are three major components of stress and coping theory: stress, cognitive appraisal, and coping (Folkman & Lazarus, 1988). TSCT provides the theoretical foundation to understand whether cultural origin influences the ways individuals perceive stress or stressors and their choice of coping strategies (Folkman & Lazarus, 1988). More specific details about the theory will be explained in Chapter 2.

TSCT provides a suitable foundation for understanding parental stress and coping among the Caribbean immigrant and U.S.-born parents of adolescents. The relationship between a person and their cultural environment informs one's choice of coping strategies (Folkman & Lazarus, 1988). An individual's choice of coping strategies in a particular situation is based on the appraisal of their relationship with their environment, which may be

culturally influenced. Thus, parents' coping strategies may be linked to their cultural origin and may affect how individuals cope when experiencing parental stress. The different ways parents cope with stress may be due to how they appraise stress, which may be culturally informed. Although Caribbean immigrant parents may not be in their culture of origin, they may continue to use the coping skills they were exposed to in their native cultures. Therefore, these parents may experience additional stress if the resources they have often depended on are no longer available; thus, they may struggle to adapt or use new and different available resources. Thus, Folkman and Lazarus's (1988) TSCT helped frame and undergird the research questions of whether cultural origin affects one's choice of coping strategies when experiencing parental stress.

Nature of the Study

The study followed a quantitative, quasi-experimental, cross-sectional approach. The study was designed to compare the similarities and differences among the two cultural groups to see if the cultural origin and high, medium, and low parental stress levels impact parents' choice of coping strategies. Due to the research questions and hypothesis posed, the quantitative design was the best approach for this study. A quantitative approach is best suited when researchers intend to use statistical analysis to assess differences in quantified variables (Creswell & Creswell, 2018). Quasi-experimental studies are appropriate for research designed to compare groups of individuals and test hypotheses that seek to determine differences (Handley et al., 2018). Researchers do not randomly assign participants to groups (Campbell & Stanley, 2015). The study is considered a quasi-experiment due to the lack of random assignment of participants to groups. Additionally, the

study was quasi-experimental because I assessed differences in the dependent variables by the independent variables.

Convenience and snowball sampling were used to recruit participants for the study. Volunteer participants were U.S.-born and Caribbean-born parents living in the United States, with at least one adolescent between the ages of 13 and 18. Individuals were recruited from social media groups or organizations to participate in an online survey via Survey Monkey anonymously. Participants were asked to share the study's link with other parents of adolescents. Once the data were collected from Survey Monkey, they were analyzed using IBM SPSS 27 software. Multiple regression analysis and descriptive statistics were completed to understand the relationship between cultural origin, parental stress, and the use of coping strategies in parents of adolescents.

Definitions of Key Terms

The following terms are defined for use in the study.

Accepting responsibility: Accepting responsibility is a coping strategy wherein individuals acknowledge their actions in a stressful situation with apparent efforts to correct the problem (Rexrode et al., 2008).

Adolescence: Adolescence refers to a period of human development between the ages of 13 and 18, where there is a transition into adulthood (Casey, 2015).

Caribbean origin: Caribbean origin designates a parent or caregiver participating in this study who was born in a Caribbean country that is inclusive of the Caribbean Community (CARICOM; Caribbean Community [CARICOM], 2016).

Cognitive appraisal: Cognitive appraisal involves individuals examining their overall wellbeing based on specific encounters with their environments (Folkman & Lazarus, 1988).

Confrontive coping: Confrontive coping refers to a coping strategy wherein intense efforts involve some degree of hostility and aggression to change the stressful situation (Folkman et al., 1986).

Coping: Coping refers to an individual's ability to adapt to and overcome negative emotions, despite high levels of stress, as expressed by eight different types of coping (e.g., confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive appraisal; Folkman et al., 1986).

Culture: Culture is the attitude, values, and behaviors unique to a particular race or ethnicity from a specific geographic region (Dhoest, 2015).

Distancing: Distancing refers to a coping strategy in which efforts are made to detach oneself from a stressful situation by thinking positively about or developing a positive outlook on the case (Folkman et al., 1986).

Escape-avoidance: Escape-avoidance is a coping strategy in which one uses wishful thinking and behavioral efforts to escape or avoid a stressful situation (Rexrode et al., 2008).

Parental stress: Parental stress is an adverse emotional, physical, and psychological reaction to the demands of being a parent (Crnic & Ross, 2017).

Planful problem-solving: Planful problem-solving refers to a coping strategy in which purposeful efforts focus on changing a stressful situation or problem and having a logical approach to solving the problem (Folkman et al., 1986).

Positive appraisal: Positive appraisal is a coping strategy tending to have a religious tone or approach. Efforts are focused on individuals' personal growth, achieved by finding a positive meaning in a stressful situation (Rexrode et al., 2008).

Seeking social support: Seeking social support refers to a coping strategy wherein individuals seek informational and emotional support from others in their social network when dealing with a stressful situation (Rexrode et al., 2008).

Self-controlling: Self-controlling is a coping strategy involving individuals' ability to manage their feelings and actions around a problematic situation (Rexrode et al., 2008).

Stress: Stress is a negative response to environmental stimuli wherein one's resources are taxed or exceeded (Folkman & Lazarus, 1988).

Assumptions

It was important to identify assumptions because they were not easily controlled due to the research design and how participants were recruited. One assumption was that each participant could read, understand, and write English fluently despite the participants' country of origin. As a criterion for participating in this study, the participant must acknowledge that they can read and write English fluently and thus meet the criterion to participate. Another criterion to participate was that all participants were parents or caregivers of adolescents between the ages of 13 and 18.

Moreover, there were basic assumptions due to the quantitative study (Creswell & Creswell, 2018; Leedy & Ormrod, 2019). Since this study used self-disclosure surveys, it was assumed that all participants would complete all surveys and answer all questions honestly, openly, and to the best of their abilities. When using convenient and snowball

sampling, it is assumed that participants who volunteered for this study did not respond in a way that would intentionally bias the results. Participants were assumed to be truthful regarding whether they meet the criteria to participate in the study. These are necessary assumptions to identify the reliability and validity of the study's research questions.

Scope and Delimitations

Caribbean immigrant parents in the United States struggle with parenting their children culturally due to differences in parenting practices with their host country (Muruthi et al., 2016). I examined whether a parent's cultural origin could predict the use of coping strategies when experiencing parental stress. There were some delimitations in this study. One delimitation was that this study would focus on Caribbean immigrant and U.S.-born parents of adolescents living in the United States. Caribbean immigrant parents were parents born in one of the inclusive Caribbean countries identified for this study. Another delimitation was that U.S. parents were natives of the United States, and participants were limited to those who could read and write English fluently. The relationship between stress, coping, and culture was identified by applying the TSCT (Folkman & Lazarus, 1988). Therefore, the generalizability of the results could be applied to parents of adolescents living in the United States. Depending on the sample compilation, generalizability may be limited and may not be applied to immigrant parents from all Caribbean countries.

Limitations

One limitation was the generalizability of the findings to the entire Caribbean population due to convenience sampling, which limits the generalizability of study findings relative to probabilistic or random sampling techniques (Etikan et al., 2016). The Caribbean

comprises different races, ethnicities, and languages, influencing acculturation and enculturation and how individuals experience parental stress. The findings were only applied to Caribbean immigrants living in the United States and not natives living in their Caribbean country of origin. Additionally, the study was limited because, in the labeling of individuals in the U.S. population, one could not account for influences of Caribbean origin on second-generation parents since they identified as U.S.-born. Moreover, the study did not examine the difference in single-parent versus dual-parent households' configuration on parental stress levels and coping strategies. Other factors that might affect parental stress levels outside one's adolescent's parenting were not accounted for and could significantly impact the results obtained.

It is expected that all Caribbean immigrants who participated in the study could read and write English fluently. Due to the numerous languages throughout the Caribbean, some countries do not use English as the primary language, such as the Dominican Republic and Haiti. Language could have been a barrier for some individuals who do not fluently read and write English and limited the generalizability of the findings.

Biases may have arisen in the implementation of the study due to the snowball sampling procedures used to obtain participants (Creswell & Creswell, 2018). To obtain the number of participants needed with the population identified, sharing the study information with other participants from those who have completed the study or have information about the study may reflect the results of participants who may have similar responses. Snowball sampling may limit the variability of responses that the researcher may have obtained if the participants were randomly selected (Creswell & Creswell, 2018).

The study is also limited because, as a quantitative study, it is incapable of understanding or explicating the reasons for any observed relationship between parental stress, cultural origin, and coping strategy. Quantitative research aims to classify features, count them, and construct statistical models to explain observations (McCusker & Gunaydin, 2015). Conversely, qualitative studies are based on human experiences and observations and do not ignore the “gut” instinct. However, mixed-methods research would consider both quantitative and qualitative aspects. Another limitation is the use of self-reporting questionnaires, which may reflect a social desire rather than actuality, and study participants may have been unwilling to admit to their actual behaviors (Creswell & Creswell, 2018).

To address limitations, one of the questions to participate in the study asked whether one can read and write English fluently and currently lives in the United States. Participants were also questioned about their adolescents’ age to ensure they met the criterion to participate. Information about household composition was obtained by asking about single versus dual-parent households. Although I cannot account for the influences of U.S. parents who are children of Caribbean immigrants, this information was obtained and reflected in the participants’ demographics.

Significance

Significance to Practice

There are differences in how parents cope based on their culture of origin (Roopnarine & Yildirim, 2016). These differences highlight the importance of understanding how Caribbean immigrant parents cope with parental stress. This study will provide information about coping strategies used by Caribbean-born parents of adolescents compared

to those used by U.S.-born parents. Potential differences in the coping process of parents of adolescents were examined from a cultural perspective. Understanding any significant differences between Caribbean immigrant and U.S.-born parents may help psychologists assess how cultural origins are related to Caribbean immigrant parents' stress and coping strategies.

Significance to Social Change

Information from this study may help psychologists increase their understanding of Caribbean immigrant parents' coping strategies, especially when they are experiencing parental stress. Potential social change may become evident as professionals understand how Caribbean immigrant culture may or may not impact parents' coping strategies. This understanding may lead to social change by providing culturally relevant information to the field of clinical psychology so that appropriate support programs and interventions can be developed for Caribbean immigrant parents of adolescents (Bernal & Adames, 2017). Such interventions could lead to less stressed parents who are better able to confront parenting and family life challenges. Additionally, this study will help generate positive social change by providing a multicultural understanding of how Caribbean immigrant parents cope with parental stress based on the knowledge and experience of their culture of origin.

Summary

Chapter 1 provided the background, which supports that immigrants who come to the United States come from many different cultural backgrounds and cannot be grouped into one category. Consequently, to treat immigrants, psychologists need to use the cultural context to understand the immigrants' choice of coping strategies when stressed (Cobb et al.,

2019). Being culturally aware is vital for psychologists to provide effective culturally-based treatment (Bernal & Adames, 2017). A brief overview of the TSCT was presented as a guide to explore whether the choices of coping strategies may be unique to an individual's culture of origin when experiencing parental stress (Folkman & Lazarus, 1985/1988). Then, the key definitions, assumptions, limitations, and significance were described. Finally, the nature of the study was explained.

In Chapter 2, I provide a review of the research purpose and problem with an introduction to the study and a description of how the literature review was conducted. I complete an exhaustive review of existing literature regarding parental stress, cultural origin, coping, and the theoretical model's applicability to these key variables. A critical review, analysis, and synthesis of the literature regarding parental stress, coping strategies, and Caribbean immigrants and U.S.-born parents will be conducted. Finally, Chapter 2 provides clarification of the gap in the literature this study fills.

Chapter 2: Literature Review

Introduction

Caribbean immigrant parents struggle with parenting due to differences in parental practices between their culture of origin and their host country (Muruthi et al., 2016). As an immigrant population, Caribbean people possess cultural experiences that significantly impact how they parent their children (Roopnarine & Yildirim, 2016; Smith, 2016; Yildirim & Roopnarine, 2015). As a group, Caribbean immigrants' family structure has not been researched related to coping strategies of parents experiencing parental stress. More research on immigrants in the United States is needed to improve practice, education, and research (APA Presidential Task Force on Immigration, 2013). Therefore, the purpose of this quantitative study is to explore the difference in the choice of coping strategy made by Caribbean immigrants and U.S.-born parents of adolescents experiencing parental stress. To expand the literature on Caribbean immigrant parents of adolescents' coping strategies, comparison research is needed. Comparing similarities and differences between U.S. and Caribbean cultures potentially provides a better foundation for the impact of cultural origin on parents of adolescents' coping strategies while experiencing parental stress.

In this chapter, I provide a review of the literature relevant to the topic of the present study. Through an exhaustive review of the current literature, I explore parental stress and coping strategies from the Caribbean and the U.S. cultural perspectives. I offer a rationale for the current study, its variables, and the research question. After describing the literature search strategy, I discuss the theoretical foundation and the conceptual framework supporting

the study. The chapter ends with a summary and conclusions based on a review of the literature.

Literature Search Strategy

I conducted a comprehensive online search for material related to cultural origin, coping strategies, and parental stress using Walden Library's online portal. The literature search was completed using several databases and search tools, including Google Scholar, EBSCOhost, ProQuest, Academic Search Premier, Academic Search Complete, FirstSearch, PsycARTICLES, PsycINFO, and SAGE. The following search terms and combinations of terms were used to locate relevant material: *parental stress and coping; culture, stress, and coping; stress and coping theory; Caribbean parenting; Caribbean parenting of adolescents; parenting in America; parenting in the Caribbean; parental stress and adolescents; cultural origin; coping strategies; parental stress; and Caribbean immigrants*. Preference was given to articles published within the last 5 to 10 years; however, it was necessary to include research outside the 10-year window for seminal studies and historical and theoretical material essential to the study. This search was conducted using various combinations of search terms until no new articles appeared.

Theoretical Foundation

Transactional Stress and Coping Theory

The TSCT was the theoretical foundation for the study (Folkman & Lazarus, 1985; Folkman et al., 1986; Folkman & Lazarus, 1988). TSCT is based on cognitive appraisal and coping factors, which are presented as mediators for individuals' stressful encounters in their environments. TSCT emphasizes that individuals are constantly appraising stimuli within

their environment related to how they cope based on that appraisal (Biggs et al., 2017). The theorists posit that the coping process is fluid and can change over time (Folkman & Lazarus, 1988). This study examines stress and coping, specifically from the Caribbean immigrant and native U.S. parents' perspectives. Folkman and Lazarus's (1985/1988) TSCT was selected to compare how adolescents choose to cope with parental stress when they are from different cultures.

Stress and Cognitive Appraisal

There are three major components of this theory, including stress, cognitive appraisal, and coping. One component, stress, is described as an individual's appraisal of their wellbeing by examining the relevance of their relationship with the environment where one's resources are taxed or exceeded (Folkman & Lazarus, 1988). The way parents perceive their experiences as a parent may be impacted by their cultural origin. The second component, which is related to the first, cognitive appraisal, refers to individuals examining their overall wellbeing based on specific encounters with their environment (Folkman & Lazarus, 1988). The cognitive appraisal can be categorized as either primary or secondary appraisal. Primary appraisal involves individuals feeling that they have something to lose, whereas secondary appraisal involves considering whether anything could have been done to resolve the challenging situation.

Cognitive appraisal evaluates the impact of one's environmental or cultural exposure on one's decision-making process, thus providing the foundation to explore whether cultural origin influences the ways individuals perceive stress or stressors. The appraisal process is influenced by the individual's beliefs, goals, values, and the demands and resources of the

environment (Biggs et al., 2017). Furthermore, the theory emphasizes that it is not the event that is stressful, but one's perceptions of the event.

Coping

Coping is the third component of the TSCT. Coping is an individual's cognitive and behavioral effort to manage internal and external stressors beyond their available resources (Folkman et al., 1986). Coping includes three key features. One feature is that coping is process-oriented, which involves what one thinks or does when experiencing a stressful situation. A second feature of coping is that a person's relationship with their environment is the lens through which they assess or appraise stress and impacts how they choose to cope when faced with a stressful situation. The third feature or tenet of coping is that there is no good or bad coping process but that some coping processes may be more effective than others (Lazarus, 1993). Stress and coping theory hold that particular individual and situational contexts together can shape one's coping efforts. For example, a culture with a strong emphasis on family cohesion might use a more familial and neighborly support strategy versus another culture, whose focus may be more of an individualistic ideology. The study assumed that Caribbean immigrants are less likely to access familial and neighborly support due to their introduction to a new culture.

Folkman et al. (1986) reported that the immediate outcome or one's choice of coping strategy depends on one's judgment of what would successfully resolve the situation. A person's judgment would be based on individual factors, such as values and goals, and the individual's expectation for resolving the stressful encounter (Folkman et al., 1986). Since

cultural norms and environmental factors inform individual judgment and expectations, the steps taken to resolve the situation would be based on the individual and cultural factors.

Stress and Coping Theory in the Literature

Since its development in the late 1970s, researchers have used stress and coping theory to examine many different types of stress, including caregiver stress, acculturation stress, and family stress, as well as individual, family, and occupational stress and coping factors (Bhowmik et al., 2018; Lee, 2018; Lu et al., 2017; Martin & Daniels, 2014). The TSCT was used by Lu et al. (2017) to examine the coping strategies of caregivers for Chinese adults over 60 years old with musculoskeletal conditions. The researchers found that unique cultural factors such as a strong emphasis on family piety and obligations impact caregivers and their choices of coping strategies (Lu et al., 2017). Additionally, Martin and Daniels (2014) applied TSCT to nursing students' mental health in South Africa to examine students' emotional regulation when experiencing stress. They found that emotions act as an activating event or arousal due to past experiences and serve an adaptive and nurture function for student nurses. The regulation of emotions was emphasized since the theory stressed that the emotion experienced motivates adaptation or available resources to decrease stressful experiences (Folkman & Lazarus, 1988; Martin & Daniels, 2014).

TSCT was used as one of the theoretical foundations for understanding acculturation stress and coping strategies among mainland Chinese University students (Bhowmik et al., 2018). They found that due to acculturation stress, individuals use a combination of maladaptive and adaptive coping strategies such as increased peer support, maintaining family connections, and distancing oneself from others (Bhowmik et al., 2018). Additionally,

Lee (2018) also used TSCT within a grounded theory approach to understanding the perception of acculturation stress, contextual factors, and factors that facilitate or hinder coping behaviors. Lee found that to alleviate acculturation stress, Korean immigrant students use the following strategies to cope: connectedness to the home country, remaining focused on a goal, media use for emotional release, and social capital in the host country.

Theory Rationale

TSCT was chosen because it provides the foundation for understanding how parents from different environmental contexts choose coping strategies based on their reaction to parental stress and their available resources at the time. This theory provides the foundation for researchers to understand that individuals' adaptation to stressful events is based on their relationships with their environment (Folkman & Lazarus, 1988). Individuals respond to stress based on whether they have assessed if they may be harmed or if something could be done to change the situation. This response provides one with the choice of problem-focused coping strategies or emotion-focused coping strategies to address the stressful situation (Folkman & Lazarus, 1988). As a result, the environmental context may inform the way individuals cope with stress (Folkman & Lazarus, 1988); therefore, the context may inform the coping strategies used by Caribbean immigrant parents when parenting their adolescents outside of their culture of origin.

Relationship of the Theory to the Study

Understanding the strategies parents use when coping with the stress of parenting their adolescents will help psychologists understand the impact of the environmental context on Caribbean immigrants and U.S. parents' coping processes. Cultural factors, such as social

support, ethnic and cultural resources, and environmental context, are all components of stress and coping theory that will help explain whether individuals' choice of coping strategies is linked to their cultural origin and the parental stress experienced. This theory will allow for understanding the relationship between cultural environment and parental stress. Based on the significant propositions of stress and coping theory, factors such as cultural origin may play a significant role in choosing coping strategies for parental stress.

Literature Search of Key Variables

In the following section, the key variable of immigrants in the United States is explicitly discussed relating to immigrant, Caribbean, and U.S. parents. The cultural background of the different groups is presented as it relates to how it impacts their parenting. Next, the different coping strategies identified in the literature are communicated. Finally, the variable of parental stress, specifically in parenting adolescents, and the demographic variables that impact parental stress and coping are reviewed for applicability to this study. See Table 1 for the literature review matrix.

Table 1*Literature Review Matrix*

Literature review matrix		
Transactional stress and coping theory		
<ul style="list-style-type: none"> • Bhowmik et al., 2018 • Biggs et al., 2017 • Folkman & Lazarus, 1985 • Folkman et al., 1986 • Folkman & Lazarus, 1988 	<ul style="list-style-type: none"> • Lazarus, 1993 • Lazarus & Folkman, 1987 • Lee, 2018 • Lu et al., 2017 • Martin & Daniels, 2014 	
Immigrants in the United States		Immigrant parents
<ul style="list-style-type: none"> • Dhillon & Hafiz, 2017 • Rousseau & Frounfelker, 2019 	<ul style="list-style-type: none"> • Covington-Ward et al., 2018 • Muruthi et al., 2016 	
Caribbean immigrant parents		
Caribbean origin	Caribbean family structure	Caribbean parenting practices
<ul style="list-style-type: none"> • CARICOM, 2020 • Landon et al., 2017 • Thompson et al., 2013 • U.S. Census Bureau, 2019b 	<ul style="list-style-type: none"> • Aslan & Gelbal, 2016 • Calzada et al., 2015 • Griffith & Grolnick, 2014 • Roopnarine & Jin, 2016 • Roopnarine & Yildirim, 2016 	<ul style="list-style-type: none"> • Burke & Sutherland, 2014 • Dede Yildirim & Roopnarine, 2019 • Griffith & Grolnick, 2014 • Muruthi et al., 2016 • Ricketts & Anderson, 2008 • Roopnarine & Jin, 2016 • Smith, 2016 • Smith & Moore, 2013 • UNICEF 2017 • UNICEF 2018 • van der Kooij et al., 2017

Table 1 Continues

U.S. parents		
U.S. origin	U.S. family structure	U.S. parenting practices
<ul style="list-style-type: none"> • Bornstein, 2017 • Conzen, 1979 • Sanchez, 1999 	<ul style="list-style-type: none"> • Aslan & Gelbal, 2016 • Doucet, 2016 • Hornor et al., 2020 • Liu et al., 2017 • Parker & Horowitz, 2015 • Prendergast & MacPhee, 2018 • Teti et al., 2017 	<ul style="list-style-type: none"> • Griffith & Grolnick, 2014 • Hornor et al., 2020 • Liu et al., 2017 • McWayne et al., 2017 • McWayne et al., 2018 • Parker & Horowitz, 2015 • Teti et al., 2017
Coping strategies		
<ul style="list-style-type: none"> • Alhurani et al., 2018 • Assari, 2014 • Biggs et al., 2017 • Craig et al., 2020 • Hope et al., 2020 • Kuo, 2013 • Landon et al., 2017 	<ul style="list-style-type: none"> • Maguire-Jack & Wang, 2016 • McAuliffe et al., 2017 • Moorley et al., 2016 • Taylor et al., 2017 • Vassilliere et al., 2016 • Vernhet et al., 2019 	
Parental stress		
Parental stress overview	Parental stress and adolescents	Parental stress and cultural origin
<ul style="list-style-type: none"> • Anderson, 2008 • Cantwell et al., 2014 • Cooper et al., 2009 • Craig et al., 2020 • Crnic & Ross, 2017 • McAuliffe et al., 2017 • Mofokeng & van der Wath, 2017 • Ricketts & Anderson, 2008 • Steijn et al., 2014 • Vernhet et al., 2019 	<ul style="list-style-type: none"> • Aslan & Gelbal, 2016 • Casey, 2015 • Dhoest, 2015 • Meeus, 2016 • Mooren et al., 2020 	<ul style="list-style-type: none"> • Griffith & Grolnick, 2014 • JCO-ICVIS, 2016 • Ricketts & Anderson, 2008 • Smith & Moore, 2013 • UNICEF, 2018

Immigrants in the United States

Immigrants encounter challenges upon migration. According to Rousseau and Frounfelker (2019), immigrants voluntarily migrate from one country to another, different from refugees who involuntarily migrate. Migration occurs with individuals and families seeking a better quality of life due to educational, economic, social, environmental, or political factors (Dhillon & Hafiz, 2017). In pursuing that better life, individuals leave behind their first culture of origin, which is fundamental to their cultural and psychological identification, to move to another country where they are expected to adopt new cultural norms and practices (Dhillon & Hafiz, 2017). Therefore, psychologists need to enhance their cultural awareness, especially regarding developing culturally relevant and appropriate interventions that can be applied internationally or to different cultures within the United States (Kirmayer & Ryder, 2016; Sundararajan, 2019).

Immigrant Parents

Immigrant parents reported parenting challenges in the United States due to conflict between their cultural values and their host country. Covington-Ward et al. (2018) conducted a qualitative study that examined stress, coping, and health in an African immigrant community in the United States. They found that parents report experiencing stress due to cultural conflict between their host country's parenting practices and their country of origin. The differences highlighted were in disciplinary methods and social and educational expectations for their children (Covington-Ward et al., 2018). Additionally, the researchers also found that parents want their children to keep the parents' culture of origin, but at the same time, adopt the American culture. A qualitative study of Afro-Caribbean mothers in the

United States found that mothers desire to use parenting methods from their country of origin for their children to be successful (Muruthi et al., 2016). Furthermore, mothers believe that strict discipline is needed for the positive rearing of their children in the United States but expressed frustration in their inability to discipline their children effectively as they would in their country of origin (Muruthi et al., 2016). This problem generates stress for the parent when parenting their adolescent and may impact their coping strategies.

Caribbean Immigrants Parents

Caribbean Origin

The Caribbean comprises many different islands, languages, races, and ethnicities, representing a rich and diverse culture. The Caribbean cluster of islands includes Cuba, Dominican Republic, Haiti, Jamaica, Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, British Virgin Islands, Cayman Islands, Dominica, Grenada, the former country of Guadeloupe (including St. Barthélemy and Saint-Martin), Martinique, Montserrat, the former country of the Netherlands, Antilles (including Bonaire, Curacao, Saba, Saint Eustatius, and Saint Maarten), St. Kitts and Nevis, St. Lucia, St. Vincent, and the Grenadines, Trinidad and Tobago, and Turks and Caicos Islands (U.S. Census Bureau, 2019b). Belize, Suriname, and Guyana are three countries considered part of the Caribbean by the unified Caribbean Community but are not islands (CARICOM, 2020). The races and ethnicities of the Caribbean are primarily those of African and Asian (primarily Indian) descent (Landon et al., 2017). The languages spoken across these countries include Spanish, French, English, and Dutch (Thompson et al., 2013). However, the focus of this study was on native Caribbean immigrants living in the U.S. who can read and understand English fluently.

Caribbean Family Structure

The Caribbean family socialization practices involve a unique perspective. Roopnarine and Jin (2016) reported that families from the Caribbean islands of Trinidad and Jamaica consisted of a matriarchal leadership with common-law relationships and a low percentage of two-parent households. Non-residential fatherhood and fathering were found to be expected in both Jamaica and Trinidad. On the Caribbean island of Jamaica, 71.8% of the single female household includes children, and of those households, only 22.4% includes an adult male (Planning Institute of Jamaica, 2015). On the other hand, 68.5% of male lead households are reported to have an adult female, but only 58.2% include children (Planning Institute of Jamaica, 2015). Within the Caribbean culture, mothers are more likely to be the primary parent, and fathers are not as involved in the parenting of their children. Although these findings are representative of the people of Caribbean cultures, they tend to represent a majority of lower-income individuals (Planning Institute of Jamaica, 2015; Roopnarine & Jin, 2016).

One's parental belief system impacts parenting practices and parenting styles. Parental belief refers to a parent's understanding of the sources of influence on their children's development and the relationship between parents and their children (Roopnarine & Jin, 2016). Moreover, cultural belief systems influence parental perceptions of specific developmental milestones in children and define the development of cognitive and social activities for children. Roopnarine and Jin (2016) also reported that Caribbean parents are influenced by the social-cultural context of children's expectations to be obedient, tidy, and compliant. Another parental belief that has significantly influenced parenting practices is

religious and spiritual beliefs (Roopnarine & Jin, 2016). Across the Caribbean, within the different ethnic groups, the predominant religious practice at 90% is some variation of Christianity (Pew Research Center, 2015). Other religions, such as Muslim, Hindu, Buddhism, Judaism, and folk religions, are also practiced in the region (Pew Research Center, 2015; Roopnarine & Jin, 2016). They indicated that religious and ethnic socialization plays a great role in using parenting practices among parents of Caribbean origin.

Caribbean parents focus on enhancing intellectual functioning from an early age. Roopnarine and Jin (2016) reported that Caribbean parents strongly emphasize educational achievement and focus on early academic training for their pre-school children. Therefore, due to the heavy emphasis on educational success, this becomes a stressor for Caribbean parents (Calzada et al., 2015). Caribbean parents expect their adolescents to concentrate diligently on their academics and help the child, if necessary, succeed.

Caribbean parents often use a more collectivistic approach, where parenting of a child could be the responsibility of anyone in the extended family, not just biological parents (Griffith & Grolnick, 2014). For example, grandparents, aunts, uncles, and cousins care for children, primarily if the parents work or, in some cases, have abandoned the child (Roopnarine & Yildirim, 2016). Moreover, many Caribbean caregivers have limited knowledge of child development and the early stimulation process of children. (Roopnarine & Jin, 2016). Therefore, it becomes a challenge for some caregivers when adolescents meet typical developmental expectations in individuation from the family, increased autonomy, and increased socialization with peers (Aslan & Gelbal, 2016). These developmental

milestones may result in stressors for the Caribbean immigrant parents due to the adolescent's decreased socialization with the family.

Caribbean Parenting Practices

Caribbean parents tend to parent in a way based highly on parental control, which means that children should be seen and not heard (Griffith & Grolnick, 2014; Smith & Moore, 2013). Children are expected to obey their parents no matter what their parents say. In instances where noncompliance among children is evident, parents use corporal punishment to gain obedience (Burke & Sutherland, 2014; Griffith & Grolnick, 2014; Smith, 2016; van der Kooij et al., 2017). In Latin America and the Caribbean, 57% of children between the age of 1 and 14 experience violent discipline (UNICEF, 2017). Additionally, 71.9% of children in Jamaica between the ages of 2 and 14 years are subjected to different forms of corporal punishment (UNICEF, 2018). Parents who use physical discipline were found to experience more parenting stress than those whose approach is associated with lower degrees of parental control (Griffith & Grolnick, 2014; Smith & Moore, 2013; Smith, 2016).

To better understand Caribbean parenting practices, researchers examined the relationship of parental control, structure, and autonomy support on children's perceived control, competence, depression, school engagement, and academic self-regulation in the Caribbean country of Barbados (Griffith & Grolnick, 2014). Parental control describes parenting that is coercive, pushy, and domineering, where parents tend not to take their child's thoughts into account and tend to solve their child's problem instead of allowing the child to solve problems for themselves (Griffith & Grolnick, 2014). The structure is where

parents guide children's behaviors by setting clear rules and guidelines (Griffith & Grolnick, 2014). Autonomy support is where parents encourage children to take the initiative, express their views and opinions, and allow them the opportunity to solve their problems (Griffith & Grolnick, 2014).

The findings emphasized that culture influences parental beliefs, which then impacts Caribbean parenting practices. Furthermore, cultural parenting practices impact the child's overall cognitive and behavioral development. Caribbean parents high in parental control tend to be high in structure, but parents high in parental control are low in autonomy supports (Griffith & Grolnick, 2014). Moreover, compared to boys, girls reported experiencing significantly higher levels of acknowledgment from their parents and allowance of opinion exchange with their parents (Griffith & Grolnick, 2014). Caribbean parents who are low in autonomy supports are more likely not to provide acknowledgment to their children, will not allow their children to make choices, be independent, and share their opinions. Therefore, when adolescents exhibit behaviors that contradict parental beliefs, parents feel out of control and are more likely to experience parental stress.

The primary disciplinary practice used across ethnic groups in the Caribbean is physical punishment. In the Caribbean country of Guyana, Guyanese mothers are more likely to use physical punishment than fathers (Roopnarine & Jin, 2016). The researchers attributed this to the fact that mothers interact more with the child than the father. Additionally, the researchers reported that the interactions between parent and child are limited in positive exchanges and tend to be more damaging due to the harsh discipline and lecturing of the child. Also, parents with high interactions are less likely to use harsh discipline than parents with low

parent-child interactions (Ricketts & Anderson, 2008). Therefore, parents' negative response or low interactions with their adolescent could result in the adolescent feeling that they cannot go to their parents for guidance when they are experiencing difficulties due to thoughts that their parents are not interested in their thoughts and feelings.

With this understanding, Caribbean parents who migrate to the United States experienced culture shock since the predominant parenting style in the United States does not reflect the parenting methods of the Caribbean culture (Dede Yildirim & Roopnarine, 2019; Muruthi et al., 2016). Many Caribbean parents see their child's behavior as a reflection of themselves and expect strict obedience and respect to themselves and others, especially when they are in a social situation (Ricketts & Anderson, 2008; Dede Yildirim & Roopnarine, 2019). This reflects the authoritarian parenting style, associated with a high degree of control of the child's actions and low support (Griffith & Grolnick, 2014; Smith & Moore, 2013). When children misbehave in front of others, it may impact the parents' self-worth and reputation, causing them to feel that others may think they are not good parents (Ricketts & Anderson, 2008; Dede Yildirim & Roopnarine, 2019). Not being able to use a culturally accepted means of correcting children's misbehaviors may cause Caribbean parents to feel as if they cannot control their children and may result in an increased level of parental stress.

U.S. Parents

U.S. Origin

U.S. culture developed over time with influences from many different races, ethnicities, and cultures. The U.S. culture has been referred to as a melting pot since it includes many different races and immigrant cultures worldwide (Bornstein, 2017; Conzen,

1979; Sanchez, 1999). Historically, the United States has been heavily influenced by Europeans, Africans as slaves, Irish, Hispanics, and Asians, specifically of Chinese descent (Bornstein, 2017; Sanchez, 1999). These cultural histories made the most significant impact on the U.S. (Conzen, 1979; Sanchez, 1999). Each cultural heritage is unique, but at the same time, has dramatically impacted the development of the U.S. culture that we see today.

U.S. Family Structure

The numerous cultures that form the United States culture's foundation impact how American families perceive the family. Family is perceived as a two-parent household; however, it is slowly changing where single-parent households are accepted instead of considered abnormal (Parker & Horowitz, 2015; Teti et al., 2017). The mother primarily provided parenting in the past, but fathers are becoming the primary parent at an increasing rate (Doucet, 2016). Additionally, families with two same-sex parents are increasing (Prendergast & MacPhee, 2018). This is evidence that the U.S. family structure has changed over time and may continue to change as time progresses.

U.S. family values reflect the compilation of the many different cultures it contains. Similar to Caribbean parents, U.S. parents expect their children to focus on their education. Still, children in America are encouraged to develop creatively, but not necessarily academically (Liu et al., 2017). On the other hand, low-income parents see education as the tool their child will be freed from poverty and thus expect their child to earn a college degree (Parker & Horowitz, 2015). However, regardless of income and education levels, Black and Hispanic parents expect their children to earn a college degree. The researchers found that Black and Hispanic American parents attribute their child's success and failures to their work

compared to White American parents. However, White American parents attribute their child's successes and failures to their child's strengths and weaknesses (Parker & Horowitz, 2015). Moreover, U.S. parents believe in fostering resilience and independence in their children and encourage adolescents' individuation from the home and family (Aslan & Gelbal, 2016). In comparison to Caribbean culture, parental control in U.S. parents is low, and corporal punishment is discouraged in U.S. society (Hornor et al., 2020)

U.S. Parenting Practices

Parenting styles in the U.S. vary. Although Caribbean parents have been described as primarily authoritarian, U.S. parents from numerous cultures are considered to have one of four parenting styles: authoritarian, authoritative, permissive, and neglectful (Griffith & Grolnick, 2014; McWayne et al., 2018). The predominant parenting style in the U.S. is authoritative, where parents are nurturing, expressing warmth but firm in their discipline (Liu et al., 2017; Teti et al., 2017). Authoritative parents are more willing to listen to their child's input and communicate with them instead of ignoring or not interacting with their children (Griffith & Grolnick, 2014). Moreover, U.S. parents tend to explain to their child what makes a behavior inappropriate, use time out, and take away privileges that the child may desire (Parker & Horowitz, 2015). This aligns with the authoritative parenting style.

Disciplinary practices are modulated by societal, psychological, and legal expectations. Spanking is the least commonly used disciplinary practice by U.S. parents (Parker & Horowitz, 2015). Still, at least one in six parents say that they sometimes use this disciplinary method. Furthermore, Black parents were more likely to use spanking than White or Hispanic parents (Parker & Horowitz, 2015). Instead, U.S. culture focuses on

positive parenting practices over the use of corporal punishment (Hornor et al., 2020; McWayne et al., 2017; McWayne et al., 2018). Positive parenting focuses on the development of a caring relationship between a parent and their child(ren) that includes leading, teaching, communicating, caring, and consistently and unconditionally providing for the needs of their child(ren) (Hornor et al., 2020). In the U.S. culture, harsh parenting is highly discouraged, but supportive parenting with open-minded parents is encouraged (Liu et al., 2017; Teti et al., 2017).

Coping Strategies

There are several coping strategies that individuals tend to use in stressful situations. These strategies include confrontive, distancing, self-controlling, seeking social support, accepting responsibility, escape avoidance, planful problem-solving, and positive appraisal. Each of these coping strategies can be associated with a problem-focused or emotional-focused means of coping. Researchers found that individuals who use problem-focused means of coping tend to have more positive health and psychological quality of life than those who use emotion-focused coping strategies (Biggs et al., 2017). Furthermore, the researchers identified that individuals who use problem-focused means of coping tend to use coping strategies that focus on an external way of coping by being proactive and making plans to address the cause of stress. Individuals understand what outcomes they are trying to reach and thus develop steps to solve the problem by evaluating the possible solutions.

In contrast, emotion-focused coping has a different emphasis. Emotion-focused coping strategies focus on an internal means of coping wherein individuals cope through meditation, prayer, and positive affirmations (Vassilliere et al., 2016). Alhurani et al. (2018)

reported that these coping strategies could be separated into active emotional coping and avoidant emotional coping. Positive reframing, venting, acceptance, humor, and emotional support strategies are examples of active emotional coping strategies (Alhurani et al., 2018). On the other hand, coping strategies such as denial, self-blame, self-distraction, behavioral disengagement, and substance use are examples of avoidant emotional coping strategies (Alhurani et al., 2018). Emotional-focused coping strategies used short term are found to be effective. Still, they are ineffective when used long-term since they tend to avoid intense emotional reactions to stressful events (Biggs et al., 2017). The difference in how each coping strategy is used is based on the individual's appraisal of the stressful event and what fits their needs. Therefore, it is important to understand the difference between each strategy and how it could alleviate stress.

Studies of coping strategies in parents experiencing parental stress generally focused on parents with children with challenging behaviors due to a diagnosis of Autism Spectrum Disorder or Attention Deficit Hyperactivity Disorder. Researchers have not examined the general population singularly, and when examined, the general population is usually compared to a clinical population. For example, Vernhet et al. (2019) conducted a systemic review of articles published between January 2006 and July 2017 to identify the frequent coping strategies of parents of children diagnosed with Autism Spectrum Disorder (ASD). Of the articles found, they selected 11 to be reviewed. Craig et al. (2020) also completed a systematic review of articles between 1997 and 2017 on coping strategies of parents of children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and selected 14 articles for review. Vernhet et al.(2019) found across studies that parents of children

diagnosed with ASD use more avoidant coping strategies than typical children's parents.

Craig et al. also found that parents of children with ADHD tend to use more avoidant coping.

Additionally, parents who used avoidant-focused coping were more likely to report symptoms of depression. Parents of typically developing children used more social support-seeking coping strategies than children with ASD (Vernhet et al., 2019). Still, mothers of children with ADHD tended to use more social support-seeking coping strategies than mothers of typically developing children (Craig et al., 2020). However, parents with social support can better cope with parenting their child than parents with limited or no social support (McAuliffe et al., 2017).

One study used emotion-focused coping and social support-seeking strategies used more by mothers than fathers (Vernhet et al., 2019). The researchers attributed this to the finding that women tend to seek help from their friends to cope with stressful situations. In the relationship between problem-focused versus emotion-focused coping strategies, Vernhet et al. (2019) reported that parents reported lower stress levels when they used problem-focused strategies. In contrast, stress levels were higher in parents who used emotional-focused strategies. Parents reported more social isolation, problems in their relationship with their child, and depressive symptoms when they use emotion-focused coping strategies such as distancing and escaping from the problem (Vernhet et al., 2019). These findings were supported by Craig et al.'s (2020) finding that the parents of children with ADHD who used emotion-focused coping strategies also reported a low quality of life. Parents who used problem-focused strategies and social support experienced a relatively lower impact of the stressor on their overall quality of life (Vernhet et al., 2019). As Craig et al. reported,

mothers and fathers who positively reframed their problems by seeing them as challenges that could be solved reported lower overall distress with parenting.

McAuliffe et al. (2017) examined whether there is a difference between single versus coupled mothers of children with autism spectrum disorder (ASD) in parental stress levels, coping styles, time use, and quality of life. Single mothers were defined as those with no partner or spouses residing in the household but had an existing parent-child relationship with a child residing with them. This study was conducted in Australia, with surveys completed by 207 mothers of children ages 2-18 years old diagnosed with ASD. McAuliffe et al. (2017) found that in comparison to coupled mothers, single mothers were more likely to use acceptance as a coping style. The researchers postulated that due to possible unreliable social support (social and spousal), single mothers have no other choice but to use an acceptance coping style to make their lives easier to manage. Interestingly, when employment status, household income, and the number of children were adjusted, no significance was found in acceptance as a coping style. Additionally, parents may use acceptance to cope with parenting situations where they do not feel there can change (McAuliffe et al., 2017).

One of the eight different types of coping strategies is a positive appraisal, which evaluates religious coping. Research indicates that the black population of both U.S. and Caribbean origin uses religious beliefs and practices, such as meditation, prayer, and positive affirmation, to cope with stressful and challenging situations (Hope et al., 2020; Moorley et al., 2016). Using data from the National Survey of American Life from 2001-2003, a cross-sectional study examined positive religious coping in people with chronic medical conditions

and its effect on the major depressive disorder in three different populations, African Americans, Caribbean-Blacks, and non-Hispanics (Assari, 2014). The researcher used Folkman and Lazarus's TSCT as the basis for examining the effects of positive religious coping and its effect on the development of major depressive disorder. The study's findings indicate that positive religious coping dealt with stressors outside of their control for some Caribbean individuals. Finally, the researcher highlighted the impact of religious coping on individuals experiencing extreme stressors. As mentioned earlier, Caribbean individuals are religious, with most (90%) Christians (Pew Research Center, 2015). Caribbean immigrant parents experiencing parental stress may also use religious coping to help alleviate their stress.

Another coping strategy that was highlighted in the literature is social support. Social support is one of the eight dependent variables explored in this study and was found to be one way parents cope when experiencing stressful parenting situations (Craig et al., 2020; Vernhet et al., 2019). Notably, Maguire-Jack and Wang (2016) examined perceived neighborhood social cohesion and its relationship to child neglect with a moderator of social support. They found social support to be a moderator for individuals experiencing parental stress, thus decreasing the levels of child neglect. Taylor et al. (2017) used the family solidarity model and migrant network theory to examine the extended family support network of Black Caribbean families living in the United States. Taylor et al. found that Caribbean black women interacted more with their extended family network than their male counterparts. Still, there was no difference between genders when receiving and giving support.

Furthermore, when individuals are experiencing material hardship, there is a decrease in how close they are to their families, and the frequency of contact with extended family is less (Taylor et al., 2017). Based on this finding, the researchers hypothesized that these individuals would probably not want to use family support resources for help due to decreased closeness and contact with their extended family. Compared to Caribbean Blacks born in the United States, newly immigrated Caribbean blacks report more frequent assistance to their extended family within the last five years. Finally, the researchers reported that Jamaicans had more frequent extended family contact than others from Trinidad-Tobago and other English-speaking Caribbean countries in examining one's country of origin. This implied that many Caribbean migrant parents in the U.S were less exposed to social kinship support as a stress coping strategy than parents from other countries.

Coping strategies also depend on cultural background. Notably, Landon et al. (2017) reported that numerous Caribbean people are of Afrocentric or Asian descent, impacting how they cope within a cultural context. Kuo (2013) highlighted that coping strategies evident in Asian and Afrocentric cultures are social support and spirituality. Individuals in Asian cultures or of Asian descent, for example, use social support, specifically spending time with friends and family, as a means of coping with psychological problems (Kuo, 2013). African Americans are influenced by an Afrocentric perspective where coping is rooted deeply in culturally specific, communal, and spiritual coping strategies. Kuo wrote that individuals of African descent who reported strong collective self-esteem were more likely to use spiritual-centered coping strategies along with problem and emotional coping strategies as a way of dealing with any psychological distress. Caribbean individuals of African descent may have

their way of coping because of several factors, including ancestry, socialization, cultural values, and individual worldview (Kuo, 2013). The present study examines cultural differences that Kuo reports are essential in understanding the coping process.

Parental Stress

Stress is one's response to physical and psychological factors experienced in a person's environment that impact their overall psychological and physical wellbeing (Folkman & Lazarus, 1988). Therefore, parental stress is considered an adverse emotional, physical, and psychological reaction to the demands of being a parent (Crnic & Ross, 2017). Many researchers have examined parental stress over time as a key variable, focusing on how parents adjust to adverse situations with their children. (Craig et al., 2020; Mofokeng & van der Wath, 2017; Steijn et al., 2014; Vernhet et al., 2019). Thus, parents who experience parental stress tend to also experience symptoms of depression, anxiety, and adverse physical health (Cantwell et al., 2014). Additionally, as parental stress increases, parental interactions with their child decrease, impacting the parent-child relationship and affecting family cohesion (Ricketts & Anderson, 2008).

Some contextual factors, such as family conflict, family involvement, and parent education, highly influence parental stress (Anderson, 2008). In other words, parents' education level and the investment of each family member can increase parental stress when there is discord between the family members or the education level is low (Anderson, 2008). The researcher reported significantly less parental stress in families with high levels of involvement and cohesion. Additionally, parents who reported a less cohesive family

atmosphere and less involved parenting were found to have higher parental stress than those with more cohesive families (Anderson, 2008).

Parenting stress was reported in families with children who have intellectual, developmental, physical, or emotional disabilities (Craig et al., 2020; van Steijn et al., 2014; Vernhet et al., 2019). Parents with children in the high autistic spectrum range were found to have a higher level of parenting stress than parents of children with no psychological disorders (van Steijn et al., 2014; Vernhet et al., 2019). Predictors of high parental stress for parents of autistic and ADHD children include emotional-oriented coping styles and the parent's level of education. On the other hand, predictors of lower-level parental stress include task-oriented coping for parents of typically developing children (van Steijn et al., 2014). The study focused on parents' experiences of parental stress and the coping strategies used while comparing the two samples' education levels.

Household composition impacts individuals' parental stress levels. In examining single versus coupled mothers of children with ASD, McAuliffe et al. (2017) found that single mothers were more likely to report lower levels of quality of life compared to coupled mothers. However, no difference was found in parental stress levels between the two groups indicating that parents of children diagnosed with ASD experience similar parental stress levels, whether a single versus coupled household (McAuliffe et al., 2017). Additionally, single parents of adolescents are reported to have higher parental stress compared to parents who live with a long-term significant other or the child's other biological parent (Anderson, 2008; Cooper et al., 2009). Having a second parent in the household reduces the parental

stress experienced, thus indicating that parents with support experience less stress than those without support.

Parental Stress and Adolescence

One of the biggest influences on any child is their parents or primary caregiver (Casey, 2015; Mooren et al., 2020). It was reported that adolescence is considered a time of parent-adolescent conflicts due to neuro-developmental, emotional, and social changes (Casey, 2015; Dhoest, 2015; Meeus, 2016). As adolescents grew into middle-adolescent, Meeus (2016) reported increased arguments and disagreements between parents and adolescents, impacting ongoing family dynamics. Meeus reported that parents and adolescents tend to spend less time together as adolescents age, which causes a decline in the closeness of the parent-adolescent relationship, especially during middle adolescents. Additionally, parents have reported struggling with their adolescents' individuation from the family and adolescents' search for autonomy (Aslan & Gelbal, 2016; Meeus, 2016). These changes are evident in the adolescent's increased focus on becoming independent and other social networks other than the family (Aslan & Gelbal, 2016; Meeus, 2016). These practices have resulted in adolescents making decisions for themselves and attempting to understand their role in the world.

Adolescent neurological development can influence parenting practices. Casey (2015) reported that neurodevelopmental changes during adolescence could impact adolescent self-control and decision-making. Some early adolescent decisions may not be aligned with their parents or caregivers, resulting in the caregiver experiencing parental stress because of their inability to control the adolescent. During adolescence, the parents' role is to provide

support, guidance, and direction while still nurturing, protecting, and providing the opportunity to socialize (Casey, 2015). Maintaining this balance is not always easy for families with adolescents, especially parents of Caribbean descent, necessitating the study of parental stress in the Caribbean immigrant parents of adolescents.

Parental Stress and Cultural Origin

Parenting stress can be evident in different ways, depending on the parent's cultural origin. To understand the factors that may impact a Caribbean immigrant's perception of parental stress, it is essential to examine their experience from their country of origin. Caribbean islands that are more poverty-stricken have parents who struggle financially to send their children to school, buy school materials, provide transportation, as well as school uniforms (Griffith & Grolnick, 2014; Smith & Moore, 2013). Additionally, due to poverty, many parents struggle with ensuring that their child has enough to eat. On the other hand, parenting stress could result from ensuring that their children are safe and protected due to high crimes on some Caribbean islands (Ricketts & Anderson, 2008; Smith & Moore, 2013). It is reported that between 2011-2015 in the Caribbean country of Jamaica, children between the ages of 11-17 were victims of violent crimes and were more likely to be murdered, shot, or robbed if they were males and sexually assaulted if they were females (JCO-ICVIS, 2016). Additionally, approximately 79 % of Jamaica's children witness violence in their community or home (UNICEF, 2018). These cultural experiences may influence the individual's parenting, how individuals appraise stress, and parental stress level, even when they no longer live in their culture of origin.

One factor that impacts parental stress levels is socio-economic status. Ricketts and Anderson (2008) found that parents from low socio-economic status have decreased interactions between parents and their children. These decreased interactions can later lead to harsh parenting, resulting in increased parental stress, especially in those below the poverty line on the Caribbean island of Jamaica. Many Caribbean immigrants focused on providing for their families. Thus, parent-child interactions were second to providing for the child's basic needs because poverty is a significant issue amongst Caribbean communities (Ricketts & Anderson, 2008). This priority in parenting impacts how a parent responds when they encounter a stressful event with their adolescent. These cultural experiences can impact the levels of parental stress that the parent experiences.

Summary

Chapter 2 provided information relating to the literature search strategies. It provided specific information relating to the theory guiding the study. Furthermore, this chapter reviewed the literature on parent stress and coping strategies in Caribbean immigrants and U.S.-born parents of adolescents. The literature indicates that parents' ability to implement their culturally accepted parenting practices may influence their parental stress level and coping ability (Covington-Ward et al., 2018; Muruthi et al., 2016). Furthermore, literature relating to the key variable of coping strategies in parents was explored. Parents who are experiencing adverse stress due to their child's behaviors or disabilities tend to adopt maladaptive coping strategies, which lead to adverse effects on their quality of life, parenting ability, and relationship with their children (Craig et al., 2020; McAuliffe et al., 2017; Vernhet et al., 2019).

Additionally, Caribbean immigrants highlighted social support and religious coping as key coping strategies (Assari, 2014; Forsythe-Brown et al., 2017; Taylor et al., 2017). Other coping strategies in parents of adolescents were not identified. Moreover, within the Caribbean and U.S. subcultures, racial and ethnic differences influence the strategies that one chooses to cope (Kuo, 2013). The examination of the effect of cultural origin and parental stress on the choice of parental coping strategies may help enlighten the psychological field about the cultural origin, coping strategies, and family and individual coping processes.

The gap in the literature that this study fills is to provide information on how Caribbean immigrants' cultural origins may or may not impact the strategies used to cope with parental stress. Although cultural origin and stress have been examined in the literature, parental coping strategies within the Caribbean immigrant culture have not been fully explored. Examining Caribbean immigrant parents' different coping strategies provides information about their resiliency when experiencing parental stress. Even though research has focused much on how parents cope when parenting adolescents, none has examined how parents' cultural origin influences the strategies that parents use to cope with parental stress when parenting their adolescents. This process required more research and was explored in this study to provide information currently lacking in this subject area. Chapter three will highlight the research methodology used to answer the research question posed.

Chapter 3: Research Method

Introduction

The purpose of this study was to assess the influence of parental stress level and cultural origin on the use of coping strategies in a sample of Caribbean-born parents and U.S.-born parents of adolescents living in the United States. Although cultural origin and stress have been examined in the literature, parental coping strategies within the Caribbean immigrant culture have not been fully explored. The information I collected was used to examine whether Caribbean immigrant parents of adolescents use different coping strategies than U.S.-born parents of adolescents. The findings may enhance the literature on stress and coping processes while strengthening psychologists' knowledge of cultural influences on coping strategies. The independent variables are parental stress and cultural origin, while the dependent variables are eight coping strategies.

In this chapter, I will discuss the research design and rationale. I will describe the methodology, including the population, sampling procedures, instrumentation, data collection, operationalization, and data analysis plan. Then I will discuss potential threats to internal and external validity. Further, I will discuss ethical procedures on the steps being taken to comply with the ethical guidelines of the code of conduct. Finally, I will conclude with a summary reviewing the information presented.

Research Design and Rationale

The study followed a quantitative, quasi-experimental, cross-sectional approach. This study's independent variables are parental stress (with three levels: low, medium, and high) and cultural origin (with two levels: Caribbean and U.S. native). Parental stress was assessed

using the Parental Stress Scale (PSS; Berry & Jones, 1995); cultural origin was assessed using a demographic questionnaire (DQ). The dependent variables were the eight coping strategies assessed by the Ways of Coping Checklist (Folkman & Lazarus, 1985), including confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility escape-avoidance, planful problem-solving, and positive appraisal.

The research design was quasi-experimental and cross-sectional and involved the measurement of cultural origin, parental stress level, and coping strategy in order to address the following three research questions:

RQ1. Does cultural origin predict the use of any of eight coping strategies in a sample of Caribbean-born and U.S.-born parents of adolescents in the United States?

RQ2. Does parental stress level predict the use of any of eight coping strategies in a sample of Caribbean-born and U.S.-born parents of adolescents in the United States?

RQ3. Do cultural origin and parental stress levels interact in predicting the use of any of the eight coping strategies in a sample of Caribbean-born and U.S.-born parents of adolescents in the United States?

A quantitative method was best suited for the study. In the study, a quantitative quasi-experimental design was appropriate to gather the data needed to explore potential differences in parental coping strategies between Caribbean-born and U.S.-born parents of adolescents. Quasi-experimental studies allow the grouping of participants (Campbell & Stanley, 2015). However, the groups were pre-existing, and I could not randomly assign participants to groups or control how participants were exposed to the condition of interest

(Campbell & Stanley, 2015). A quasi-experimental design was necessary due to the lack of random assignment of the participants to each group.

Questionnaires are one of the most efficient methods to gather information from many people in an effective manner. It is important to note that the variables, parental stress and coping, were easily assessed by advanced tools with good reliability and validity data. I accessed data from a cohort of participants at one point, constituting a cross-sectional approach (Leahy et al., 2010). This study provided information about whether there is a difference in coping strategies between Caribbean-born and U.S.-born parents of adolescents experiencing parental stress.

Methodology

Population

The target population was Caribbean-born and U.S.-born parents of adolescents (ages 13 to 18) located in the United States. The foreign-born make up 12.9% of the overall U.S. population, with almost 4.5 million Caribbean-born individuals living in the United States (U.S. Census Bureau, 2019b). More than 3 million children living in the United States between the ages of 6 and 17 have foreign-born parents (U.S. Census Bureau, 2019a).

Sampling and Sampling Procedures

A convenience sampling technique was employed in this study. A convenience sampling technique is a non-probability sampling technique wherein participants of the target population participate in the study based on their willingness and availability (Leedy & Ormrod, 2019). A Google and Facebook search was conducted for social media groups that specifically cater to Caribbean immigrant individuals. These groups were identified using the

word 'Caribbean' or a Caribbean country's name in the group name or description. I also undertook a Google and Facebook search for social media parenting groups and parents of adolescent parenting groups to obtain U.S.-born participants. Key terms that were used include 'parenting youth' and 'parenting teens.' Each organization or group was contacted, and permission was sought from these groups to share an announcement about the research study with the organization members or in the group (see Appendix A and B). The announcement listed the inclusion criteria for a parent or caregiver to participate in the study with a link to the study. The organizations or group members were asked to share the announcement with other organizations or groups that cater to the Caribbean and U.S. individuals interested in participating in the study.

Announcements were also posted on social media sites such as LinkedIn and Facebook, soliciting both Caribbean immigrant and U.S.-born participants for the study and asking individuals to post the link to the study on their social media page. Snowball sampling increased the chance of more individuals participating in the study due to the tight-knit communities of Caribbeans across the United States.

To participate in the study, participants needed to be 18 years of age or older. Parents were caregivers of an adolescent between the ages of 13 and 18 years. All parents of adolescents resided in the United States. Participants needed to understand written English to be able to complete the questionnaires.

A power analysis was conducted using G*Power 3.1.9.7. A total of 74 participants was necessary for multiple regression analysis with a statistical power of 0.95, the anticipated

medium effect size of 0.15, and an alpha level of 0.05 (Faul et al., 2009). Thirty-seven participants were recruited for each of the two groups.

Procedures for Recruitment, Participation, and Data Collection

As stated above, I recruited the sample via social media groups and routed the participants to surveys at the Survey Monkey website. Participants provided implied informed consent by clicking on the link provided that takes them to the Survey Monkey website. Participants completed the three surveys (demographic, PSS, and the Ways of Coping Checklist-Revised [WCC-R]), including informed consent, through SurveyMonkey. Upon completing the surveys, I thanked participants for their participation. I encouraged them to contact the national parent helpline at (855) 4A PARENT (427-2736) if they experienced emotional strain/stress after completing the survey. Participants were provided with a link to the study's Facebook page to obtain a copy of the study's results or discuss the research. Finally, I analyzed the collected data using IBM SPSS Version 27 software.

Instrumentation

Parental Stress Scale (PSS)

The PSS is a self-report instrument developed by Berry and Jones (1995) to assess parents' stress levels, both mothers and fathers, who are parents of children with or without any clinical concerns. The PSS contains 18 statements around positive themes (emotional benefits, self-enrichment, and personal development) and harmful components (demands on resources, opportunity costs, and restrictions) of parenting. Some of the positive theme statements include "I am happy in my role as a parent" and "my child(ren) is an important source of affection for me." Some of the negative statements include "the major source of

stress in my life is my child(ren)” and “having a child(ren) has been a financial burden.”

Parents were asked to rate each item based on their relationship to their child(ren) on a 5-point scale of strongly disagree (1), disagree (2), undecided (3), agree (4), and strongly agree (5).

The PSS has an established satisfactory level of internal reliability (.83) and test-retest reliability (.81) after being tested with two different parent populations over 6 weeks (Berry & Jones, 1995). The PSS was compared with the perceived stress scale, which produced a validity score of .75 (Berry & Jones, 1995). The Perceived Stress Scale was administered to Caribbean immigrants, and responses were highly correlated with the PSS (Murphy & Mahalingam, 2004). Various researchers have adopted the PSS in a bid to study parental stress in various dimensions. For instance, the PSS was administered to Caribbean Trinidadian, Iranian, and Filipino mothers (Cabbigat et al., 2018; Jabraeili et al., 2018; Johnson et al., 2018). The PSS was also translated into Portuguese to be administered to Brazilian mothers and fathers and was found to have satisfactory internal consistency and concurrent validity with the Brazilian Perceived Stress Scale (Algarvio et al., 2018; Brito & Faro, 2017). The developer’s website provides access to the instrument, and permission is provided for research purposes with no limit on printed or online administration. However, upon contact with the developer, I was given written permission via email to use the instrument for this study (see Appendix C). Based on the PSS’s reliability and validity, this instrument would adequately measure the independent variable, parental stress.

The Ways of Coping Checklist-Revised (WCC-R)

The WCC-R is a self-report measure developed by Folkman and Lazarus (1985) that classifies coping into eight different coping strategies based on an individual's internal and external coping around a stressful situation. The WCC-R quantifies the individual's response to identify the extent to which the different coping strategies are used. The WCC-R consists of 66 items with responses on a 4-point Likert scale (0 = not used, 1 = used somewhat, 2 = used quite a bit, 3 = used a great deal). Some of the items include "talked to someone to find out more about the situation," "tried to forget the hold things," and "I made a plan of action and followed it." The WCC-R consists of eight scales (confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape avoidance, planful problem-solving, and positive reappraisal).

The reliability was established by examining studies that have used the WCC-R from 1986-2004. Rexrode et al. (2008) found that the subscales' scores' reliability ranged from 0.60 to 0.75. Construct and criterion-related validity was established (Vitaliano et al., 1985). Since the WCC-R is in the public domain, permission is not required to use it for research or online administration (see Appendix D). The WCC-R has been translated into several different languages and has been used with individuals from different countries such as Jordan, Taiwan, South Korea, India, and Jamaica (Dardas & Ahmad, 2015; Jordan et al., 2015; Lee et al., 2018; Liang et al., 2020; Shah et al., 2017). The WCC-R was translated into Arabic and was used to measure the coping strategies of parents of children diagnosed with Autism in the country of Jordan (Dardas & Ahmad, 2015). It was also used to measure the coping strategies in Taiwan, South Korea, and India. (Lee et al., 2018; Liang et al., 2020;

Shah et al., 2017). The Ways of Coping Questionnaire, which has comparable validity and reliability scores to the WCC-R, was used to measure coping with stress in a sample of Jamaican adults (Jordan et al., 2015). The WCC-R has been used to assess coping strategies in diverse samples of adult and parent participants. This is considered evidence of the instrument's cultural relevance across diverse populations. The instrument has been used with U.S. participants, various cultures, and a sample of Caribbean people on the island of Jamaica; therefore, it is considered relevant for this study's use.

Demographic Questionnaire (DQ)

I developed the DQ to gather information on age, gender, educational levels, household composition, Caribbean country of origin, length of time in the United States, and racial and ethnic data (see Appendix E). The responses on the DQ helped to identify the participant's cultural origin and were used to describe the sample and provide a comparison for other researchers to evaluate the findings of this study.

Operationalization of Constructs

Table 2

Summary of Operational Construct of Variables

Operational definitions	Measurement	Scoring
<i>Parental Stress</i> is an adverse emotional, physical, and psychological reaction to the demands of being a parent	PSS, 18 items, 5-point Likert Scale	1, 2, 5, 6, 7, 8, 17, and 18 are reverse scored then all item scores are summed for a total score.
<i>Coping Strategies</i> refers to an individual's ability to adapt to and overcome negative emotions, despite high levels of stress	WOC-R, 18 items, 5-point Likert Scale	Confrontive coping 46 7 17 28 34 6 Distancing 44 13 41 21 15 12 self-controlling 14 43 10 35 54 63 64 Seeking social support 8 31 42 45 18 22 Accepting responsibility 9 29 51 25 Escape avoidance 58 11 59 33 40 50 47 16 planful problem-solving 49 26 1 39 48 52 Positive reappraisal 23 30 36 38 60 56 20 Each subscale of the WCC-R was tallied by the total number of responses for the items on that scale.
<i>Cultural Origin</i> refers to the attitude, values, and behaviors that are unique to a particular race and/or ethnicity from a specific geographic region	DQ, Self-Report	Forced choice

Data Analysis Plan

Following the close of the survey period, I downloaded the data into IBM SPSS version 27 software for further analysis. The SPSS software was used for data cleaning and screening procedures. For multiple regression analysis, these data processing procedures helped identify potential outliers, normality, testing Durbin-Watson statistics for the independence of observations, multicollinearity, homoscedasticity, and identifying the linear relationship between variables (Tabachnick & Fidell, 2019).

Data Assumptions

Several assumptions must be met for a multiple regression analysis to be conducted (Tabachnick & Fidell, 2019). One assumption is that the data would have normality in that there is a normal distribution of each of the dependent variables. Another assumption of homoscedasticity is that the data derived from the dependent variables have equal variances in each of the dependent variables. The research plan included that I would conduct a weighted least square regression if there were no homoscedasticity. A Durbin-Watson was conducted to identify the independence of observations, and if the assumption was not met, a time series method would have been used.

Another assumption is that there is a linear relationship between the dependent variables and each independent variable. If this assumption is violated, a non-linear transformation of data for the offending variable would be conducted to meet linearity. Additionally, the assumption is multicollinearity of whether or not two or more independent variables were significantly correlated with each other. If multicollinearity is present, then the offending variables would be dropped. Finally, casewise diagnostics were conducted to

assess the assumption of no outliers within the study. If there were outliers, they would be removed from the analysis or justified why they should remain.

Research Questions

Following the data cleaning and screening, I conducted statistical analyses to address the study's research questions and hypotheses. The following research questions and hypotheses, as stated in Chapter one, were addressed in this study:

RQ1: Does cultural origin (the Caribbean or the U.S.) predict the use of any of eight coping strategies (confrontive coping, distance, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive appraisal) in a sample of Caribbean-born and U.S.-born parents of adolescents located in the United States?

H_01 : Cultural origin does not predict the use of any of the eight coping strategies.

H_{a1} : Cultural origin significantly predicts the use of each of the eight coping strategies.

RQ2: Does parental stress level (low, medium, or high) predict the use of any of eight coping strategies (confrontive coping, distance, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive appraisal) in a sample of Caribbean-born and U.S.-born parents of adolescents located in the United States?

H_02 : Parental stress level does not predict the use of any of the eight coping strategies.

H_{a2} : Parental stress level significantly predicts the use of the eight coping strategies.

RQ3: Do cultural origin, and parental stress level interact in predicting the use of any of the eight coping strategies (confrontive coping, distance, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive appraisal) in a sample of Caribbean-born and U.S.-born parents of adolescents located in the United States?

H_{03} : There is no interaction between cultural origin and parental stress level in predicting the use of the eight coping strategies.

H_{a3} : There is a statistically significant interaction between cultural origin and parental stress level in predicting the use of the eight coping strategies.

Statistical Analyses

Before conducting the analyses, I created a composite score for parental stress and each coping strategy according to the scoring instructions provided by the instrument developers. Data for each variable comprised the scores generated from the instrument scoring instructions (Grimm & Yarnold, 1995). A coping strategy score for each of the eight strategies was calculated by summing the items representing each coping strategy (Folkman et al., 1986). Parental stress scores were calculated by reverse-scoring and summing the items on the instrument (Berry & Jones, 1995). Participants were categorized as low (18-54), medium (55-72), and high (73-90) stress according to their score on the PSS.

Following the cleaning and screening procedures, I conducted comparison tests to see if there were demographic differences between the groups: chi-square was used for categorical variables (cultural origin, caregiver age, ethnicity, household composition, parent education levels) and a t -test for the child's age, which was the only continuous variable. If

there were any differences between the groups, those variables were to be used as covariates. Next, I conducted a multiple regression analysis to address the research questions. Multiple regression was appropriate when the researcher intends to predict continuous dependent variables based on two or more independent variables (Tabachnick & Fidell, 2019). The multiple regression analysis was used to assess whether parental stress (low, medium, high) and cultural origin (U.S. or Caribbean) predict the use of coping strategies. The dependent variables are the eight coping strategies used; the dependent variable is operationalized as each of the eight coping strategies scores assessed using the WCC-R instrument. The eight coping strategies are confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape avoidance, planful problem-solving, and positive appraisal. Using a multiple regression analysis allows for assessing the prediction of the interactions of the independent variables (parental stress and cultural origin) on the dependent variables (coping strategies; Tabachnick & Fidell, 2019).

External Validity Threats

External validity refers to the generalizability of the study results beyond the sample to other populations (Kazdin, 2017). Since the study used snowball sampling, personal bias may have influenced the results since individuals may refer or share with a specific group of other people they know and are like, which may impact the variability of the sample generalizability of the findings. This personal bias would not be evident if the sample were randomly obtained or used another sampling method. To address this concern, clear criteria were used to screen potential participants. Access to the instruments was only available online, which may have influenced participation due to computer and internet access.

Therefore, the study's findings may not be generalizable since not all parents have access to and/or knowledge to use technology. The findings cannot be generalized beyond the population represented by the study sample.

The instruments administered in the study have not been widely used with Caribbean individuals but have been used extensively in the U.S. population. Instruments such as the PSS and the WCCR have been administered in several different languages and cultures similar to those of the Caribbean and U.S. individuals (Algarvio et al., 2018; Cabbigat et al., 2018; Dardas & Ahmad, 2015; Johnson et al., 2018; Jordan et al., 2015; Liang et al., 2020; Murphy & Mahalingam, 2004; Shah et al., 2017). Therefore, based on the instruments' administration to numerous other cultures, there is expected to be good generalizability regarding the applicability of these instruments to multi-ethnic participants.

Internal Validity Threats

Internal validity refers to how an investigation causes an alternative explanation of the results to be discarded or made unbelievable (Kazdin, 2017). To ensure that this study's results were valid, factors that have impacted parental stress, such as parental education level and household composition, were included in the demographic questionnaire. This demographic information was used to describe the salient characteristics of the sample. Extraneous variables such as child behaviors were not examined; however, child characteristics such as age and gender were reported to describe the sample further. This study did not examine parents' mental health or other extraneous stressors (i.e., finances, job loss/strain, health issues) other than parental stress.

Ethical Procedures

I commenced the research upon approval from the Walden University Internal Review Board. Upon clicking on the link to the Survey Monkey website, all participants were provided with an electronic informed consent, which explained the study and the requirements to participate. Participants were told that participation is voluntary and that they can choose to stop participating at any time, even if they have started answering questions. Participants were provided with the number to the national parent helpline should they feel that they have experienced any psychological trauma due to completing the surveys for this study. Stressed participants were also encouraged to seek professional counseling to receive therapeutic services in line with the nature of their stressful experiences.

Descriptive information such as age, gender, education, and household composition was required to identify the similarities and differences between the two participant groups. No identifying information was collected to maintain anonymity, such as names, locations, or IP addresses. Individuals could not view others' responses, but they were provided a link to the study's Facebook page to learn its overall results.

All data gathered from the participants remained anonymous. Data was stored on a password-protected cloud storage drive, and I only knew the password. The survey was hosted on SurveyMonkey.com, a password-protected and encrypted website that prevents unauthorized access to the data. I accessed the data from the completed surveys via SurveyMonkey.com and then downloaded the participants' responses directly into SPSS for further analysis. The data will be kept for seven years, after which it will be permanently

destroyed. Any participant can gather information about the study via the study's Facebook page at the link provided to the participants at the end of the study.

Summary

I conducted a multiple regression analysis to investigate the relationship between using each coping strategy, as measured by the WCC-R, and cultural origin and parental stress level, as measured by the PSS, in a sample of Caribbean immigrant and U.S.-born parents of adolescents living in the United States. The research goal was to examine if the two independent variables (parental stress and cultural origin) significantly predict the dependent variable, the extent to which each of the eight coping strategies was used. A convenience sampling approach combined with snowballing was used to recruit participants. The recruitment process for participants included a Google and Facebook search for social media groups that specifically cater to Caribbean immigrant individuals or parents of adolescents living in the United States. Participants provided informed consent by agreeing to be routed to the survey on the SurveyMonkey website. They read the informed consent and completed a demographic questionnaire and the PSS and WOC-R surveys. The participants were informed that they could discontinue their participation at any time. I stored the data on password-protected technology, and participants remained anonymous. I analyzed the data via IBM SPSS Version 27 and conducted multiple regression analyses. I addressed internal and external validity threats by any means needed during the data collection and analysis process.

This chapter provided a comprehensive description of the quantitative, quasi-experimental, cross-sectional study design used for this study. The results and findings from

the data analysis will be presented in Chapter 4. The tables and graphics will provide the descriptive results and inferences regarding the underlying connection between the study variables. Following, the interpretations of the findings will be provided in Chapter 5, along with the study's limitations, recommendations for future studies, and implications for positive social change.

Chapter 4: Results

Introduction

The purpose of this quantitative, quasi-experimental study was to compare the coping strategies used by Caribbean immigrant and U.S.-born parents of adolescents living in the United States experiencing parental stress. The independent variables are parental stress levels measured by the PSS (Berry & Jones, 1995) and cultural origin (Caribbean immigrant or U.S.-born parents living in the United States). The dependent variables were the eight coping strategies measured by the WCC-R (Folkman & Lazarus, 1985). Based on the structure of the research questions, it was determined that the multivariate regression model was a better fit to answer the designated research questions.

The research questions that this study addressed were:

RQ1: Does cultural origin predict using any of eight coping strategies in a sample of Caribbean-born and U.S.-born parents of adolescents in the United States?

H_01 : Cultural origin does not predict the use of any of the eight coping strategies.

H_{a1} : Cultural origin significantly predicts the use of each of the eight coping strategies.

RQ2: Does parental stress levels predict the use of any of eight coping strategies in a sample of Caribbean-born and U.S.-born parents of adolescents in the United States?

H_02 : Parental stress levels do not predict the use of any of the eight coping strategies.

H_{a2} : Parental stress levels significantly predict the use of the eight coping strategies.

RQ3: Do cultural origin and parental stress levels interact in predicting the use of any of the eight coping strategies in a sample of Caribbean-born and U.S.-born parents of adolescents located in the United States?

H_03 : There is no interaction between cultural origin and parental stress levels in predicting the use of the eight coping strategies.

H_a3 : There is a statistically significant interaction between cultural origin and parental stress levels in predicting the use of the eight coping strategies.

This chapter presents the research method used to collect the data and the statistical procedures used to analyze the data to address the hypotheses and research questions. This chapter includes descriptions of the screening of the data, the response rate, demographic information, and an explanation of the descriptive statistics of the sample surveyed. Additionally, the study's primary findings are discussed, and the chapter ends with a summary of the significant impact of the research.

Data Collection

Walden University IRB approval was granted on February 3, 2021, with an expiration date of February 2, 2022. Data were collected over 5 months. Once data collection was complete, the raw data were downloaded from the Survey Monkey input into SPSS, then coded and analyzed by the SPSS software. The minimum number of participants needed for this study was 74, with 37 U.S.-born participants and 37 Caribbean-born participants. Ninety-two participants consented to participate in the research. Upon screening and cleaning the data, incomplete surveys ($n = 18$) were removed and not included in any of the statistical

analyses; as a result, the remaining 74 participants were used in the statistical analyses of the study.

Aside from the online recruitment of participants, additional measures were used to recruit participants. Flyers announcing the study were handed out to individuals on busy shopping streets in the Northeast United States. Snowball sampling was also used as a means of obtaining more participants after each person completed the survey. Moreover, a review of the statistical analysis presented in Chapter 3 as multiple regression was mislabeled. The appropriately worded statistical analysis is multivariate linear regression or otherwise labeled multivariate multiple regression.

Due to snowball sampling, this sample is only reflective of the population of interest of caregivers of adolescents living in the United States. The sample reflects individuals from different racial/ethnic and educational backgrounds and household structures. The findings cannot be generalized beyond the population represented by the study sample.

Results

Demographics and Descriptive Statistics of Caregivers

The following demographic variables were identified from the completed surveys ($n = 74$) relevant to this study: cultural origin, age, gender, race/ethnicity, and household composition. The participants were equal across both groups, with 37 Caribbean-born caregivers and 37 U.S.-born caregivers. The gender of the U.S. caregivers was mainly female (97.3%), and the sample of Caribbean caregivers was composed of 86.5% females. Most U.S. (54.1%) and Caribbean (48.6%) caregivers were between 41 and 50 years of age. The household composition of the U.S. caregivers consisted of mostly (54.1%) two-parent

households, whereas the household composition of the Caribbean caregivers consisted of 64.9% single-parent households. See Table 2 for more demographic details.

For the Caribbean immigrant participants, the mean length of time they had lived in the United States was 22.4 years. Most of the Caribbean participants were from Jamaica ($n = 29$), two were from Guyana, and one from several other Caribbean countries (Antigua and Barbuda, Barbados, Dominica, St. Kitts, and Nevis, Trinidad and Tobago, U.S. Virgin Island). All the caregivers indicated that they were parents of the adolescents they cared for, with 83.8% of these adolescents born in the United States. The average age of the adolescents reported by the U.S. caregivers was 15.5 years, and 29.7% of them were female and 70.3% were male. The average age of the adolescents for the Caribbean caregivers was 15.6 years, and 35.1% of them were female while 64.9% were male. The relationships of the U.S. caregivers to their adolescents consisted of 89.2% biological parents, 8.1% adoptive parents, and 2.7% stepparent. The relationship of the Caribbean caregivers consisted of 97.3% biological parents and 2.7% stepparents.

Table 3*Demographic Variables Frequency and Percentage (N = 74)*

		Caregivers country of birth/origin				Total	
		United States		Caribbean		N	%
		N	%	N	%		
Age of caregivers	18-30	0	0.0%	1	2.7%	1	1.4%
	31-40	10	27.0%	9	24.3%	19	25.7%
	41-50	20	54.1%	18	48.6%	38	51.4%
	51-60	5	13.5%	9	24.3%	14	18.9%
	61-70	2	5.4%	0	0.0%	2	2.7%
Total		37	100.0%	37	100.0%	74	100.0%
Gender of caregivers	Female	36	97.3%	32	86.5%	68	91.9%
	Male	1	2.7%	5	13.5%	6	8.1%
Total		37	100.0%	37	100.0%	74	100.0%
Caregivers' racial/ethnic background	Other Caribbean	2	5.4%	4	11.1%	6	8.2%
	Afro-Caribbean	4	10.8%	31	86.1%	35	47.9%
	White/Caucasian	15	40.5%	1	2.8%	16	21.9%
	Black or African American	14	37.8%	0	0.0%	14	19.2%
	Asian	2	5.4%	0	0.0%	2	2.7%
Total		37	100.0%	36	100.0%	73	100.0%
Household structure	Single parent household	17	45.9%	24	64.9%	41	55.4%
	Two parent household	20	54.1%	13	35.1%	33	44.6%
Total		37	100.0%	37	100.0%	74	100.0%
Education level of caregivers	Elementary/primary school	0	0.0%	1	2.7%	1	1.4%
	High school	2	5.4%	12	32.4%	14	18.9%
	Some college/ two-year degree	7	18.9%	8	21.6%	15	20.3%
	Bachelor's degree	14	37.8%	9	24.3%	23	31.1%
	Post graduate degree	14	37.8%	7	18.9%	21	28.4%
Total		37	100.0%	37	100.0%	74	100.0%
Total number of children in the home	0	18	48.6%	12	32.4%	30	40.5%
	1	9	24.3%	17	45.9%	26	35.1%
	2	8	21.6%	4	10.8%	12	16.2%
	3 or More	2	5.4%	4	10.8%	6	8.1%
Total		37	100.0%	37	100.0%	74	100.0%

Statistical Assumptions for a Multivariate Regression Analysis

Following the cleaning and screening procedures, I conducted a chi-square test of independence of the categorical variables (cultural origin, ethnicity, household composition, caregiver education levels, caregiver age) to examine the demographic differences. Three significant differences between the groups were identified. The chi-square value indicated a statistically significant difference in level of education, ($\chi^2 [4, N = 74] = 11.6, p = .020$). A higher level of education was reported in the U.S.-born group than the Caribbean-born group. Of most U.S. caregivers, 37.8% had completed a bachelor's degree, and 37.8% had a post-graduate degree. Of the Caribbean caregivers, 32.4% had completed high school education, and 24.3% had completed a bachelor's degree.

Additionally, and predictably, there was a statistically significant difference in caregivers' racial/ethnic background, ($\chi^2 [4, N = 73] = 49.7, p < .0005$). The racial/ethnic composition of the U.S. caregivers mainly was 40.5% Caucasian, and 37.8% were Black or African American. In contrast, the Caribbean caregivers' racial/ethnic identification was mainly Afro-Caribbean (86.1%), while a small percentage had other racial identification, and one caregiver did not indicate their racial background.

Also predictably, there was also a statistically significant difference in adolescent country of birth, ($\chi^2 [1, N = 74] = 6.3, p = .012$). Of the U.S. caregivers, 94.6% of adolescents were born in the United States, while only 6.0% were not born in the United States. In the Caribbean caregivers, 73.0% of adolescents were born in the United States, and 27.0% were not born in the United States. There was no statistically significant difference in the adolescents' age between the two groups, ($t [72] = .421, p = .893$). The regression

analyses added levels of education, racial/ethnic composition, and adolescent country of birth as covariates to account for demographic differences between the groups.

Next, I conducted a multivariate regression analysis to address the research questions. Multivariate linear regression is the appropriate analysis to conduct when the researcher intends to predict multiple continuous dependent variables based on two or more independent variables (Tabachnick & Fidell, 2019). Since there were eight dependent variables (confrontive coping, distance, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive appraisal) and two independent variables (cultural origin and parental stress), a multivariate multiple linear regression was used.

Before interpreting the results of the regression, the assumptions of the multivariate linear regression were examined. The assumptions identified potential outliers, normality, testing Durbin-Watson statistics for the independence of observations, multicollinearity, homoscedasticity, and identifying the linear relationship between variables (Tabachnick & Fidell, 2019). Any value that falls outside the range of ± 3.29 standard deviations from the mean is considered an outlier (Tabachnick & Fidell, 2019). For this assumption, Cook's Distance is applied. In my case, five cases had a value greater than the identified cutoff. A review of the data indicated that the outliers naturally reflect the study population since they represent five respondents who score higher on the PSS than the rest. If outliers are a natural part of the study participants, it is recommended that they remain in the data set and be a part of the analysis (Flatt & Jacobs, 2019). As a result, it was deemed that the multivariate regression analysis will be conducted, including the identified outliers.

The Durbin-Watson statistic was performed to test for the assumption of the independence of observations. Any value greater than three but less than one indicates a significant violation of the statistical independence of error terms (Flatt & Jacobs, 2019). On average, the Durbin-Watson score should be close to two; however, a range of 1.2-1.6 indicates only a minor violation of this assumption. All were in range except for distancing at 1.165, which Flatt and Jacobs (2019) indicate is a minor violation (See Table 3). The Scatterplot of residuals (Figure 2) also indicated that the independence of observation assumption was met.

Table 4

Results From the Independence of Observation Test

Durbin Watson	Value	Status
Confrontive coping	2.195	Assumption met
Distancing	1.165	Minor Violation
Self-controlling	2.137	Assumption met
Seeking social support	1.783	Assumption met
Accepting responsibility	1.703	Assumption met
Escape avoidance	1.690	Assumption met
Planful problem solving	1.966	Assumption met
Positive reappraisal	1.618	Assumption met

Testing was also conducted to determine if the assumption of a lack of multicollinearity was met. Multicollinearity refers to the presence of two or more highly correlated variables (Meyers et al., 2017). This assumption was tested by identifying tolerance and Variance Inflation Factor (VIF) values. The VIF values should ideally be below five but above one (Meyers et al., 2017). The VIF value for all the variables was 1.020, so this assumption was met.

Homoscedasticity refers to the dependent variables having equal variances (Meyers et al., 2017). To assess homoscedasticity, a review of the scatterplot of residuals versus predicted values was conducted. This assumption was met, as the points had no apparent curvature and were randomly distributed (See Figure 2; Meyers et al., 2017).

In assessing normality and linearity, P-P and Q-Q plots of the residuals were examined. A P-P and Q-Q plots visually compare a normal distribution and the error distribution with the same variance and mean (Flatt & Jacobs, 2019). Examination of the P-P and Q-Q plots shows that the data closely followed the trend line, indicating that the assumption for linearity and normality was met (See Figure 3; Meyers et al., 2017).

Figure 1

Residual Scatterplot Testing Homoscedasticity

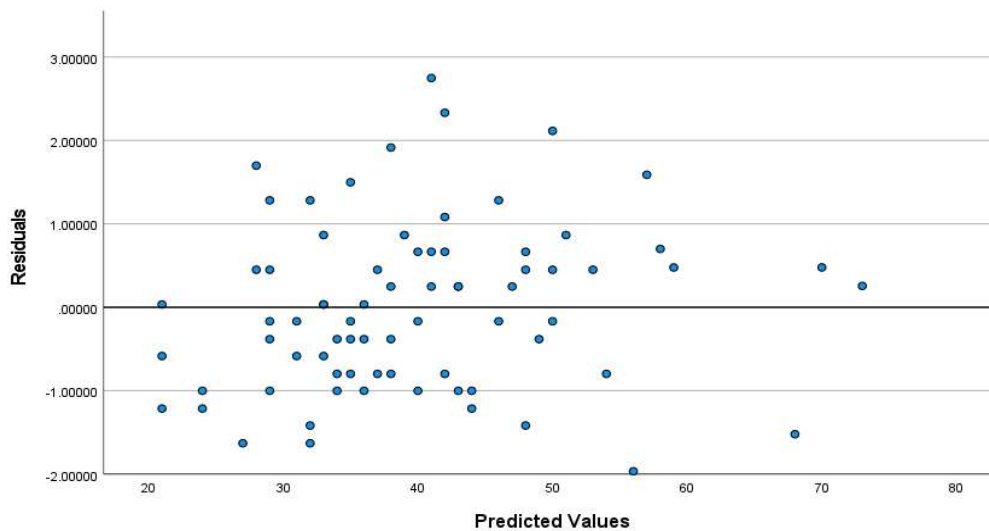
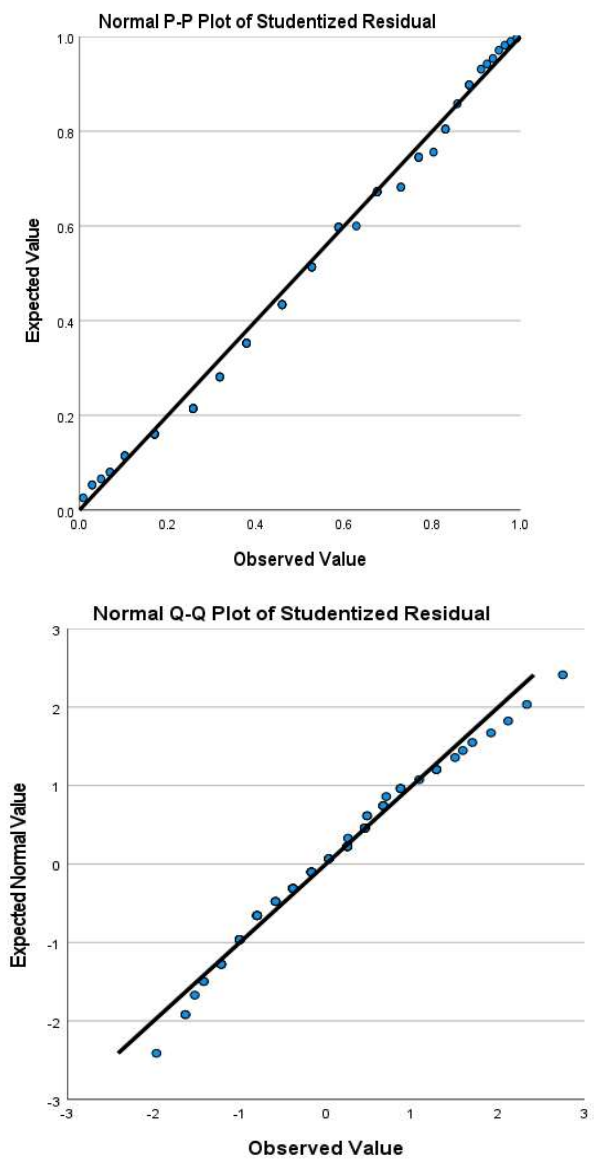


Figure 2

P-P and Q-Q plot for Linearity and Normality



Multivariate Regression Test Results

To address the research questions, a multivariate multiple linear regression analysis was performed. The multivariate tests statistic Wilks' Lambda was used to test the statistical significance of the independent variables (Caregivers' country of origin and level of parental stress), its interaction effects, and the covariates (levels of education, caregivers racial/ethnic background, and adolescent country of birth) as identified by the chi-square analysis (See Table 4). A multivariate multiple regression analysis simultaneously included all dependent and covariate variables in the model, accounting for the significant correlational relationships among these factors. The results for Pillai's trace, Wilks' lambda, and Hotelling's trace were similar. The complete model presented in Table 4 revealed that the overall model was significant ($p < .0005$). In other words, the combination of the independent variables (Caregivers' country of origin and level of parental stress) significantly predicts the combination of dependent variables (confrontive coping, distance, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive appraisal).

Table 5

Multivariate Multiple Linear Regression for the Entire Model (N = 74)

	Value	F	Hypothesis df	Error df	Sig.
Pillai's Trace	3.563	1.262	224.000	352.000	.026
Wilks' Lambda	.006	1.277	224.000	301.734	.024
Hotelling's Trace	8.102	1.275	224.000	282.000	.027
Roy's Largest Root	2.470	3.881 ^c	28.000	44.000	.000

Note: Wilks' $\Lambda = 0.006$; $F(224, 301) = 1.277$, $p = .024$

Further testing of the independent effects revealed that one predictor and one covariate variable were statistically significant (see Table 5). More specifically, levels of parental stress significantly predicted the use of coping strategies (Wilks' $\Lambda = 0.584$; $F[8, 53] = 4.720$, $p < .0005$). Additionally, caregivers educational levels significantly predicted the use of coping strategies (Wilks' $\Lambda = 0.443$; $F[32, 197] = 1.519$, $p = .046$).

Table 6

Multivariate Test Results (N = 74)

Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Wilks' Lambda	.310	14.760	8.000	53.000	.000
Educational Level	Wilks' Lambda	.443	1.519	32.000	197.050	.046*
Racial/Ethnic Background	Wilks' Lambda	.545	1.101	32.000	197.050	.335
Adolescent Country of Birth	Wilks' Lambda	.944	.390	8.000	53.000	.921
Caregivers Country of Birth	Wilks' Lambda	.902	.718	8.000	53.000	.675
Levels of PSS	Wilks' Lambda	.584	4.720	8.000	53.000	.000*
Country of Birth * Levels of PSS	Wilks' Lambda	.938	.438	8.000	53.000	.893

A review of the parameter estimates in Table 6 identifies the predictors that influence the use of particular coping strategies. As shown in Table 6, specific education levels, different racial/ethnic backgrounds, and levels of parental stress did predict the use of specific coping strategies. There was a significant prediction of elementary/primary school use in confrontive coping ($p = .04$). Caregivers with high school degrees significantly predict distancing as a coping strategy ($p = .02$). Additionally, Caucasian and Black/African American caregivers significantly predicted the use of distancing as a coping strategy ($p < .05$). There was a significant prediction of caregivers with some college/2-year degree use of

seeking social support. Finally, there was a significant prediction of parental stress on the use of escape avoidance ($p < .003$).

Table 7*Parameter Estimates for the Dependent Variables (N = 74)*

Dependent Variable	Parameter	B	Std. Error	t	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Confrontive coping	Intercept	8.067	2.709	2.978	.004	2.649	13.485
	Country of Birth	-2.107	2.150	-.980	.331	-6.408	2.194
	Levels of PSS	-1.512	1.970	-.768	.446	-5.452	2.428
	Education Level=1	-5.640	2.691	-2.096	.040	-11.024	-.257
	Education Level=2	-1.028	1.063	-.967	.337	-3.153	1.098
	Education Level=3	-1.280	.906	-1.412	.163	-3.093	.533
	Education Level=4	-1.472	.764	-1.925	.059	-3.001	.057
	Racial/Ethnic Background=0	1.482	2.118	.700	.487	-2.753	5.718
	Racial/Ethnic Background=1	2.085	2.004	1.040	.302	-1.924	6.094
	Racial/Ethnic Background=5	.962	1.834	.525	.602	-2.706	4.630
	Racial/Ethnic Background=7	1.093	1.875	.583	.562	-2.658	4.843
	Adolescent Country of Birth	-.591	1.001	-.591	.557	-2.593	1.411
	Country of Birth * Levels of PSS	1.379	2.363	.583	.562	-3.348	6.106
Distancing	Intercept	13.308	3.818	3.485	.001	5.670	20.945
	Country of Birth	-.498	3.031	-.164	.870	-6.562	5.565
	Levels of PSS	-5.117	2.776	-1.843	.070	-10.671	.437
	Education Level=1	4.999	3.794	1.318	.193	-2.590	12.588
	Education Level=2	3.478	1.498	2.322	.024	.482	6.474
	Education Level=3	.584	1.278	.457	.649	-1.972	3.140
	Education Level=4	.136	1.078	.126	.900	-2.020	2.291
	Racial/Ethnic Background=0	-3.002	2.985	-1.005	.319	-8.973	2.970
	Racial/Ethnic Background=1	-2.189	2.826	-.775	.442	-7.841	3.463
	Racial/Ethnic Background=5	-5.190	2.585	-2.008	.049	-10.361	-.019
	Racial/Ethnic Background=7	-5.489	2.643	-2.077	.042	-10.777	-.202
	Adolescent Country of Birth	-.118	1.411	-.084	.934	-2.940	2.704
	Country of Birth * Levels of PSS	1.358	3.331	.408	.685	-5.306	8.022

Table 7 Continues

Dependent Variable	Parameter	B	Std. Error	t	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Self-Controlling	Intercept	14.768	4.653	3.174	.002	5.460	24.076
	Country of Birth	-.835	3.694	-.226	.822	-8.225	6.555
	Levels of PSS	-2.463	3.384	-.728	.469	-9.231	4.305
	Education Level=1	1.114	4.624	.241	.810	-8.135	10.363
	Education Level=2	.117	1.825	.064	.949	-3.535	3.768
	Education Level=3	.140	1.557	.090	.929	-2.975	3.255
	Education Level=4	.165	1.313	.126	.901	-2.462	2.792
	Racial/Ethnic Background=0	-1.574	3.638	-.433	.667	-8.851	5.703
	Racial/Ethnic Background=1	-1.419	3.443	-.412	.682	-8.307	5.469
	Racial/Ethnic Background=5	-3.577	3.150	-1.135	.261	-9.878	2.725
	Racial/Ethnic Background=7	-1.626	3.221	-.505	.616	-8.069	4.817
	Adolescent Country of Birth	-.770	1.719	-.448	.656	-4.209	2.669
	Country of Birth * Levels of PSS	1.218	4.060	.300	.765	-6.903	9.339
Seeking Social Support	Intercept	16.381	4.256	3.849	.000	7.867	24.894
	Country of Birth	-4.110	3.379	-1.216	.229	-10.869	2.649
	Levels of PSS	-5.161	3.095	-1.668	.101	-11.351	1.030
	Education Level=1	-7.263	4.229	-1.718	.091	-15.723	1.196
	Education Level=2	-.672	1.670	-.403	.689	-4.012	2.668
	Education Level=3	-3.142	1.424	-2.206	.031	-5.991	-.293
	Education Level=4	-2.335	1.201	-1.944	.057	-4.738	.068
	Racial/Ethnic Background=0	-1.499	3.328	-.451	.654	-8.155	5.157
	Racial/Ethnic Background=1	-1.956	3.150	-.621	.537	-8.256	4.344
	Racial/Ethnic Background=5	-.101	2.881	-.035	.972	-5.865	5.663
	Racial/Ethnic Background=7	-1.913	2.946	-.649	.519	-7.807	3.980
	Adolescent Country of Birth	1.148	1.573	.730	.468	-1.997	4.294
	Country of Birth * Levels of PSS	3.910	3.713	1.053	.297	-3.518	11.338

Table 7 Continues

Dependent Variable	Parameter	B	Std. Error	t	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Accepting responsibility	Intercept	7.798	2.821	2.764	.008	2.154	13.441
	Country of Birth	-3.402	2.240	-1.519	.134	-7.883	1.078
	Levels of PSS	-3.399	2.051	-1.657	.103	-7.502	.705
	Education Level=1	-1.833	2.803	-.654	.516	-7.440	3.775
	Education Level=2	1.731	1.107	1.564	.123	-.483	3.945
	Education Level=3	.575	.944	.609	.545	-1.314	2.463
	Education Level=4	.455	.796	.571	.570	-1.138	2.048
	Racial/Ethnic Background=0	-.222	2.206	-.101	.920	-4.635	4.190
	Racial/Ethnic Background=1	-.566	2.088	-.271	.787	-4.742	3.610
	Racial/Ethnic Background=5	-1.384	1.910	-.725	.472	-5.205	2.437
	Racial/Ethnic Background=7	-1.580	1.953	-.809	.422	-5.486	2.327
	Adolescent Country of Birth	.677	1.042	.650	.518	-1.408	2.762
	Country of Birth * Levels of PSS	3.599	2.462	1.462	.149	-1.325	8.523
	Escape Avoidance	Intercept	16.541	4.264	3.879	.000	8.012
Country of Birth		-1.879	3.385	-.555	.581	-8.650	4.893
Levels of PSS		-9.780	3.101	-3.154	.003	-15.982	-3.578
Education Level=1		-.224	4.237	-.053	.958	-8.699	8.251
Education Level=2		.101	1.673	.060	.952	-3.245	3.447
Education Level=3		-1.045	1.427	-.732	.467	-3.899	1.810
Education Level=4		-1.270	1.203	-1.055	.296	-3.677	1.138
Racial/Ethnic Background=0		-2.480	3.334	-.744	.460	-9.148	4.188
Racial/Ethnic Background=1		-.537	3.155	-.170	.865	-6.848	5.775
Racial/Ethnic Background=5		-4.121	2.887	-1.427	.159	-9.895	1.654
Racial/Ethnic Background=7		-3.906	2.952	-1.323	.191	-9.810	1.998
Adolescent Country of Birth		.288	1.575	.182	.856	-2.864	3.439
Country of Birth * Levels of PSS		2.965	3.720	.797	.429	-4.477	10.407

Table 7 Continues

Dependent Variable	Parameter	B	Std. Error	t	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Planful Problem solving	Intercept	12.216	3.804	3.211	.002	4.607	19.825
	Country of Birth	-1.846	3.020	-.611	.543	-7.887	4.194
	Levels of PSS	-2.621	2.766	-.947	.347	-8.153	2.912
	Education Level=1	.377	3.780	.100	.921	-7.183	7.938
	Education Level=2	1.149	1.492	.770	.444	-1.835	4.134
	Education Level=3	-1.805	1.273	-1.418	.161	-4.351	.741
	Education Level=4	.587	1.074	.546	.587	-1.561	2.734
	Racial/Ethnic Background=0	-1.566	2.974	-.526	.601	-7.514	4.383
	Racial/Ethnic Background=1	.027	2.815	.010	.992	-5.603	5.658
	Racial/Ethnic Background=5	-2.575	2.575	-1.000	.321	-7.726	2.576
	Racial/Ethnic Background=7	-.883	2.633	-.336	.738	-6.151	4.384
	Adolescent Country of Birth	.558	1.405	.397	.693	-2.254	3.369
	Country of Birth * Levels of PSS	4.400	3.319	1.326	.190	-2.239	11.039
Positive Reappraisal	Intercept	15.563	4.977	3.127	.003	5.606	25.519
	Country of Birth	-1.128	3.951	-.286	.776	-9.032	6.776
	Levels of PSS	-1.127	3.619	-.311	.757	-8.367	6.112
	Education Level=1	-2.186	4.946	-.442	.660	-12.079	7.706
	Education Level=2	.017	1.953	.009	.993	-3.888	3.923
	Education Level=3	-1.179	1.666	-.708	.482	-4.511	2.153
	Education Level=4	-1.573	1.405	-1.120	.267	-4.383	1.237
	Racial/Ethnic Background=0	-2.031	3.891	-.522	.604	-9.815	5.753
	Racial/Ethnic Background=1	-1.249	3.683	-.339	.736	-8.617	6.118
	Racial/Ethnic Background=5	-5.474	3.370	-1.625	.110	-12.214	1.266
	Racial/Ethnic Background=7	-2.523	3.445	-.732	.467	-9.415	4.369
	Adolescent Country of Birth	-.201	1.839	-.109	.913	-3.880	3.478
	Country of Birth * Levels of PSS	2.180	4.343	.502	.617	-6.506	10.867

Note. Education Level=1 is Primary/elementary school, Education Level=2 is High School, Education Level=3 is Some college/ 2-year degree, and Education Level=4 is Bachelor's degree. Racial/ethnic background=0 is Other Caribbean, Racial/ethnic background=1 is Afro-Caribbean, Racial/ethnic background=5 is White/Caucasian, and Racial/ethnic background=7 is Black/African American.

Hypothesis 1: Cultural Origin Predicts Coping Strategies

Research question one asks whether cultural origin (the Caribbean or the U.S.) predicts the use of eight coping strategies (confrontive coping, distance, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive appraisal) in a sample of Caribbean-born and U.S.-born parents of adolescents located in the United States. The multivariate multiple linear regression analysis result multivariate multiple linear regression analysis results revealed that the overall model was statistically significant ($p < .03$). However, as shown in Table 5, country of birth did not significantly predict use of the eight coping strategies ($F [8, 53] = 0.718, p = .675$; Wilks' $\Lambda = .902$). Thus, the null hypothesis was retained.

Hypothesis 2: Parental Stress Predicts Coping Strategies

The second research question asks whether parental stress levels (low, medium, or high) predict the use of any of eight coping strategies (confrontive coping, distance, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive appraisal) in a sample of Caribbean-born and U.S.-born parents of adolescents located in the United States. The multivariate multiple linear regression analysis result multivariate multiple linear regression analysis results revealed that the overall model was statistically significant ($p < .03$). The multivariate test indicated that PSS level was a significant predictor of the coping strategies ($F [8, 53] = 4.720, p < .0005$; Wilks' $\Lambda = .584$). For this research question, the null hypothesis was rejected.

Hypothesis 3: Cultural Origin and Parental Stress Interaction predicts Coping

Strategies

The third research question asked if the cultural origin and parental stress levels interact in predicting the use of any of the eight coping strategies in a sample of Caribbean-born and U.S.-born parents of adolescents located in the United States. The multivariate multiple linear regression analysis results revealed that the overall model was statistically significant ($p < .03$). The interaction effect was not statistically significant, ($F [8, 53] = 0.438, p = .893$; Wilks' $\Lambda = .938$). The null hypothesis was retained for the third research question.

Summary

Multivariate multiple linear regression was used to answer the three research questions which guided this study. The first research question showed that cultural origin did not significantly predict coping strategies, and thus the null hypothesis was retained. The analysis found that parental stress significantly predicts coping strategies, rejecting the null hypothesis for research question two. The third research question did not significantly predict the interaction of country of origin and parental stress level on the caregivers' coping strategies, retaining the null hypothesis. Analysis of the covariates indicates that caregivers' educational levels significantly predict the use of coping strategies. Chapter 5 will present the interpretation of the findings reported in this chapter, along with the study's limitations. I will also present recommendations and address implications for social change, practice, and future study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative study was to predict the coping strategies used by Caribbean immigrant and U.S.-born parents of adolescents living in the United States experiencing parental stress. The study was designed to examine if the cultural origin and high, medium, and low parental stress levels predict parents' coping strategies in the two cultural groups. Three research questions were developed for this study. First, does cultural origin predict using any of eight coping strategies in a sample of Caribbean-born parents of adolescents in the United States? Second, does parental stress level predict the use of any of eight coping strategies in a sample of Caribbean-born and U.S.-born parents of adolescents in the United States? Third, do cultural origin and parental stress levels interact in predicting the use of any of the eight coping strategies in a sample of Caribbean-born and U.S.-born parents of adolescents in the United States?

Multivariate multiple regression was conducted, and it was found that cultural origin did not significantly predict caregivers' use of coping strategies. Secondly, parental stress levels significantly predicted the caregivers' use of one coping strategy, escape avoidance. Additionally, the interaction of cultural origin and parental stress level did not significantly predict the caregivers' coping strategies. Moreover, as a covariate, caregivers' education level significantly predicts their use of coping strategies. Parameter estimates provided more detailed information about the significance or non-significance of the study's variables.

This final chapter includes a review of the research question with the interpretation of the study's findings. The chapter discusses and explains the critical research findings to the

literature review and theoretical framework presented in Chapters 1 and 2 of this study. Then, the study's limitations and recommendations for future research are explored in the chapter, followed by the presentation of the study's implication for social change. Finally, the chapter ends with a summary and a conclusion.

Interpretations of the Findings

Literature Review and Research Findings

The analysis showed that country of origin did not significantly predict caregivers' use of the coping strategies in the overall model. However, parameter estimates did not provide further details in this matter. This is a surprising result since Kuo (2013) has been examining this phenomenon for many years and found cultural differences in the way individuals cope depending on their culture of origin. Additionally, the multivariate analysis of whether the interaction of cultural origin and parental stress predicts coping strategies shows that cultural origin and parental stress level did not significantly predict the caregivers' use of any coping strategy. A review of the parameter estimates did not provide further detail since there was no significance. This indicates that the interactions of the levels of parental stress and the caregiver's culture of origin do not have any impact on a caregiver's use of a particular coping strategy. Since there was no significance for cultural origin, finding its interactions with parental stress is not surprising.

While the overall model was found to be significant, the multivariate test indicates that one of the predictor variables (parental stress) and one of the covariate variables (education level) significantly predicted the use of coping strategies, review of the parameter estimates identifies more specifically the predictors that influence the use of a particular

coping strategy. It was found that specific education levels, different racial/ethnic backgrounds, and levels of parental stress do predict the use of coping strategies. Specifically, there was a significant prediction of caregivers with an elementary/primary school education use of confrontive coping. Confrontive coping is where the caregiver exerts intense efforts involving hostility and aggression to change the stressful parenting situation (Folkman et al., 1986). It was found that parents' level of education predicts their levels of parental stress and the way they cope with that stress (van Steijn et al., 2014; Vernhet et al., 2019). On the other hand, Begum et al.'s (2020) findings did not reflect an association between parents' education level and the use of confrontive coping in a sample of parents of autistic children. These findings emphasized that caregivers with lower educational levels can use confrontive coping when parenting adolescents.

Another finding was that caregivers with high school degrees significantly predict the use of distancing as a coping strategy. Also, Caucasian and Black/African American caregivers significantly predict distancing as a coping strategy. This indicates that caregivers use distancing as a coping strategy to detach themselves from a stressful parenting situation by thinking positively about or developing a positive outlook on the situation (Folkman et al., 1986). It was found that female parents more often use distancing than male parents when coping with their child having a cancer diagnosis (Sharma et al., 2018). Additionally, parents who use distancing tend to report more social isolation, problems in their relationship with their child, and depressive symptoms (Vernhet et al., 2019). However, Begum et al. (2020) found no significant relationship between distancing and parents' educational level.

Therefore, Caucasian and Black/African American caregivers and parents with high school degrees are most likely to detach themselves as a means of coping when stressed.

One finding was that caregivers with some college/2-year degrees significantly predicted seeking social support. Social support as a coping strategy involves seeking informational and emotional support from others in their social network when dealing with a stressful parenting situation (Rexrode et al., 2008). This finding is supported by Vernhet et al.'s (2019) findings that parents of typically developing children tend to use more social support-seeking strategies. Additionally, mothers used social support-seeking strategies more than fathers (Vernhet et al., 2019). However, Begum et al. (2020) found that parents' educational level was not associated with seeking social support. However, Taylor et al. (2017) found that Caribbean Black men and women equally use their extended family support network. These findings indicate that seeking social support is significantly used in the Caribbean and other cultures by many caregivers despite the type or level of parental stress that they are experiencing. This indicates that parents who use social support can better cope with parenting their children (McAuliffe et al., 2017). These parents are considered better psychological health due to the proactive nature of obtaining help in parenting. So, the higher the parents' educational level, the more likely they are to talk with others and seek support from their social network.

Another expected finding is that parental stress levels significantly predict the caregivers' use of one coping strategy, escape avoidance. Escape avoidance is where caregivers use wishful thinking and behavioral efforts to escape stressful parenting situations (Rexrode et al., 2008). This finding is supported by Craig et al. (2020) and Vernhet et al.'s

(2019) findings that parents experiencing increased parental stress tend to use avoidant coping strategies compared to those experiencing less parental stress. It was found that parents report low quality of life, specifically depression, social isolation, and parental-child conflict, the more they use avoidant coping strategies (Vernhet et al., 2019). Moreover, Craig et al.'s findings supported Vernhet et al.'s that parents who use avoidant coping strategies significantly impact the quality of life.

Further supportive findings by Sharma et al. (2018) indicated that parents from joint/extended Indian families use escape avoidance more often than parents from nuclear families. However, Greek parents of children with Autism are less likely to use this coping skill (Antonopoulou et al., 2020). These findings suggest that increased parental stress, poor parental support, and poor quality of life indicate the use of escape avoidance in some cultures compared to others.

In the analysis, there were no statistically significant predictors for four coping strategies, whether one is born in the Caribbean or the United States. These four coping strategies are self-controlling, accepting responsibility, planful problem solving, and positive appraisal. Self-controlling was not used, indicating that caregivers did not exhibit the ability to manage their feelings and actions around a problematic parenting situation (Rexrode et al., 2008). Findings by Sharma et al. (2018) indicated that self-control is used more by parents who have children diagnosed with cancer compared to parents of healthy children. Although accepting responsibility was not used, indicating that caregivers did not acknowledge their actions in a stressful parenting situation and did not make apparent efforts to correct the problem (Rexrode et al., 2008). However, a significant association was found between parent

education level and the use of accepting responsibilities (Begum et al., 2020). McAuliffe et al.'s (2017) findings suggested that caregivers accept responsibility when limited alternate choices are available. However, if they have availability of resources and social support, they may likely not use this coping strategy (McAuliffe et al., 2017; Sharma et al., 2018). Even though self-controlling and accepting responsibility were not significant in this study, the findings suggest that a parent's use of these two coping strategies depends on their educational level and the presence or lack of clinical factors with their children.

Positive appraisal was not significant, indicating that caregivers did not focus on their personal growth, which is achieved by finding a positive meaning in the stressful parenting situation (Rexrode et al., 2008). Caregivers also did not use planful problem solving, indicating they did not deliberately change a stressful parenting situation or problem and have a logical approach to solving the problem (Folkman et al., 1986). Craig et al. (2020) and Vernhet et al. (2019) expressed that planful problem solving helps decrease depression in parents and improve their quality of life. Additionally, planful problem solving has been used more by Indian parents whose child is diagnosed with cancer or another adverse illness (Sharma et al., 2018). Despite the reports that religion and spirituality are coping strategies in the Caribbean population when experiencing stressful and challenging situations, it is not reflected in this study's findings (Hope et al., 2020; Moorley et al., 2016).

Theoretical Framework and Research Findings

The theoretical framework that guides this research was the TSCT (Folkman & Lazarus, 1985; Folkman et al., 1986; Folkman & Lazarus, 1988). The TSCT emphasizes the importance of examining coping by assessing how individuals appraise the stressors they

experienced. Furthermore, individuals assess the stressors experienced based on environmental or cultural factors (Folkman & Lazarus, 1985/1988). This study examined whether cultural origin impacts parents' choices of coping skills and found that cultural origin did not predict the use of coping skills by caregivers experiencing different levels of parental stress. The way a parent appraises the stressors they are experiencing influences the use of coping strategies. Thus, the environmental factors in the caregivers' individual and societal experience influence how they perceive stress and the resulting choice of coping strategies used. The findings aligned with this theoretical foundation that environmental or cultural factors play a part in a caregiver's appraisal of their stressful experience.

The TSCT also emphasizes that individuals' decision-making is influenced by how they perceive the stress they are experiencing. It is not necessarily the event or situation that is stressful, but one's perception of it (Folkman & Lazarus, 1988). Furthermore, cultural norms and environmental factors tend to inform individual judgment and expectations, specifically an individual's beliefs, goals, values, and the demands and resources of the environment (Biggs et al., 2017). The theory leads to my examination of whether their parental stress levels influenced caregivers' coping strategies. Thus, the finding that their experience of parental stress predicted caregivers' decision making of which coping strategies to use.

A person's coping efforts are not distinctly good or bad, but some coping efforts may be more effective than others (Lazarus, 1993). The TSCT holds that specific individual and situational contexts together can shape one's coping efforts (Folkman & Lazarus, 1988). Thus, factors such as parenting styles, education levels, and cultural origin influence one's

appraisal of parental stress and thus coping strategies. So, the interaction effect of parental stress and cultural origin on the prediction of coping strategies was not supportive of how the interactions of these two variables can influence a caregiver's coping effort. However, educational level and racial background, environmental factors were found to predict coping strategies.

Limitations of the Study

Several limitations arose while the study was being conducted. One limitation is the generalizability of the findings to the entire Caribbean population due to convenience sampling, which limits the generalizability of study findings relative to probabilistic or random sampling techniques (Etikan et al., 2016). The Caribbean comprises different races, ethnicities, and languages, influencing acculturation and enculturation and how individuals experience parental stress. The findings can only be generalizable to Caribbean immigrants living in the United States and will not apply to natives living in their Caribbean country of origin. The sample size was also relatively small, which limited the power of the analyses.

One limitation of the present study is that most of the caregivers who participated in the study were women between the ages of 41 and 50 years old, limiting the generalizability of the findings to female caregivers from various cultures living in the United States.

Additionally, most Caribbean immigrant participants reported immigrating from Jamaica, limiting the findings' generalizability to this specific group of Caribbean immigrants.

Another limitation is that in the labeling of individuals in the U.S. population, one would not account for influences of Caribbean origin on second-generation parents since they would have identified themselves as U.S.-born. Some individuals born in a Caribbean Island that is

a U.S. territory may, at times, consider themselves U.S.-born instead of Caribbean-born, which may skew or limit the findings.

Other factors that might affect parental stress levels outside the parenting of one's adolescent were not accounted for and could significantly impact the results obtained. Moreover, it was expected that all Caribbean immigrants who participated in the study could read and write English fluently. Immigrants from some countries in the Caribbean where English is not the primary language, such as the Dominican Republic and Haiti, may not have participated due to a language barrier.

Biases may have arisen in the implementation of the study due to the snowball sampling procedures used to recruit participants (Creswell & Creswell, 2018). To obtain the number of participants needed with the population identified, sharing the study information with other participants from those who have completed the study or have information about the study may reflect the results of participants who may have similar responses. Snowball sampling may limit the variability of responses that may otherwise have been obtained if the participants were randomly selected (Creswell & Creswell, 2018).

The study is also limited because, as a quantitative study, it is incapable of accessing or explicating the reasons for any observed relationship between parental stress, cultural origin, and coping strategy. Quantitative research aims to classify features, count them, and construct statistical models to explain observations (McCusker & Gunaydin, 2015). Another limitation is using self-report questionnaires, which may reflect a social desire rather than actuality, and participants may be unwilling to admit to their actual behaviors (Creswell &

Creswell, 2018). These factors could limit the generalization and trustworthiness of the study's findings.

Recommendations for Future Research

Several recommendations for future research can be made based on the findings of this study. First, the sample size of 74 caregivers was smaller than what was desired, so increasing the sample size would help increase the statistical power to find significant predictors. In addition, as most of the sample were females, researchers should attempt to conduct a study that mainly focuses on male participants to see if the findings are similar or different.

Since one of the study's limitations is the generalization of the findings to many other Caribbean countries, having participants that reflect the numerous Caribbean countries would be beneficial to providing more generalizability of the study's findings. Using surveys that reflect the numerous languages throughout the Caribbean would help gain responses to generalize the findings. Moreover, since the country of citizenship orients people, researchers should structure future questions about the cultural origin to account for the country of birth different from the country of citizenship. This may influence the findings, and future researchers should differentiate the difference between the two.

Researchers should also consider other stressors that may impact a caregiver's parental stress as a means of understanding the factors that contribute to their parental stress level. Therefore, a qualitative study should be considered to explore unquantifiable factors related to parents' parental stress level and coping strategies. A qualitative study will

examine factors that influence how individuals cope by using the caregivers' own words and lived experiences (Kalu & Bwalya, 2017).

Additionally, a longitudinal study examining parenting from the start of adolescence to the end of this developmental period will help determine whether parental stress and coping strategies change over time. It would also be helpful to examine how the length of time in the United States impacts how the caregiver copes with the parental stress experienced (Cobb et al., 2019; Ward & Geeraert, 2016). Researchers should consider examining the variables of parental stress and coping strategies in other immigrant populations living in the United States as a way of increasing awareness of coping strategies used by parents of adolescents from other cultural backgrounds (Cobb et al., 2019; Rousseau & Frounfelker, 2019). Moreover, it would be best to use a shorter instrument that measures coping strategies, which would help to decrease participants' fatigue and possibly increase individuals' participation and willingness to complete the study's surveys.

Implication for Positive Social Change and Clinical Practice

Implication for Positive Social Change

This study's findings may increase psychologists' understanding of individual and cultural factors impacting clinical practice when working with Caribbean immigrant caregivers of adolescents and help them understand the coping strategies of this population, especially when they are experiencing parental stress. This understanding by professionals leads to positive social change by providing culturally relevant information to the field of clinical psychology so that appropriate support programs and interventions can be developed for Caribbean immigrant caregivers of adolescents (Bernal & Adames, 2017; Cobb et al.,

2019; Rousseau & Frounfelder, 2019). Such interventions would lead to immigrant parents or caregivers who are less stressed and better able to confront parenting and family life challenges in the United States (Leong et al., 2017). Additionally, this study will help generate positive social change by providing a multicultural understanding of how Caribbean immigrant and U.S.-born parents' of adolescents cope with parental stress based on the knowledge and experience gained from their culture of origin.

Implication for Clinical Practice

It is essential to remember that the focus of this study was to inform psychologists and increase their cultural awareness regarding Caribbean immigrant parents and their coping strategies. Due to the lack of information on Caribbean immigrant parental stress and coping process, this study was conducted to explore how parents cope based on their culture of origin (Allwood, 2019; Roopnarine & Yildirim, 2016). Although parents' cultural origin did not significantly predict the use of coping strategies, educational and parental stress levels did significantly predict coping strategies. This indicates that cultural differences in coping could be due to educational or parental stress levels. Therefore, a psychologist should consider education level in their interactions with caregivers from the Caribbean culture. These findings highlight the importance of psychologists understanding how Caribbean immigrant and U.S.-born caregivers cope with parental stress. This study provides information about coping strategies used by Caribbean immigrant and U.S.-born caregivers of adolescents' use of coping strategies and the culturally specific context to which psychologists apply therapeutic techniques and interventions. Understanding the impact of educational level and parental stress on coping strategies for Caribbean immigrant and U.S.-

born caregivers helps psychologists in clinical practice assess and consider how cultural origins are related to Caribbean immigrant parents' stress and coping strategies. This is important for psychologists to understand to help improve their scope of practice.

Conclusion

In this study of U.S.-born and Caribbean-born adolescents' caregivers ($N = 74$), the PSS and WCC-R were used to examine parental stress and coping in caregivers of adolescents. A demographic survey was also used to gather cultural factors and background information such as age group, gender, and other demographics. This study was conducted to predict the coping strategies used by Caribbean immigrant and U.S.-born parents of adolescents living in the United States experiencing parental stress. It was found that cultural origin did not predict the use of any of the eight coping strategies. In contrast, parental stress predicts escape avoidance, but the interaction of parental stress and cultural origin did not predict any coping strategies.

Furthermore, it was found that educational level and cultural/racial background predict coping strategies. These findings should be considered, significantly that educational levels predict coping strategies and not culture. Therefore, a psychologist should consider this when working with immigrant populations.

Researchers can expand on this study by specifying and incorporating different Caribbean islands, including those with differing languages. Furthermore, researchers can consider the limitations and develop a methodology that would decrease the limitations while adding to the literature on stress and coping from a cultural perspective. More research on the Caribbean immigrant families living in the United States is needed to ensure that

psychologists use the best practice in working with this specific population and not assess them only from a U.S.-based psychological perspective (Kirmayer & Ryder, 2016; Sundararajan, 2019). Furthermore, this study furthers the literature on the influence of culture on parental stress and coping process while providing information to strengthen psychologists' knowledge of cultural influences on the coping process.

References

- Abbott, D. M., Pelc, N., & Mercier, C. (2019). Cultural humility and the teaching of psychology. *Scholarship of Teaching and Learning in Psychology, 5*(2), 169–181. <https://doi.org/10.1037/stl0000144>
- Algarvio, S., Leal, I., & Maroco, J. (2018). Parental Stress Scale: Validation study with a Portuguese population of parents of children from 3 to 10 years old. *Journal of Child Health Care, 22*(4), 563–576. <https://doi.org/10.1177/1367493518764337>
- Alhurani, A. S., Dekker, R., Ahmad, M., Miller, J., Yousef, K. M., Abdulqader, B., Salami, I., Lennie, T. A., Randall, D. C., & Moser, D. K. (2018). Stress, cognitive appraisal, coping, and event free survival in patients with heart failure. *Heart & Lung, 47*(3), 205–210. <https://doi.org/10.1016/j.hrtlng.2018.03.008>
- Anderson, L. S. (2008). Predictors of parenting stress in a diverse sample of parents of early adolescents in high-risk communities. *Nursing Research, 57*(5), 340–350. <https://doi.org/10.1097/01.nnr.0000313502.92227.87>
- Antonopoulou, K., Manta, N., Maridaki-Kassotaki, K., Kouvava, S., & Stampoltzis, A. (2020). Parenting and coping strategies among parents of children with and without autism: The role of anxiety and emotional expressiveness in the family. *Austin Journal of Autism & Related Disability, 6*(1), 1054.
- APA Presidential Task Force on Immigration. (2013). Crossroads: The psychology of immigration in the new century. *Journal of Latina/o Psychology, 1*(3), 133–148. <https://doi.org/10.1037/lat0000001>

- Aslan, S., & Gelbal, S. (2016). Separation-individuation of late adolescents: A longitudinal study. *Educational Research and Reviews, 11*(1), 1–15.
<https://doi.org/10.5897/err2015.2570>
- Assari, S. (2014). Chronic medical conditions and major depressive disorder: Differential role of positive religious coping among African Americans, Caribbean Blacks and Non-Hispanic Whites. *International Journal of Preventive Medicine, 5*(4), 405–413.
<https://doi.org/10.1002/da.22041>
- Barlow, F. K. (2019). Nature vs. nurture is nonsense: On the necessity of an integrated genetic, social, developmental, and personality psychology. *Australian Journal Of Psychology, 71*(1), 68–79. <https://doi.org/10.1111/ajpy.12240>
- Beaver, K. M., & Belsky, J. (2012). Gene-environment interaction and the intergenerational transmission of parenting: Testing the differential-susceptibility hypothesis. *Psychiatric Quarterly, 83*(1), 29–40. <https://doi.org/10.1007/s11126-011-9180-4>
- Begum, F. A., Islam, M. S., & Rahman, A. S. (2020). Coping strategies and education of parents of autistic children in Bangladesh. *Bangladesh Journal of Medical Science, 19*(4), 614–619.
- Bernal, G., & Adames, C. (2017). Cultural adaptations: Conceptual, ethical, contextual, and methodological issues for working with ethnocultural and majority-world populations. *Prevention Science, 18*(6), 681–688. <https://doi.org/10.1007/s11121-017-0806-0>

- Berry, J. O. & Jones, W. H. (1995). The Parental Stress Scale: Initial psychometric evidence. *Journal of Social and Personal Relationships, 12*, 463–472.
<https://doi.org/10.1177/0265407595123009>
- Bhowmik, M. K., Cheung, R. Y., & Hue, M. T. (2018). Acculturative stress and coping strategies among Mainland Chinese university students in Hong Kong: A qualitative inquiry. *American Journal of Orthopsychiatry, 88*(5), 550.
<https://doi.org/10.1037/ort0000338>
- Biggs, A., Brough, P., & Drummond, S. (2017). Lazarus and Folkman's psychological stress and coping theory. In C. L. Cooper & J. C. Quick (Eds.), *The Handbook of Stress and Health: A Guide to Research and Practice*. (pp. 351–364). Wiley-Blackwell.
- Bray, J. H. & Maxwell, S. E. (1985). *Multivariate analysis of variance*. Sage.
- Brito, A. D., & Faro, A. (2017). Differences by gender, adaptation and validation of the Parental Stress Scale. *Avaliação Psicológica, 16*(1), 38–47.
<https://doi.org/10.15689/ap.2017.1601.05>
- Bornstein, M. H. (2017). The specificity principle in acculturation science. *Perspectives on Psychological Science, 12*(1), 3–45. <https://doi.org/10.1177/1745691616655997>
- Burke, T., & Sutherland, O. (2014). The meanings Jamaicans associate with corporal punishment. *Psychology & Developing Societies, 26*(1), 59–89.
<https://doi.org/10.1177/0971333613516229>
- Cabbigat, F. K., & Kangas, M. (2018). Help-seeking behaviors in non-offending caregivers of abused children in the Philippines. *Journal of Aggression, Maltreatment & Trauma, 27*(5), 555–573. <https://doi.org/10.1080/10926771.2017.1410745>

- Calzada, E. J., Huang, K. Y., Hernandez, M., Soriano, E., Acra, C. F., Dawson-McClure, S., Kamboukos, D., & Brotman, L. (2015). Family and teacher characteristics as predictors of parent involvement in education during early childhood among Afro-Caribbean and Latino immigrant families. *Urban Education, 50*(7), 870–896.
<https://doi.org/10.1177/0042085914534862>
- Campbell, D. T., & Stanley, J. C. (2015). *Experimental and quasi-experimental designs for research*. Ravenio Books.
- Cantwell, J., Muldoon, O. T., & Gallagher, S. (2014). Social support and mastery influence the association between stress and poor physical health in parents caring for children with developmental disabilities. *Research in Developmental Disabilities, 35*(9), 2215–2223. <https://doi.org/10.1016/j.ridd.2014.05.012>
- Caribbean Community. (2020). *CARICOM: Member states and associate members*.
<https://caricom.org/member-states-and-associate-members/>
- Casey, B. J. (2015). Beyond simple models of self-control to circuit-based accounts of adolescent behavior. *Annual Review of Psychology, 66*, 295–319.
<https://doi.org/10.1146/annurev-psych-010814-015156>
- Cobb, C. L., Branscombe, N. R., Meca, A., Schwartz, S. J., Xie, D., Zea, M. C., ... & Martinez Jr, C. R. (2019). Toward a positive psychology of immigrants. *Perspectives on Psychological Science, 14*(4), 619–632.
<https://doi.org/10.1177/1745691619825848>

- Conzen, K. (1979). Immigrants, immigrant neighborhoods, and ethnic identity: Historical issues. *The Journal of American History*, 66(3), 603–615.
<https://doi.org/10.2307/1890298>
- Cooper, C. E., McLanahan, S. S., Meadows, S. O., & Brooks-Gunn, J. (2009). Family structure transitions and maternal parenting stress. *Journal of Marriage & Family*, 71(3), 558–574. <https://doi.org/10.1111/j.1741-3737.2009.00619.x>
- Covington-Ward, Y., Agbemenu, K., & Matambanadzo, A. (2018). “We feel like it was better back home:” Stress, coping, and health in a U.S. dwelling African immigrant community. *Journal of Health Care for the Poor and Underserved*, 29(1), 253–265.
<https://doi.org/10.1353/hpu.2018.0018>
- Craig, F., Savino, R., Fanizza, I., Lucarelli, E., Russo, L., & Trabacca, A. (2020). A systematic review of coping strategies in parents of children with attention deficit hyperactivity disorder (ADHD). *Research in Developmental Disabilities*, 98, 103571.
<https://doi.org/10.1016/j.ridd.2020.103571>
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods* (5th ed.). Sage.
- Crnic, K., & Ross, E. (2017). Parenting stress and parental efficacy. In *Parental Stress and Early Child Development* (pp. 263-284). Springer. https://doi.org/10.1007/978-3-319-55376-4_11
- Dede Yildirim, E., & Roopnarine, J. L. (2019). Positive discipline, harsh physical discipline, physical discipline and psychological aggression in five Caribbean countries:

- Associations with preschoolers' early literacy skills. *International Journal of Psychology*, 54(3), 342–350. <https://doi.org/10.1002/ijop.12465>
- Dhillon, R. & Hafiz, S. (2017). Mental health of migrants: An overview. *Indian Journal of Community Psychology*, 13(2), 262–269.
- Dhoest, A. (2015). Connections that matter: The relative importance of ethnic-cultural origin, age and generation in media uses among diasporic youth in Belgium. *Journal of Children and Media*, 9(3), 277–293. <https://doi.org/10.1080/17482798.2015.1022562>
- Doucet, A. (2016). Single fathers. In *Encyclopedia of Family Studies*, C.L. Shehan (Ed.). <https://doi.org/10.1002/9781119085621.wbefs396>
- Emerson, R. W. (2015). Convenience sampling, random sampling, and snowball sampling: How does sampling affect the validity of research? *Journal of Visual Impairment & Blindness*, 109, 164–168. <https://doi.org/10.1177/0145482x1510900215>
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1–4. <https://doi.org/10.11648/j.ajtas.20160501.11>
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 41, 1149–1160. <https://doi.org/10.3758/brm.41.4.1149>
- Flatt, C., & Jacobs, R. L. (2019). Principle Assumptions of Regression Analysis: Testing, Techniques, and Statistical Reporting of Imperfect Data Sets. *Advances in Developing Human Resources*, 21(4), 484–502. <https://doi.org/10.1177/1523422319869915>

- Folkman, S. & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology*, 48(1), 150–170. <https://doi.org/10.1037/0022-3514.48.1.150>
- Folkman, S., & Lazarus, R. S. (1988). Coping as a mediator of emotion. *Journal of Personality and Social Psychology*, 54(3), 466. <https://doi.org/10.1037/0022-3514.54.3.466>
- Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. (1986). The dynamics of a stressful encounter: Cognitive appraisal, coping and encounter outcomes. *Journal of Personality and Social Psychology*, 50(5), 992–1003. <https://doi.org/10.1037/0022-3514.50.5.992>
- Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology*, 55, 745–774. <https://doi.org/10.1146/annurev.psych.55.090902.141456>
- Forsythe-Brown, I., Taylor, R. J., Chatters, L. M., Govia, I. O., Matusko, N., & Jackson, J. S. (2017). Kinship support in Jamaican families in the USA and Jamaica. *Journal of African American Studies*, 21(2), 187–202. <https://doi.org/10.1007/s12111-017-9355-7>
- Griffith, S. F., & Grolnick, W. S. (2014). Parenting in Caribbean families: A look at parental control, structure, and autonomy support. *Journal of Black Psychology*, 40(2), 166–190. <https://doi.org/10.1177/0095798412475085>
- Grimm, L. G., & Yarnold, P. R. (1995). *Reading and understanding multivariate statistics*. American Psychological Association.

- Handley, M. A., Lyles, C. R., McCulloch, C., & Cattamanchi, A. (2018). Selecting and improving quasi-experimental designs in effectiveness and implementation research. *Annual Review of Public Health, 39*, 5–25. <https://doi.org/10.1146/annurev-publhealth-040617-014128>
- Hope, M.O., Taggart, T., Galbraith-Gyan, K.V., & Nyhan, K. (2020). Black Caribbean emerging adults: A systematic review of religion and health. *Journal of Religion and Health 59*(1), 431–451 <https://doi.org/10.1007/s10943-019-00932-5>
- Jabraeili, M., Arshadi, M., Namdar, H., Ghojzadeh, M., Jafarpour, Z., & Najafi, F. (2018). Correlation of perceived nursing support with stress and self-confidence among the mothers of infants with congenital gastrointestinal anomalies. *Nursing and Midwifery Studies, 7*(4), 163–167. https://doi.org/10.4103/nms.nms_103_17
- JCO-ICVIS. (2016). *2011-2015 Report on children and violence*. <https://www.unicef.org/jamaica/sites/unicef.org.jamaica/files/2019-12/Report-on-Children-and-Violence-2015.pdf>
- Johnson, E. J., & Onieka Mendoza, S. (2018). Care-giving coping strategies among mothers with chronically ill children. *Journal of Social Service Research, 44*(3), 400–413. <https://doi.org/10.1080/01488376.2018.1476289>
- Kalu, F. A., & Bwalya, J. C. (2017). What makes qualitative research good research? An exploratory analysis of critical elements. *International Journal of Social Science Research, 5*(2), 43–56. <https://doi.org/10.1037/str0000027>
- Kazdin, A. E. (2003). *Research design in clinical psychology, 4th ed.* Boston: Allyn and Bacon.

- Kirmayer, L. J., & Ryder, A. G. (2016). Culture and psychopathology. *Current Opinion in Psychology*, 8, 143–148. <https://doi.org/10.1016/j.copsyc.2015.10.020>
- Kuo, B. C. (2013). Collectivism and coping: Current theories, evidence, and measurements of collective coping. *International Journal of Psychology*, 48(3), 374–388. doi:10.1080/00207594.2011.640681
- Landon, B. G., Waechter, R., Wolfe, R., & Orlando, L. (2017). Corporal punishment and physical discipline in the Caribbean: Human rights and cultural practices. *Caribbean Journal of Psychology*, 9(1), 7–23. <https://doi.org/10.13140/RG.2.2.12185.88166>
- Lazarus, R. S. (1993). Coping theory and research: Past, present, and future. *Psychosomatic Medicine*, 55, 234–247. <https://doi.org/10.1097/00006842-199305000-00002>
- Leahy, C. M., Peterson, R. F., Wilson, I. G., Newbury, J. W., Tonkin, A. L., & Turnbull, D. (2010). Distress levels and self-reported treatment rates for medicine, law, psychology and mechanical engineering tertiary students: cross-sectional study. *Australian and New Zealand Journal of Psychiatry*, 44(7), 608–615. <https://doi.org/10.3109/00048671003649052>
- Lee, S. (2018). Understanding the dynamics among acculturative stress, coping, and growth: A grounded theory of the Korean immigrant adolescent experience. *Children and Youth Services Review*, 94, 105–114. <https://doi.org/10.1016/j.childyouth.2018.09.030>
- Lee, J. H., Park, S., & Sim, M. (2018). Relationship between ways of coping and posttraumatic stress symptoms in firefighters compared to the general population in

- South Korea. *Psychiatry Research*, 270, 649–655.
<https://doi.org/10.1016/j.psychres.2018.10.032>
- Leedy, P. & Ormrod, J. (2019). *Practical research: Planning and design* (12th ed.). Merrill.
- Liang, S. Y., Liu, H. C., Lu, Y. Y., Wu, S. F., Chien, C. H., & Tsay, S. L. (2020). The influence of resilience on the coping strategies in patients with primary brain tumors. *Asian Nursing Research*, 14(1), 50–55.
<https://doi.org/10.1016/j.anr.2020.01.005>
- Liu, X., Chi, M., & Dun, X. (2017). A comparison study of Sino-American parenting education from the perspective of Hofstede's cultural dimensions. *Advances in Computer Science Research*, 59, 330–335. <https://doi.org/10.2991/emcm-16.2017.65>
- Lu, N., Liu, J., Wang, F., & Lou, V. W. (2017). Caring for disabled older adults with musculoskeletal conditions: a transactional model of caregiver burden, coping strategies, and depressive symptoms. *Archives of Gerontology and Geriatrics*, 69, 1–7. <https://doi.org/10.1016/j.archger.2016.11.001>
- Maguire-Jack, K., & Wang, X. (2016). Pathways from neighborhood to neglect: The mediating effects of social support and parenting stress. *Children and Youth Services Review*, 66, 28–34. <https://doi.org/10.1016/j.childyouth.2016.04.017>
- Martin, P. D., & Daniels, F. M. (2014). Application of Lazarus's cognitive transactional model of stress-appraisal-coping in an undergraduate mental health nursing programme in the Western Cape, South Africa: Theory development. *African Journal for Physical Health Education, Recreation and Dance*, 20(Supplement 1), 513–522.
<https://hdl.handle.net/10566/1514>

- McAuliffe, T., Cordier, R., Vaz, S., Thomas, Y., & Falkmer, T. (2017). Quality of life, coping styles, stress levels, and time use in mothers of children with autism spectrum disorders: comparing single versus coupled households. *Journal of Autism and Developmental Disorders*, *47*(10), 3189–3203. <https://doi-org.ezp.waldenulibrary.org/10.1007/s10803-017-3240-z>
- McCusker, K., & Gunaydin, S. (2015). Research using qualitative, quantitative or mixed methods and choice based on the research. *Perfusion*, *30*(7), 537–542. <https://doi.org/10.1177/0267659114559116>
- McWayne, C. M., Mattis, J. S., Green Wright, L. E., Limlingan, M. C., & Harris, E. (2017). An emic, mixed-methods approach to defining and measuring positive parenting among low-income Black families. *Early Education and Development*, *28*(2), 182–206. <https://doi.org/10.1080/10409289.2016.1208601>
- McWayne, C. M., Mattis, J. S., & Hyun, S. (2018). Profiles of culturally salient positive parenting practices among urban-residing black head start families. *Cultural Diversity and Ethnic Minority Psychology*, *24*(3), 414. <https://doi.org/10.1037/cdp0000164>
- Meeus, W. (2016). Adolescent psychosocial development: a review of longitudinal models and research. *Developmental Psychology*, *52*(12), 1969–1993. <https://doi.org/10.1037/dev0000313>
- Meyers, L., Gamst, G., & Guarino, A. (2017). *Applied Multivariate Research: Design and Interpretation (3rd ed.)*. Sage Publication.

- Mitchell, B. A., Wister, A. V., & Zdaniuk, B. (2019). Are the parents all right? Parental stress, ethnic culture and intergenerational relations in aging families. *Journal of Comparative Family Studies*, 50(1), 51–74. <https://doi.org/10.3138/jcfs.037-2018>
- Mofokeng, M., & van der Wath, A. E. (2017). Challenges experienced by parents living with a child with attention deficit hyperactivity disorder. *Journal of Child & Adolescent Mental Health*, 29(2), 137–145. <https://doi.org/10.2989/17280583.2017.1364253>
- Mooren, T., Bala, J., & Rabaia, Y. (2020). A family-centered approach to working with refugee children and adolescents. In *Child, Adolescent, and Family Refugee Mental Health* (pp. 243–255). Springer, Cham.
- Moorley, C. R., Cahill, S., & Corcoran, N. T. (2016). Life after stroke: Coping mechanisms among African Caribbean women. *Health & Social Care in the Community*, 24(6), 769–778. <https://doi.org/10.1111/hsc.12256>
- Murphy, E. J., & Mahalingam, R. (2004). Transnational ties and mental health of Caribbean immigrants. *Journal of Immigrant Health*, 6(4), 167–178. <https://doi.org/10.1023/b:joih.0000045254.71331.5e>
- Muruthi, B., Bermúdez, J. M., Bush, K. R., McCoy, M., & Stinson, M. A. (2016). Afro-Caribbean mothers in the U.S.: An exploratory study from a transnational feminist perspective. *Women and Therapy*, 39(3-4), 413-431. <https://doi.org/10.1080/02703149.2016.1116872>
- Parker, K. & Horowitz, J. M. (2015). Parenting in America: Outlook, worries, aspirations are strongly linked to financial situation. *Pew Research Center*.

- https://assets.pewresearch.org/wp-content/uploads/sites/3/2015/12/2015-12-17_parenting-in-america_FINAL.pdf
- Pew Research Center. (2015). *The future of world religions: Population growth projections 2010-2050*. <https://www.pewforum.org/2015/04/02/latin-america-and-the-caribbean/>
- Planning Institute of Jamaica (2015). *Jamaica survey of living conditions (JSLC): 2015 executive summary*. <https://www.pioj.gov.jm/product/jamaica-survey-of-living-conditions-jslc-2015-executive-summary/>
- Prendergast, S., & MacPhee, D. (2018). Family resilience amid stigma and discrimination: A conceptual model for families headed by same-sex parents. *Family Relations*, 67(1), 26–40. <https://doi.org/10.1111/fare.12296>
- Rescorla, L. A. (2016). Cross-cultural perspectives on parent–adolescent discrepancies: Existing findings and future directions. *Journal of Youth and Adolescence* 45, 2185–2196. <https://doi.org/10.1007/s10964-016-0554-7>
- Rexrode, K. R., Petersen, S., & O’Toole, S. (2008). The Ways of Coping Scale. *Educational and Psychological Measurement*, 68(2), 262–280. <https://doi.org/10.1177/0013164407310128>
- Ricketts, H., & Anderson, P. (2008). The impact of poverty and stress on the interaction of Jamaican caregivers with young children. *International Journal of Early Years Education*, 16(1), 61–74. <https://doi.org/10.1080/09669760801892276>
- Roopnarine, J. L., & Jin, B. (2016). Family socialization practices and childhood development in Caribbean cultural communities. In J. L. Roopnarine and D. Chadee (Eds.), *Caribbean psychology: Indigenous contributions to a global discipline*, (pp.

- 71–96). American Psychological Association.
<https://content.apa.org/doi/10.1037/14753-004>
- Roopnarine, J. L., & Yildirim, E. D. (2016). Family structure and socialization patterns in Caribbean and Caribbean immigrant families: Developmental outcomes. In U.P. Gielen and J. L. Roopnarine (Eds.), *Childhood and adolescence: Cross-cultural perspectives and applications*, (pp. 151–176).
- Rousseau, C., & Frounfelker, R. L. (2019). Mental health needs and services for migrants: An overview for primary care providers. *Journal of Travel Medicine*, 26(2), 150.
<https://doi.org/10.1093/jtm/tay150>
- Sanchez, G. (1999). Race, nation, and culture in recent immigration studies. *Journal of American Ethnic History*, 18(4), 66–84. www.jstor.org/stable/27502471
- Sapp, M. (2016). Hypnosis and postmodernism: Multicultural Applications. *Sleep & Hypnosis*, 18(1), 19–25.
<https://doi-org.ezp.waldenulibrary.org/10.5350/Sleep.Hypn.2016.180104>
- Shah, R., Grover, S., & Kulhara, P. (2017). Coping in residual schizophrenia: Re-analysis of ways of Coping checklist. *The Indian Journal of Medical Research*, 145(6), 786.
https://doi.org/10.4103/ijmr.ijmr_1927_14
- Sharma, R., Shyam, R., & Grover, S. (2018). Coping strategies used by parents of children diagnosed with cancer. *Indian journal of social psychiatry*, 34(3), 249.
http://doi.org/10.4103/ijsp.ijsp_57_18

- Smith, D. E. (2016). Corporal punishment of children in the Jamaican context. *International Journal of Child, Youth & Family Studies*, 7(1), 27.
<https://doi.org/10.18357/ijcyfs.71201615415>
- Smith, D. E., & Moore, T. M. (2013). Family violence and aggression and their associations with psychosocial functioning in Jamaican adolescents. *Journal of Family Issues*, 34(6), 745–767. <https://doi.org/10.1177/0192513X12450841>
- Sohmaran, C., & Shorey, S. (2019). Psychological interventions in reducing stress, depression and anxiety among parents of children and adolescents with developmental disabilities: A systematic review and meta-analysis. *Journal of Advanced Nursing*, 75(12), 3316–3330.
<https://doi.org/10.1111/jan.14166>
- Stone, L. L., Mares, S. H., Otten, R., Engels, R. C., & Janssens, J. M. (2016). The co-development of parenting stress and childhood internalizing and externalizing problems. *Journal of Psychopathology and Behavioral Assessment*, 38(1), 76–86.
<https://doi.org/10.1007/s10862-015-9500-3>
- Sundararajan, L. (2019). Whither indigenous psychology? *Journal of Theoretical and Philosophical Psychology*, 39(2), 81–89. <https://doi.org/10.1037/teo0000115>
- Szabo, A., English, A. S., Zhijia, Z., Jose, P., Ward, C., & Jianhong, M. (2017). Is the utility of secondary coping a function of ethnicity or the context of reception? A longitudinal study across Western and Eastern cultures. *Journal of Cross-Cultural Psychology*, 48(8), 1230–1246. <https://doi.org/10.1177/0022022117719158>
- Tabachnick, B. G., & Fidell, L. S. (2019). *Using multivariate statistics* (7th ed.). Pearson.

- Taylor, R. J., Forsythe-Brown, I., Lincoln, K. D., & Chatters, L. M. (2017). Extended family support networks of Caribbean Black adults in the United States. *Journal of Family Issues, 38*(4), 522–546. <https://doi.org/10.1177/0192513x15573868>
- Teteh, D. K., Lee, J. W., Montgomery, S. B., & Wilson, C. M. (2020). Working together with God: Religious coping, perceived discrimination, and hypertension. *Journal of Religion and Health, 59*(1), 40–58. <https://doi.org/10.1007/s10943-019-00822-w>
- Teti, D. M., Cole, P. M., Cabrera, N., Goodman, S. H., & McLoyd, V. C. (2017). Supporting parents: How six decades of parenting research can inform policy and best practice. *Social Policy Report, 30*(5), 1–34. <https://doi.org/10.1002/j.2379-3988.2017.tb00090.x>
- Thompson, A. D. (2016). Toward a Caribbean psychology: Context, imperatives, and future directions. In J. L. Roopnarine and D. Chadee (Ed.), *Caribbean psychology: Indigenous contributions to a global discipline*, (pp. 15–44). American Psychological Association. <https://doi.org/10.1037/14753-002>
- Tilley, J. L., Farver, J. M., & Huey Jr, S. J. (2020). Culture, causal attribution, and coping in Chinese college students in the United States. *Asian American Journal of Psychology, 11*(2), 79–87. <https://dx.doi.org/10.1037/aap0000174>
- UNICEF. (2017). *A familiar face: Violence in the lives of children and adolescents*. https://www.unicef.org/publications/files/Violence_in_the_lives_of_children_and_adolescents.pdf

UNICEF. (2018). *Situation analysis of Jamaican children.*

https://www.unicef.org/jamaica/sites/unicef.org.jamaica/files/2019-10/UNICEF_20180618_SituationAnalysis_web.pdf

U.S. Census Bureau (2019a). *B05009: Age and nativity of own children under 18 years in families and subfamilies by number and nativity.*

<https://data.census.gov/cedsci/table?q=B05009&tid=ACSDT1Y2019.B05009&hidePreview=false>

U.S. Census Bureau (2019b). *B05006: Place of birth for the foreign-born population in the United States.*

<https://data.census.gov/cedsci/table?tid=ACSDT1Y2016.B05006&q=B05006>

van der Kooij, I. W., Nieuwendam, J., Moerman, G., Boer, F., Lindauer, R. J., Roopnarine, J. L., & Graafsma, T. L. (2017). Perceptions of corporal punishment among Creole and Maroon professionals and community members in Suriname. *Child Abuse Review, 26*(4), 275–288. <https://doi.org/10.1002/car.2475>

van Pelt, M., Smeltzer, S. C., van Pelt, F., Gazoni, F. M., Durieux, M. E., & Polomano, R. C. (2019). Preliminary psychometric evaluation of the nurse anesthesia and the aftermath of perioperative catastrophes survey and the Ways of Coping Questionnaire. *AANA Journal, 87*(6), 441–449.

van Steijn, D. J. van, Oerlemans, A. M., Aken, M. A. G. van, Buitelaar, J. K., & Rommelse, N. N. J. (2014). The reciprocal relationship of ASD, ADHD, depressive symptoms and stress in parents of children with ASD and/or ADHD. *Journal of Autism and*

- Developmental Disorders*, 44(5), 1064–1076. <https://doi.org/10.1007/s10803-013-1858-9>
- Vassilliere, C. T., Holahan, C. J., & Holahan, C. K. (2016). Race, perceived discrimination, and emotion-focused coping. *Journal of Community Psychology*, 44(4), 524–530. <https://doi.org/10.1002/jcop.21776>
- Vaughan, E. L., Feinn, R., Bernard, S., Brereton, M., & Kaufman, J. S. (2012). Relationships between child emotional and behavioral symptoms and caregiver strain and parenting stress. *Journal of Family Issues*, 34(4), 534–556. <https://doi.org/10.1177/0192513X12440949>
- Vernhet, C., Dellapiazza, F., Blanc, N., Cousson-Gélie, F., Miot, S., Roeyers, H., & Baghdadli, A. (2019). Coping strategies of parents of children with autism spectrum disorder: A systematic review. *European Child and Adolescent Psychiatry*, 28(6), 747–758. <https://doi.org/10.1007/s00787-018-1183-3>
- Vitaliano, P. P., Russo, J., Carr, J. E., Maiuro, R. D., & Becker, J. (1985). The Ways of Coping Checklist: Revision and psychometric properties. *Multivariate Behavioral Research*, 20(1), 3-26. https://doi.org/10.1207/s15327906mbr2001_1
- Ward, C., & Geeraert, N. (2016). Advancing acculturation theory and research: The acculturation process in its ecological context. *Current Opinion in Psychology*, 8, 98–104. <https://doi.org/10.1016/j.copsy.2015.09.021>
- Yi-Frazier, J. P., Fladeboe, K., Klein, V., Eaton, L., Wharton, C., McCauley, E., & Rosenberg, A. R. (2017). Promoting Resilience in Stress Management for Parents

- (PRISM-P): An intervention for caregivers of youth with serious illness. *Families, Systems, & Health*, 35(3), 341–351. <https://doi.org/10.1037/fsh0000281>
- Yildirim, E. D., & Roopnarine, J. L. (2015). The mediating role of maternal warmth in the associations between harsh parental practices and externalizing and internalizing behaviors in Hispanic American, African American, and European American families. *Cultural Diversity and Ethnic Minority Psychology*, 21(3), 430. <https://doi.org/10.1037/a0038210>
- Yoon, E., Cabirou, L., Galvin, S., Hill, L., Daskalova, P., Bhang, C., ... & Baltazar, B. (2020). A meta-analysis of acculturation and enculturation: Bilinear, multidimensional, and context-dependent processes. *The Counseling Psychologist*, 48(3), 342–376. <https://doi.org/10.1177/0011000019898583>

Appendix A: Explanation of Study Email

To Whom It May Concern

I am conducting a study as part of a student's curriculum requirement to complete a Ph.D. in Clinical Psychology at Walden University. The purpose of this study is to examine the effect of parental stress on U.S. and Caribbean parents of adolescent's choice of coping strategies. This study is being supervised by my committee Chair, and can be completed online. I would like your help in locating participants to complete my study.

Please see the attached announcement which describes the requirement to participate in the study. To gain more information about individuals living in the United States coping strategies, I am asking if this announcement could be shared with members in your group or organization so that applicable parents/caregivers could choose to participate.

The information can be posted to your group or organization notice board, sent via email to your group or organization mailing list, or announced where appropriate. Feel free to share with other organizations that serve parents in the Caribbean immigrant and U.S. communities.

If you can help in this endeavor, I can be reached at the contact information below.

Sincerely,

A solid black rectangular box redacting the signature of the sender.

Seeking Study Participants:

Are you a PARENT, STEP-PARENT, FOSTER, ADOPTED, AUNT, UNCLE, GRANDPARENT caring for a Teenager/Adolescent (Ages 13-18)?

Were you born in the Caribbean, a CARICOM country, or the United States?

Do you currently live in the United States?

I am in the process of completing my dissertation to obtain a PhD in Clinical Psychology and am seeking **PARENTS of teenagers / adolescents** (age 13-18) to volunteer to complete a 15 to 20 minutes, 3 questionnaire survey via SurveyMonkey on parental stress and coping. One questionnaire will ask you some basic background information, another will ask you about how you feel as a parent of an adolescent, and the last will be questions about your coping strategies when you are feeling stressed while parenting.

I am looking for **CAREGIVERS (parents, step-parents, foster, adopted, aunts, uncle, grandparents, etc.)** of adolescents who currently living in the United States who are US -born or Caribbean -born. If you decided to participate, please use the link / QR code below to complete the anonymous survey. Otherwise, please feel free to share with others.

Appendix C: Consent to Use Parental Stress Scale

[REDACTED] >
Written Permission to use the Parental Stress scale

[REDACTED] > Mon, Apr 4, 2016 at 10:25 PM
To: [REDACTED]

Hello,
I am currently in the process of completing my dissertation where I would like to examine the effect of parental stress and culture and the extent to which coping strategies are used among adolescents' parents'. I would like to use the Parental Stress Scale as an instrument to measure parental stress. I am currently completing my proposal and am seeking your written permission to use the scale in the identified study.

Thanks in advance

--

[REDACTED]
< [REDACTED] > Tue, Apr 5, 2016 at 7:19 PM
To: < [REDACTED] >
Cc: < [REDACTED] >

You have permission to use the Parental Stress Scale in your research.

Sent from my iPhone
[Quoted text hidden]

Appendix D: Consent to Use Ways of Coping Checklist Revised

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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SANTA BARBARA • SANTA CRUZ

OSHER CENTER FOR INTEGRATIVE MEDICINE AT UCSF
1701 DIVISADERO STREET, SUITE 100
SAN FRANCISCO, CALIFORNIA 94115

TEL: 415 353 7719
FAX: 415 353 7554
E-MAIL: FOLKMAN@OCIM.UCSF.EDU

SUSAN FOLKMAN, PH.D.
PROFESSOR OF MEDICINE AND
DIRECTOR

Dear Colleague:

The Ways of Coping that was revised in 1985 is in the public domain and you do not need special permission to use it. In 1988 the Consulting Psychologists Press made minor modifications to a few items. Their version is copyrighted, and has since been purchased by Mind Garden. If you wish to use their version and/or their scoring service, you'll need permission from Mind Garden. You can reach them at <http://www.mindgarden.com/> or Mind Garden, Inc., 1690 Woodside Road, Suite 202, Redwood City, CA 94061, USA, (650-261-3500). You might also want the manual for the Ways of Coping. It is available through the same publisher.

Sincerely,

Susan Folkman, Ph.D.
Professor of Medicine
Director, Osher Center for Integrative Medicine at UCSF

Appendix E: Demographic Questionnaire

Demographic Questionnaire

Your voluntary answers here will help the researcher to better understand your anonymous responses to the other measures you will be completing today.

Is English your native language? Yes No
If No, Can you read and write English fluently? Yes No

Are you the parent or primary caregiver of an adolescent/teenager who lives with you?
 Yes No

Are you currently living in the United States? Yes No

Your Country of Birth/Origin

United States. Were your parents born in the U.S.? Yes No

If not, where are they from? _____

(Please specify)

Caribbean: _____ : Length of time in the
 U.S.: _____

(Please specify Country)

Your Age: _____ **Gender: (Check one)** Male Female

Your Education Level (Check one)

Elementary/Primary School
 High School
 Some College/ Two year Degree
 Bachelor Degree
 Post Graduate Degree

Your Household (Check one)

Single parent household
 Two-parent household

Your Racial/Ethnic Background (Check one)

<input type="checkbox"/> Afro-Caribbean	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Indo-Caribbean	<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic Caribbean	<input type="checkbox"/> American Indian or Alaskan Natives
<input type="checkbox"/> Mixed-ethnic Caribbean	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White/Caucasian	
<input type="checkbox"/> Non-Caribbean Hispanic/Latino	<input type="checkbox"/> Other: _____
	(Please specify)

Number of Adolescent(s) you are parenting: _____

Age of Adolescent(s) (13-18) **Gender (M/F):** **Born in U.S. (Y/N)**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relationship to Adolescent

_____ Biological Parent

_____ Foster Parent; Length of Time: _____

_____ Adoptive Parent; Length of Time: _____

_____ Family Member: _____ Mother's side/Father's side (*Please circle*)

(Please specify relationship)

_____ Other: _____ (*Please specify relationship*)

Total number of Child(ren) in the home: _____

Age of Child(ren) **Gender (M/F):**

_____	_____
_____	_____
_____	_____
_____	_____

Relationship to Child

_____ Biological Parent

_____ Foster Parent; Length of Time: _____

_____ Adoptive Parent; Length of Time: _____

_____ Family Member: _____ Mother's side/Father's side (*Please circle*)

(Please specify relationship)

_____ Other: _____ (*Please specify relationship*)