THE ASSOCIATIONS BETWEEN SOCIAL SUPPORT, ECONOMIC STRAIN, 
AND PARENTING STRESS AMONG AT-RISK FAMILIES

BY

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Abstract

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This study tested the hypothesis that social support mediates the relation between economic strain and parenting stress using a sample of parents and caregivers (N = 151) of adolescents (ages 11-14) attending a six-week summer camp for at-risk youth. Economic strain (i.e., the perception of financial hardship) was significantly associated with greater parenting stress (i.e., stress specifically associated with parenting and the parental role). Economic strain was significantly associated with less social support. Social support was not significantly associated with parenting stress when controlling for economic strain and social support did not mediate the relation between economic strain and parenting stress levels. These findings suggest that parenting stress is strongly affected by the perception of financial hardship and that social support does not ameliorate the parenting stress associated with financial hardship.
# TABLE OF CONTENTS

I. Introduction ............................................................................................................... 1  

II. Method .................................................................................................................... 7  

III. Results .................................................................................................................. 13  

IV. Discussion ............................................................................................................. 17  

V. References ............................................................................................................. 24  

VI. Table 1 ................................................................................................................. 14  

VII. Table 2 ................................................................................................................. 17  

VIII. Figure 1 ............................................................................................................. 16  

IX. Appendix A ......................................................................................................... 31  

X. Appendix B .......................................................................................................... 33
The Associations Between Social Support, Economic Strain, and Parenting Stress Among At-Risk Families

Poverty creates enormous challenges for families and living in poverty is associated with adverse outcomes for children and families. Living in poverty produces a “conglomeration of stressful conditions and events” (McLoyd, 1990, p. 314) causing inherent financial hardship and pervasive stress for parents. The sequelae of poverty extend to most life domains and restrict choices in housing, neighborhoods, employment opportunities, and leisure activities (McLoyd, 1990). Families living in poverty are more vulnerable to adverse life events (e.g., eviction, physical illness, criminal victimization) and have fewer resources with which to manage situational stressors. The increased financial stress can overwhelm parents’ emotional resources and can lead to impaired psychological functioning (Conger & Donnellan, 2007; Conger et al., 2002; Costello, Compton, Keeler, & Angold, 2003; Kotchick & Forehand, 2002; Taylor, Rodriguez, Seaton, & Dominguez, 2004). The risks of poverty extend to all family members; children and adolescents who live in poverty face an increased risk of psychological disorders, impaired functioning, and decreased academic achievement (see Conger & Donnellan, 2007; Costello et al., 2003; Kotchick & Forehand, 2002; McLoyd, 1990, 1998). The research findings about the deleterious effects of poverty are robust and consistent.

While children and adolescents are vulnerable to the effects of poverty, most research suggests that parental factors mediate the effects of low income upon children and adolescents (See Conger et al., 2002; Costello et al., 2003; Gershoff,
Aber, Raver, & Lennon, 2007; Kotchick & Forehand, 2002; McLoyd, 1990, 1998; Taylor et al., 2004; Wadsworth, Raviv, Compas, & Connor-Smith, 2005). This research suggests that low family income does not directly affect children’s functioning. Rather, low income and financial hardship increase parents’ stress and decrease parents’ psychological functioning. Parents who are under greater financial stress are more vulnerable to psychological disorders (e.g., depression) and to increased marital conflict. The increase in stress and decrease in psychological functioning can lead to less effective parenting behavior including inconsistent or harsh discipline, withdrawal, increased conflict between parents, and decreased parental warmth (Conger & Donnellan, 2007; Kotchick & Forehand, 2002; McLoyd, 1990, 1998).

*Economic strain.* Economic strain, the perception that family resources are insufficient to meet family needs, has been identified as a significant mediator of the stress experienced as a consequence of poverty (Conger, Ge, Elder, Lorenz, & Simons, 1994; Conger et al., 2002; Gutman, McLoyd, & Tokoyawa, 2005; Taylor et al., 2004; Wadsworth & Compas, 2002; Wadsworth et al., 2005). Low income and financial hardship are associated with increased family stress, but perceived economic insecurity and financial stress (i.e., economic strain) mediates the relationship between income and stress (Gershoff et al., 2007).

Economic strain is especially pertinent for families living in poverty and families with low income levels (i.e., within 100-200% of the United States federal poverty threshold). Both poor and low-income families may lack the resources to
meet the needs of day-to-day living; in most areas, families require an income of at least 200% of the federal poverty guidelines in order to meet their basic needs (Cauthen & Fass, 2008; Gershoff et al., 2007). Families with income levels below the federal poverty threshold are generally eligible for government programs that provide assistance with health insurance, child care, and food stamps. In contrast, low-income families experience many of the same financial hardships, but are generally ineligible for government assistance with basic family needs. Thus, economic strain generally provides a better measure of financial hardship than income alone.

*Family stress model.* While research describing family influences on children’s poverty-related sequelae dates back to the Great Depression (Elder & Caspi, 1988), the family stress model was developed to explain the impact of the 1980’s farm crises on rural families in Iowa (Conger et al., 1992; Conger & Donnellan, 2007; Conger et al., 1994). The family stress model explains children’s negative poverty-related sequelae in terms of family processes. The effects of poverty and financial hardship cause economic strain (e.g., financial insecurity, inability to meet need with available resources) and stress within the family. Economic strain subsequently increases parental psychological distress and decreases parental functioning. These parental factors thus mediate the relationship between financial hardship and child outcomes. Since its development, the family stress model has been used to identify parental mediating factors including coping (Wadsworth et al., 2005), self-efficacy (Raikes & Thompson, 2005), neighborhood stress (Gutman et al., 2005), family conflict (Wadsworth & Compas, 2002), life stress (Mistry, Lowe, Benner, &
Chien, 2008), parental investment of resources (Gershoff et al., 2007), and parenting stress (Gershoff et al., 2007). Although the original family stress model described a population of rural, primarily European-American families suffering from acute financial stress, the model has also been applied to diverse populations including urban African-American families (Conger et al., 2002; Gutman et al., 2005), African-American mothers (McLoyd & Jayaratne, 1994; Taylor, Seaton, & Dominguez, 2008), and low-income mothers (Raikes & Thompson, 2005).

While the family stress model predicts that economic strain will result in increased family stress, most of the above-referenced studies have measured parents’ psychological functioning (Conger et al., 1992; Conger et al., 1994; Conger et al., 2002; Taylor et al., 2004) or general parental life stress (Mistry et al., 2008; Wadsworth et al., 2005). In contrast, few studies have investigated the effects of economic stress upon parenting stress (i.e., stress associated with parenting children and the parental role). Gershoff et al. (2007) notably included both parenting stress and marital stress in an overall measure of parent stress. This analysis found a strong association between parent stress and material hardship (i.e., food insecurity, residential instability, inadequacy of medical care, months of financial troubles).

*Social support.* Social support has long been considered a potential influence on the relationship between economic strain and the stress levels of parents. Early theories proposed that social support moderated the relationship between economic strain and the stress levels of parents, with social support conceptualized as an independent construct that attenuated the effect of economic strain upon the stress
levels of parents (McLoyd, 1990). More recently, research results have suggested that social support functions as a mediator between economic strain and the stress experienced by parents, with economic strain affecting the quality and availability of social support (Armstrong, Birnie-Lefcovitch, & Ungar, 2005; Jackson & Huang, 2000; Raikes & Thompson, 2005; Taylor et al., 2008).

Although social support has frequently been conceptualized as an independent moderator of poverty-related stress, it is likely that economic hardship could affect the availability of social support for poor families. Families living in poverty have limited choices about the neighborhoods in which they live. Often low-income neighborhoods are characterized by increased transience of residents, fewer elderly residents, and increased isolation due to crime rates (McLoyd, 1990). Living in this environment provides families with fewer social resources and opportunities for positive interactions (Gutman et al., 2005). Low-income families also tend to rely on family members for both material and emotional resources. While some extended family members could provide support and resources, other family members might have fewer resources and expect help themselves (Brown, 1992, McLoyd, 1990). Families living below the federal poverty threshold generally qualify for government assistance. It is possible, however, that the professionals providing assistance could be perceived as overly intrusive and unreasonably demanding (McLoyd, 1990). In a study of mothers of deaf children, Quittner, Glueckauf, and Jackson (1990) suggested that experiences of social support could be perceived as intrusive or critical, especially when families experience chronic stressors. Finally, low-income parents
are more vulnerable to psychological disorders, particularly depression (Kotchick & Forehand, 2002; McLoyd, 1990, 1998). Depressive symptoms could lead to withdrawal from sources of social support and further family isolation.

Whereas few studies have investigated the influence of social support upon families living in poverty, social support can be a positive resource that reduces parenting stress. In a study of kinship support in African-American families, Taylor et al. (2008) found that social support provided by family members was positively associated with maternal optimism and negatively associated with maternal depression. While few studies have specifically investigated social support and parenting stress in families living in poverty, social support has been found to mediate the relationship between parenting stress and psychological distress in parents of deaf children (Quittner et al., 1990). In a sample of Swedish mothers, increases in social support were associated with decreases in parenting stress (Ostberg & Hagekull, 2000). In contrast, Raikes and Thompson (2005) found that social support did not moderate the effects of income upon parenting stress in a sample of primarily low-income families. The authors suggested that the lack of significant relations between social support and parenting stress could be due to the fact that all participants were living in poverty, thus there was little income variation across the sample. Additionally, the study included no measure of economic strain or perceived financial insecurity.

The Current Study

This study analyzes the perceived availability of social support as a mediator
in the relationship between economic strain and parental stress among at-risk families.

Given the influence of economic strain upon stress levels experienced by parents, it was predicted that increased levels of economic strain would be associated with increased levels of parenting stress. Similarly, it was expected that increased economic strain would be associated with parents’ perceived availability and efficacy of social support. Finally, it was predicted that social support would mediate the relationship between economic strain and parenting stress.

**Hypotheses**

The following four hypotheses were tested:

1. Levels of economic strain reported by parents of adolescents would be positively associated with self-reports of parental stress.
2. Levels of economic strain reported by parents of adolescents would be negatively associated with levels of perceived social support.
3. Levels of perceived social support would be negatively associated with parenting stress levels after controlling for economic strain.
4. Social support would mediate the relation between parents’ economic strain and their parenting stress levels.

**Method**

**Participants**

Participants were the parents and caregivers of adolescents, ages 11-14, who attended a six-week summer camp targeting at-risk youth in a major Midwestern city.
Adolescents from the public middle schools were selected for camp based on home, school, and neighborhood risk factors. Adolescents who were selected as campers received full scholarships to attend camp. All parents and caregivers of campers were invited to participate in the study during camp orientation meetings. Parents and caregivers who did not attend camp orientation meetings were given the opportunity to participate at the camp office when registering their children for camp. Potential participants were informed that their child’s invitation to camp would not be affected by their participation decision. Parents and caregivers who chose to participate were compensated for their time and effort with $10 gift cards.

The sample consisted of 151 parents and caregivers of the camp attendees. Almost 85% (N = 131) of participants were women, while the rest were men (N = 20). Approximately 80% (N = 120) of the participants described themselves as Black or African-American, 8% (N = 13) as Hispanic or Latino, 7% (N = 10) as White or Caucasian, 5% (N = 7) as American Indian or Native American, and 1% (N = 1) as Other. The majority of participants (85%; N = 129) reported being the parent of the adolescent attending camp, while the remaining participants reported being a grandparent (7%; N = 10), aunt or uncle (3%; N = 3), step-parent (2%; N = 4), or other relationship (3%; N = 5). Participant ages ranged from 19 years to 71 years with a mean of 39.68 years (SD = 9.96). Four surveys reported ages of less than 18 years; these surveys were omitted from the analysis. Participants’ reports of household size ranged from 2 members to 9 members with a mean of 4.4 members (SD = 1.60). Participants also reported yearly family income levels. Of the total
number of participants, 17.8 % reported yearly family income of less than $10,000, 17.8 % reported yearly income from $10,000-$20,000, 22.4 % reported yearly income from $20,000-$30,000, 19.1 % reported yearly income from $30,000-$40,000, 6.6 % reported yearly income from $40,000-$50,000, 6.6 % reported yearly income from $50,000-$60,000, and 9.2 % reported yearly income of more than $60,000. Participants also reported the highest level of schooling that they had completed. Of the total number of participants, 13.8 % reported some high school or less, 25.0 % reported graduating from high school or completing a GED, 13.8 % reported graduating from trade school or a community college, 28.9 % reported completing some college courses, 13.2 % reported graduating from college, and 4.6 % reported a graduate or professional degree.

Measures

Demographics. Parents and caregivers completed the parent demographics form (Appendix A). This measure assessed the participant’s gender, age, relationship to the child, their race/ethnicity, the highest level of schooling they completed, the number of family members in their household, and their yearly family income. This measure also included questions about their children’s school grade level and academic grades; these items were not included in the current analysis.

Economic strain. Participants completed the Family Resources Scale (Dunst & Leet, 1987; Dunst, Trivette, & Deal, 1988; Appendix B) in order to assess their perceptions of personal and familial economic strain (i.e., the ability of families to meet their basic needs with the resources available to them). The FRS is a 31-item
questionnaire assessing the adequacy of a family’s resources to meet their basic needs. Participants rated the availability of needed resources (e.g., food, transportation, medical care) using a 5-point Likert scale ranging from not at all enough to almost always enough. An additional response choice allowed participants to endorse “does not apply”. Consistent with the procedure recommended by Van Horn, Bellis, and Snyder (2001), individual items were omitted from the analysis if more than 10% of participants endorsed “does not apply”. Seven of the original 31 items were eliminated based on this criteria including measures of public assistance, time with a spouse/partner, time with close friends, babysitting, child care, money for child’s special equipment or supplies, and toys for children. The analysis used the total mean of the remaining 24 item scores as a measure of total economic strain. For ease of interpretation, the valence of this measure was reversed with higher scores reflected higher levels of economic strain.

The Family Resource Scale has demonstrated adequate reliability and validity across several samples (Brannan, Manteuffel, Holden, & Hefflinger, 2006; Dunst & Leet, 1987; Dunst et al., 1988; Taylor, Crowley & White, 1993; Van Horn, Bellis, & Snyder, 2001). In a large sample of both lower income and higher income families (Brannan et al., 2006) the FRS demonstrated good internal consistency ($\alpha = .83-.85$) and good criterion validity in the relationship of the FRS to predictor variables (e.g., income, household size).

Social support. Participants completed the Family Support Scale (Dunst, Jenkins, & Trivette, 1984; Dunst et al., 1988; Appendix C) in order to assess the
social support available to their families. The Family Support Scale measured the helpfulness and availability of social support from different systems of social support in families’ lives (e.g., nuclear and extended family, social organizations including churches and clubs, human services agencies and professionals). The questionnaire consists of 18 items rating the availability of help and support on a 5-point Likert-type scale with scale responses from not available/not at all helpful to almost always helpful. Item responses were summed to provide an overall score for total level of social support from various sources. The FSS has demonstrated adequate reliability and validity across several samples (Dunst et al., 1984; Dunst et al., 1988; Hanley, Tassé, Aman, & Pace, 1998; Taylor, Crowley, & White, 1993) with Cronbach’s coefficient alpha for the total score ranging from 0.77-0.85. Among a sample of primarily low-income African-American parents, the mean factor loading across all items was 0.57 (Hanley et al., 1998).

Parenting stress. Participants completed the Stress Index for Parents of Adolescents (Sheras, Abidin, & Konold, 1998; Appendix D) to assess their level of parenting-related stress. The SIPA consists of 112 items that are rated using a 5-point Likert-type scale. The SIPA yields the Index of Total Parenting Stress (TS), a composite index of total stress experienced from parenting an adolescent (Sheras et al., 1998). In addition to the composite score, the SIPA measures parental stress across four domains including the External Life Stressors (LS), a measure of environmental stressors and stressful life events (e.g., legal problem, death of loved one); the Adolescent Domain (AD), a measure of stress related to specific
characteristics and behaviors of the adolescent; the Parent Domain (PD), a measure of stress related to parental life restrictions, coping abilities, and social support; and the Adolescent-Parent Relationship Domain (APRD), a measure of stress resulting from the quality of the relationship between parent and adolescent. The SIPA was standardized for use with parents of adolescents age 11 to 19 and has demonstrated adequate reliability and validity. The alpha coefficients for the four domains exceed 0.90 and test-retest reliability coefficients ranged from 0.74-0.91 (Sheras et al., 1998).

In order to avoid construct overlap and potential overlapping items with measures of social support and economic strain, a Parenting Stress score was computed by summing the forty items comprising the Adolescent Domain subscale (AD), a measure of stress related to specific characteristics and behaviors of the adolescent, and the sixteen items comprising the Adolescent-Parent Relationship Domain subscale (APRD), a measure of stress resulting from the quality of the relationship between parent and adolescent.

Procedure

The current study was part of a larger data collection project designed to evaluate the camp. Although various data were collected from parents and caregivers both pre- and post-camp, the pre-camp data included the current variables. In collaboration with camp staff, a recruitment flyer describing the evaluation was included in the information packet sent to parents. During camp orientation meetings, researchers explained the study in detail and asked parents and caregivers to complete a consent form. Parents and caregivers who did not attend camp orientation registered
their children for camp at the camp offices. They received information about the study at this time and were given the opportunity to participate. Parents and caregivers who chose to participate completed the four surveys described above and were mailed a $10 gift card. The larger study was reviewed and approved by the Human Subject Committee of the University of Kansas.

Results

Correlational analyses. Zero-order correlations between the study variables are presented in Table 1. The results suggest that several of the study variables were significantly interrelated.

Regarding the demographic variables, participant age was positively correlated with participant sex suggesting that male participants were older than female participants. Family income level was positively correlated with participants’ age and level of education suggesting participants reporting higher incomes were more likely to be male and to report higher levels of education.

Regarding the study variables, economic strain was negatively correlated with sex, age, and income level suggesting that participants reporting greater levels of economic strain were more likely to be female, younger, and to have lower family incomes. Perceived social support was positively correlated with income level and negatively correlated with economic strain. These results suggest that participants with higher family incomes reported greater levels of social support, while those reporting greater economic strain reported lower levels of social support. Parenting stress was negatively correlated with income level and social support and positively
correlated with economic strain. These results suggest that participants reporting higher family incomes or greater levels of social support reported less parenting stress, while participants reporting greater levels of economic strain reported more parenting stress.

Table 1

<table>
<thead>
<tr>
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<th>1</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sex</td>
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<td></td>
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<tr>
<td>2. Age</td>
<td>.26*</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3. Education</td>
<td>.13</td>
<td>.08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Family members</td>
<td>.02</td>
<td>-.14</td>
<td>-.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Income</td>
<td>.16</td>
<td>.18*</td>
<td>.24**</td>
<td>-.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Economic strain</td>
<td>-.23*</td>
<td>-.17*</td>
<td>-.10</td>
<td>.11</td>
<td>-.46**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Social support</td>
<td>.068</td>
<td>.15</td>
<td>.01</td>
<td>-.02</td>
<td>.25**</td>
<td>-.40**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Parent stress</td>
<td>-.11</td>
<td>.06</td>
<td>.07</td>
<td>.04</td>
<td>-.25**</td>
<td>.38**</td>
<td>-.21*</td>
<td></td>
</tr>
</tbody>
</table>

Note. All demographic variables refer to parents/caregivers.

Sex was coded as 1 = female, 2 = male. Education was coded as 1 = some high school, 2 = high school graduate or GED, 3 = trade school or community college graduate, 4 = some college, 5 = college graduate, 6 = graduate or professional school.

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

Distribution of study variables. Participants reported a mean economic strain score of 3.74 (SD = .71) suggesting that participants endorsed responses to most items indicating that they “sometimes” to “usually” had the resources to meet their needs. The mean total social support score was 45.72 (SD = 13.7) out of a possible 90 with an item mean score of 2.09 (SD = .86). This result suggests that participants endorsed
items rating the helpfulness and availability of different sources of social support as “seldom helpful”. Finally, the total mean parenting stress score was 104.52 (SD = 28.17) out of a possible 280 with an item mean score of 2.61 (SD = .70), suggesting that participants endorsed responses of “disagree” or “not sure” for most items.

_Mediator model._ The proposed mediational model was tested using the criteria recommended by Baron and Kenny (1986) and Holmbeck (1997). These criteria include an evaluation of the relations between variables that tests the following hypotheses (see Figure 1): (a) economic strain is significantly associated with parenting stress (i.e., the $c$ path), (b) economic strain is significantly associated with social support (i.e., the $a$ path), (c) social support is significantly associated with parenting stress controlling for economic strain (i.e., the $b$ path), and (d) the indirect effect of economic strain upon parenting stress through social support is not equal to the null hypothesis of zero (i.e., $c – c’ ≠ 0$; the Sobel test).

In order to directly test the significance of the indirect effect of the mediator model, the analysis followed the procedure described by Preacher and Hayes (2004). This procedure provides statistical results to test the first three Baron and Kenney (1986) criteria for determining a mediation effect, while including a formal significance test of the indirect pathway rather than the Sobel test. The significance test evaluates the confidence intervals of the indirect effect and if zero is included within the intervals, the indirect effect is not significant.
Results of this analysis indicated that the mediation model was not significant. The relation between perceived social support and parenting stress (i.e., the $b$ path) when controlling for economic strain was not significant (see Table 2). In addition, the indirect effect (i.e., economic strain was related to social support which was further related to parenting stress) was not supported by the results. These findings do not support the fourth hypothesis that social support would mediate the relation between parents’ economic strain and their parenting stress levels.

Although the analysis did not support the mediational model, the results did support the first two hypotheses of the model. That is, greater economic strain reported by parents of adolescents was significantly associated with greater self-reports of parental stress (see Table 2). In addition, lesser economic strain reported by parents of adolescents was significantly associated with greater levels of perceived social support.
Table 2

Summary of Mediation Analyses for Economic Strain, Social Support (mediator), and Parenting Stress

<table>
<thead>
<tr>
<th>Path</th>
<th>β</th>
<th>B</th>
<th>SE</th>
<th>p</th>
<th>CIs for indirect effect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
</tr>
<tr>
<td>Econ. strain-soc. support ((a) path)</td>
<td>-.402</td>
<td>-7.81</td>
<td>1.46</td>
<td>.000**</td>
<td></td>
</tr>
<tr>
<td>Soc. support-parent stress ((b) path)</td>
<td>-.07</td>
<td>-.14</td>
<td>.17</td>
<td>.417</td>
<td></td>
</tr>
<tr>
<td>Total effect ((c) path)</td>
<td>.38</td>
<td>15.22</td>
<td>3.03</td>
<td>.000**</td>
<td></td>
</tr>
<tr>
<td>Direct effect ((c') path)</td>
<td>.354</td>
<td>14.14</td>
<td>3.32</td>
<td>.000**</td>
<td></td>
</tr>
<tr>
<td>Indirect effect ((ab) path)</td>
<td></td>
<td>-3.78</td>
<td>1.76</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Confidence intervals not including zero indicate a statistically significant indirect effect at \(p < .05\)

** \(p < .01\)

Discussion

The purpose of the current study was to analyze the perceived availability of social support as a mediator in the relationship between economic strain, the perception of financial hardship, and parenting stress, the stress related to parenting children and the parental role, among at-risk families. The results suggested that greater economic strain was associated with greater parenting stress. These findings corroborate the family stress model which predicts that increases in economic strain will result in increased stress in the family (Conger et al., 1992; Conger et al., 1994; Conger et al., 2002; Gershoff et al., 2007; Taylor et al., 2004). The current study further extended the family stress model to include the specific construct of parenting stress rather than more global constructs of life stress or parental psychological distress. Further, these results corroborated findings of an association between
financial hardship and overall parent stress (i.e., both parenting and marital stress) (Gershoff et al., 2007).

While this study lends support to the relationship between economic strain and parenting stress, the results did not support the mediating role of social support in this relationship. Perceived social support neither mediated nor had a significant indirect effect on parenting stress. In contrast to the present findings, social support has been previously found to mediate the relationship between economic stress and either psychological distress or life stress in low-income populations (Armstrong, Birnie-Lefcovitch, & Ungar, 2005; Jackson & Huang, 2000; Raikes & Thompson, 2005; Taylor et al., 2008). The present results do suggest that economic strain is related to perceived social support, yet the mediational relationship between social support and parenting stress was not significant. It is possible that economic strain so strongly influences levels of parenting stress that social support does not ameliorate the influence of financial hardship.

There are several potential reasons that the study’s findings did not support the hypothesized mediation model. First, the study did not include an objective measure of the adolescent child’s behavior. A body of work has suggested that children’s behavior is a key influence on parenting stress levels (see Abidin, 1992; Deater-Deckard, 1998; Seginer, Vermulst, & Gerris, 2002; Putnick et al., 2008). While the parenting stress measure (the Stress Index for Parents of Adolescents; SIPA) included stressors related to specific characteristics and behaviors of the adolescent (Sheras et al., 1998), these items reflect the parent’s perceptions of their
child’s problem behaviors, rather than objective assessments (e.g., teacher reports). A study of Dutch families incorporating objective assessments of child behavior found that parenting an adolescent with behavioral or psychological difficulties significantly contributed to parenting stress (Seginer et al., 2002). Adolescents from impoverished and low-income families face an increased risk of psychological disorders, impaired functioning, and decreased academic achievement (see Conger & Donnellan, 2007; Costello et al., 2003; Kotchick & Forehand, 2002; McLoyd, 1990, 1998) and these factors also increase parenting stress. Given the percentage of poor and low-income participants in the current study, it is highly likely that some children in these families have behavioral or psychological difficulties. Including objective assessments of child behavior could help to distinguish between stressors related to parent’s perceptions and those related to actual adolescent behavior.

Second, a central assumption of the mediation model is that the outcome variable does not cause the mediating variable (Baron & Kenny, 1986; Preacher & Hayes, 2004). It is possible that the level of parenting stress affects the ability or motivation of parents to access social support. Abidin (1992) described parenting stress as a “motivational variable which energizes and encourages parents to utilize the resources available to them” (p. 410). Furthermore, Gershoff et al. (2007) suggested that parents who are experiencing increased stress may compensate by increasing positive parenting practices or by investing relatively more time and money in their children. Parents who perceive increased stress related to parenting may cope by reaching out to their social support network.
Third, the analysis used a total measure of all sources of social support without distinguishing between different systems of social support in families’ lives (e.g., nuclear and extended family, social organizations including churches and clubs, human services agencies and professionals). It is possible that participants perceive distinct systems of social support as differentially helpful in mediating the effects of financial hardship upon parenting stress. For example, Taylor et al. (2008) found that social support provided by family members in African-American families was positively associated with maternal optimism and negatively associated with maternal depression. Green and Rogers (2001) further distinguished between instrumental support and emotional support as components of social support in a sample of low-income African-American women. In this population, increased emotional support, rather than instrumental support, was associated with lower levels of stress.

Further, the relationship between social support and parenting stress appears to be strongest among groups of parents (e.g., adolescent mothers) who are already at risk for higher levels of parenting stress (Deater-Deckard, 1998). Participants’ children were selected for camp based on home, school, and neighborhood risk factors, thus, most participants in the present study were at higher risk for experiencing increased parenting stress. In addition, the stressors associated with different types of risk factors could have varied greatly between participants. For example, the stressors associated with living in a dangerous neighborhood with a supportive, warm family are likely to be very different than those associated with families struggling with domestic violence or substance abuse. Living in a poor, high-
crime area has been found to attenuate and weaken the effects of social support upon parents (Ceballo & McLoyd, 2002). The perceived stress of parenting and the perceived helpfulness of social support could have varied with the particular risk factors faced by at-risk families.

Many of the studies investigating the relationship between parenting stress and social support have focused on low-income parents of preschool-age children (see Raikes & Thompson, 2005; Ispa, Sable, Porter, & Csizmadia, 2007) or on parents of children who are chronically ill or disabled (see Quittner et al., 1990; Schieve, Blumberg, Rice, Visser, & Boyle, 2007). In contrast, the participants in this study were parents and caregivers of typically-developing adolescents. Unlike chronic illness or disability, adolescence is a universal developmental progression and most parents perceive the challenges of parenting adolescents (e.g., some level of parent-adolescent conflict) as normative (Steinberg, 2001). Similarly, preschool-age children present different parenting challenges than do adolescents. It is possible that the differing parental demands associated with parenting adolescents and the increased familiarity with the social role of parenthood after years of childrearing experience influenced participant’s perceptions of the stress associated with parenting (Deater-Deckard, 1998). Thus, it is likely that the relationship between social support and parenting stress would differ between the study sample and those of previous studies.

Finally, specific demographic characteristics of this sample may have influenced the findings. For example, Raikes and Thompson (2005) found that social support did not moderate the effects of income upon parenting stress in a sample of
primarily low-income parents of preschool-age children. The authors suggested that, because all participants were living in poverty, the sample may have lacked sufficient income variation. In the current study, participants’ reports of family size ($M = 4.4$) and family income level suggest that 36.1% of the families are living below the poverty level, with an additional 41.5% living within 200% of the poverty level (federal poverty threshold for a family of 4 of $\$21,200$; Department of Health and Human Services Office of the Secretary, 2008). Both poor and low-income families (i.e., families within 100-200% of the United States federal poverty threshold) may experience economic strain and lack the resources to meet their basic needs (Cauthen & Fass, 2008; Gershoff et al., 2007). Given that potentially 77% of the sample participants were from poor or low-income families, it is possible that this sample also lacked sufficient economic variability to test the hypothesized relationship fully.

In addition, almost 85% of the participants in the current study were female. Two recent studies found gender differences in the parenting stress experienced by mothers and fathers of adolescents (Putnick et al., 2008; Seginer et al., 2002). It is possible that the primarily female sample also influenced the results of the analysis.

**Limitations of the current study.** The most limiting aspect of the current study is the reliance on participants’ self-reports. While constructs such as social support and parenting stress rely on participants’ self-perception, more objective information such as family income and the ability of families to meet their basic needs was obtained by self-report. Reliance on a single method of data collection without objective reports to corroborate participant reports could have potentially introduced
shared error variance. Similarly, the measurement of parenting stress relied entirely upon parent self-reports. The inclusion of child behavior measurements and child reports of stress within the parent-child relationship could illuminate the transactional elements contributing to participants’ perceptions of parenting stress.

Finally, the sample was composed of primarily female African-American participants from a Midwestern city whose adolescent children were selected for camp attendance based on home, school, and neighborhood risk factors. Because the sample was not random, the results may not generalize to parents who live in rural or suburban settings or to parents of other ethnic/racial backgrounds.

*Future directions.* Importantly, the findings extend the family stress model for parents of adolescents to include a relationship between economic strain and parenting stress. Future research could explore other possible mechanisms associated with the relations between less effective parenting behavior and low-income and poverty. Because ineffective parenting behaviors mediate the effects of financial stress upon children, insight into the mechanisms through which parent’s behavior is shaped could allow more effective interventions. In this population, for example, social support is not related to parenting stress once economic strain is considered. Thus, interventions designed to directly reduce parenting stress by teaching individual coping techniques and specific parenting strategies could be most effective. Further, research to identify specific components of social support or other factors that affect the relationship between economic strain and parenting stress could improve interventions both by psychologists and by other professionals.
References


Appendix A

Demographic Questionnaire

1. I am a:
   a. Female
   b. Male

2. I am ________ years old.

3. My race/ethnicity is (Select one or more responses):
   a. Asian
   b. American Indian or Alaska Native
   c. Black or African American
   d. Hispanic or Latin
   e. Native Hawaiian or other Pacific Islander
   f. Other ______________________________

4. I am this child’s:
   a. Parent
   b. Grandparent
   c. Step-parent
   d. Aunt or Uncle
   f. Other ______________________________

5. The highest level of schooling I’ve completed is:
   a. Some high school
   b. High school graduate or GED
   c. Trade school or community college graduate
   e. Some college
   f. College graduate
   g. Graduate or professional school

6. My child was in the ______ grade last year:

7. In school, my child’s grades are:
   a. Mostly A’s
   b. Mostly B’s
   c. Mostly C’s
   d. Mostly D’s
   e. Mostly F’s

8. I would like my child’s grades to be:
   a. Mostly A’s
   b. Mostly B’s
c. Mostly C’s
  d. Mostly D’s
  e. Mostly F’s

9. The number of people in my family is ____________.

10. My family’s yearly income is:
    a. $10,000 or less
    b. $10,000-$20,000
    c. $20,000-$30,000
    d. $30,000-$40,000
    e. $40,000-$50,000
    f. $50,000-$60,000
    g. $60,000 or more
Appendix B

Informed Consent Form

AileyCamp Evaluation 2008
Camp Evaluation Permission Slip and Consent Form

A research team for the Department of Clinical Child Psychology at the University of Kansas is doing a study at AileyCamp. The University of Kansas wants to protect people who take part in research. The following information should help you decide whether you want to take part in this study. You can also decide whether you want your child to take part. You may choose not to take part in the study, but your child can still attend AileyCamp. Even if you agree to participate, you and your child are free to quit the study at any time. Deciding to quit the study or deciding not to take part in the study will not change the services that AileyCamp provides to you and your child. These decisions will not affect your relationship with AileyCamp or with the University of Kansas.

What is the purpose of this study? The reason for this study is to evaluate whether AileyCamp is meeting its goals of enhancing the psychological well-being, self-discipline, and critical thinking skills in high-risk youth. The information will also be used by psychologists to learn more about families’ experiences of support, resources, and stress and children’s ability to cope with the stressful events in their lives.

What is it like to take part in the study? Both parents (or guardians) and campers can participate in this study. AileyCamp has special times for parents (or guardians) to participate during Parent/Camper Orientation and AileyCamp Final Performance. AileyCampers can fill out surveys at special times during camp. If you or your child do not wish to fill out the surveys, your child will participate in regularly scheduled AileyCamp activities for the same amount of time.

What will I need to do? Parents (or guardians) will be asked to fill out three surveys at the beginning of camp and three surveys at the end of camp. Each set of surveys takes about 35 minutes to complete. These surveys will ask questions about:

- Whether your family has enough resources (such as time, money, energy, jobs) to meet your needs.
- The help your family gets from family, friends, and professionals (such as teachers and social workers).
- The amount of stress that you experience as a parent.
- Your satisfaction with AileyCamp.

The first set of surveys will be included in your registration packet from camp. You can return this consent form and the survey forms during Parent/Camper Orientation. The second set of surveys can be filled out at the AileyCamp Final Performance during intermission or after the performance.

What will my child need to do? Your child will also be asked to complete eleven surveys at the beginning of camp and during the last days of camp. The surveys for children take about 90 minutes to complete. These surveys will ask your child questions about their:

- Knowledge about and experiences with drugs (cocaine, marijuana), dating relationships (sexual activity), violence (physical and sexual abuse, use of weapons) in their home, neighborhood, and school, and other life events (witnessing suicide or murder, thinking about committing suicide, changing schools or homes).
- Different relationships with family, friends, and other adults in their lives (sexual and physical
abuse, violence).
- Abilities to understand and express how they feel.
- Feelings (such as sadness), relationships with others, and possible behavioral problems.
- Satisfaction with AileyCamp.

Are there risks to participating? No risks are expected to result from this study. However, some of the questions may make you or your child feel uncomfortable. If any of the questions do make you or your child feel uncomfortable, you and your child do not have to answer them. You may also quit the study at any time. After answering these questions, you or your child might feel uncomfortable and want to talk with a counselor or support person. If that happens, you will be given a list of contacts who can help.

Will my child and I benefit from participating? You or your child will probably not benefit directly from taking part in this study. However, we hope that this study can help AileyCamp improve. Your answers may lead to a better AileyCamp for future campers. In addition, you and your child will help psychologists at the University of Kansas learn more about how children and families feel and behave.

Is there payment for participating? Each family who completes the surveys at the beginning of camp and at the end of camp will receive a token of appreciation (two $10 gift cards) to pay them for their time. If you and your child both take part in this study and complete the beginning set of surveys, you (the parent or guardian) will receive a $10 gift card. If you and your child both complete the last set of surveys, you (the parent or guardian) will receive another $10 gift card. To choose this option, check box #1 on the last page.

Will the information my child and I provide remain private? Participation in this study is completely confidential (private). This means that your name and your child’s name will not be used in any way. Your name and your child’s name will not be kept with the information you provide or with the results of this study. All records will be kept in a locked office at the University of Kansas. The researchers will use a study number instead of your name and the papers with your name will be destroyed. All identifying information (like your name) will be removed and replaced with a number before the surveys are scored or reviewed. Because your answers are confidential, no one will be told how you or your child answered the questions. No information will be given to your family, the AileyCamp staff, or the legal authorities. Even if some answers relate to illegal activities (such as drug use), the information will be kept private.

Who decides if my child or I participate? You, the parent (or guardian), will decide whether you and your child take part in the study. You are not required to participate in this study or to allow your child to participate. You may refuse to take part or refuse to allow your child to take part in the study. Your decision will not affect any services you or your child are receiving now (or may receive in the future) from AileyCamp and the University of Kansas. However, if you refuse to sign this consent form, you and your child cannot participate in this study.

How long does my consent to participate last? If you grant permission on this date to participate, your consent remains in effect indefinitely. In other words, the researchers can use your information for research as long as you do not cancel your consent (see below). When you check boxes 1-3 and sign this form, you give permission for the use and disclosure of your and/or your child’s answers for purposes of this study at any time in the future.

What if I decide to quit the study or cancel this consent? You may quit the study or withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use information collected about you, in writing, at any time by sending your written request to Rochelle James (address below). If you cancel permission to use your information, the researchers will stop collecting additional information about you. However, the research team may use information that was gathered before they received your cancellation, as described above.
What if I have questions about this study? You can contact:

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Clinical Child Psyc Dept.
2010 Dole Human Dev.
University of Kansas University
(785) 864-4226

Michael Roberts, Ph.D., ABBP
Faculty Supervisor
Clinical Child Psyc Dept.
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(785) 864-3580

If you have any questions about your rights as a research participant you may contact the Human Subjects Committee Lawrence Campus (HSCL) office at (785) 864-7429 or (785) 864-7385 or write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7563, email dhann@ku.edu or mdenning@ku.edu.

KEEP THIS SECTION FOR YOUR RECORDS. IF YOU WISH TO PARTICIPATE, SEPARATE THESE PAGES FROM THE LAST PAGE. RETURN THE ENVELOPE WITH THE LAST PAGE STILL ATTACHED TO THE AILEY CAMP STAFF.

AileyCamp Evaluation 2008

HSCL #17154

PARTICIPANT CERTIFICATION:

Please check only ONE box:

1. □ YES—my child and I will both participate in this study. I agree to take part in this study as a research participant and I give permission for my child to participate in this study as a research participant.

2. □ My child will participate, but I don’t want to participate. I give permission for my child to participate in this study as a research participant, but I do not agree to take part in this study as a research participant.

3. □ I will participate, but I don’t want my child to participate. I agree to take part in this study as a research participant, but I do not give permission for my child to participate in this study as a research participant.

4. □ NO—Neither my child nor I will participate in this study. I do not agree to take part in this study as a research participant and I do not give permission for my child to participate in this study as a research participant.

Please check just ONE of the boxes above. Sign and print your name. Then tear off this page and return it with the envelope to the AileyCamp staff. Keep the other pages for your records.
I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had about this study and the use and disclosure of information about me and my child for the study.

By my signature, I affirm that I am at least 18 years old, that I am my child’s legal guardian, and that I have received a copy of this Consent and Authorization form.

________________________________________       _________________________________
Print Your Name      Print Your Child’s Name

______________________________________   _________________________________
Your Signature         Date