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Perceived Discrimination, Coping Strategies, and Mexican Origin Adolescents' Internalizing and Externalizing Behaviors: Examining the Moderating Role of Gender and Cultural Orientation

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Abstract

The literature identifying effective coping strategies related to perceived discrimination has yielded mixed findings, suggesting that recommendations for effective coping may vary by individual and group differences. The current study examined the influence of perceived discrimination and coping strategies on Mexican origin adolescents' later internalizing symptoms and externalizing behaviors, and assessed the moderating roles of gender and cultural orientation. Participants included 189 adolescents (46% male, 54% female) interviewed at 7th and 8th grade. Results suggested that the associations between perceived discrimination and internalizing symptoms were buffered by distraction coping among youth that were low on Anglo orientation but not among youth high on Anglo orientation. In addition, the associations between perceived discrimination and externalizing behaviors were buffered by social support seeking, but only among youth that were low on Mexican orientation. Directions for future research and application of the current research are discussed.

Keywords

discrimination; coping; gender; cultural orientation; adolescents

Ethnic minority youth in the United States live in a social context in which they may be normatively expected to experience racial and ethnic prejudice (Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003). Numerous studies show that perceived discrimination among ethnic minorities is quite common (e.g., Brodie, Roberto, Steffenson, Valdez, & Lenvin, 2002; Pérez, Fortuna, & Alegría, 2008), and that the probability for a person of color to experience discrimination increases in adolescence (Fisher, Wallace, Fenton, 2000; Sellers, Copeland-Linder, Martin, & Lewis, 2006). Furthermore, studies indicate that perceived discrimination is a significant risk factor for Mexican origin (MO)

youths' psychosocial adjustment and mental health (e.g., Alvarez & Juang, 2010; Berkel et al., 2010; Clark, 2006; Delgado, Updegraff, Roosa, & Umaña-Taylor, 2011; Noh & Kaspar, 2003). Given that MO individuals represent the largest and fastest growing ethnic subgroup in the United States (Humes, Ramirez, & Jones, 2011), and they experience substantial health disparities, including higher rates of internalizing and externalizing behaviors than other ethnic groups (Centers for Disease Control [CDC], 2009), it is important to understand how to promote resilience in light of their experiences with perceived discrimination.

Theory on risk and resilience (e.g., Luthar, Cicchetti, & Becker, 2000; Masten, Best, & Garmezy, 1990) underscores the importance of identifying factors that can reduce the negative effects of stress and adversity on healthy development. Thus, the current study examined the buffering effect of four types of dispositional coping strategies (active, support seeking, distraction, avoidance) on the associations between perceived discrimination and MO youths' mental health. Furthermore, emerging research suggests that the adaptive impact of coping in the context of discrimination may vary on the basis of individual characteristics among members within ethnic groups (e.g., Alvarez & Juang, 2010). Thus, from a culturally informed perspective (e.g., García Coll et al., 1996), it is critical for researchers to understand how youths' individual characteristics (e.g., gender and cultural orientation) may inform these associations. For example, individual differences, such as gender, may impact the utilization or effectiveness of coping strategies in response to ethnic discrimination. Moreover, cultural orientation, such as MO youths' connection to mainstream culture or their culture of origin, may also influence the effectiveness of different coping strategies.

Perceived Discrimination and Mental Health

Previous research has demonstrated that perceived discrimination, defined as the "subjective experience of being treated unfairly relative to others in everyday experience" (Flores et al., 2008, p. 402), is a notable risk factor for MO youth. Perceived discrimination has been linked to poor mental and physical health outcomes, including increased cardiovascular disease, high blood pressure, anxiety, and depression (for a full review, see Pascoe & Richman, 2009). Although the effect of perceived discrimination has gained greater attention in the Latino adult literature, the research on adolescents has been somewhat limited (e.g., Umaña-Taylor & Updegraff, 2007). In a cross-sectional study of MO adolescents, Romero and Roberts (2003) found that perceived discrimination was associated with lower self-esteem. Similarly, with a Latino sample also comprised primarily of MO adolescents, Umaña-Taylor and Updegraff (2007) found that higher levels of perceived discrimination were associated with lower self-esteem and higher depressive symptoms. Furthermore, in one of the few longitudinal studies with MO early adolescents, Berkel et al. (2010) found that perceived discrimination predicted increases in internalizing symptoms over a two-year period. Together these studies demonstrate that perceived discrimination could be detrimental to MO youths' healthy development. Nonetheless, from a risk and resilience perspective (e.g., Masten, Best, & Garmezy, 1990), it is important to understand adaptive factors that may buffer the negative effect of perceived discrimination on MO youths' mental health.

Perceived Discrimination and Coping

The research linking perceived discrimination to behavioral and psychosocial outcomes has identified several important buffers, one of which is personal coping style. Lazarus and Folkman (1984) defined coping as "cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 142). While the coping literature has generally differentiated between active

types of coping, such as efforts to confront a problem, and avoidant types of strategies, confirmatory factor analytic studies have identified a more nuanced typology of coping. For example, work by Ayers and colleagues (1996) found four dispositional types of coping strategies to exist: active, support seeking, avoidance, and distraction. In that study, active coping included both problem-focused coping strategies (e.g., doing something to solve the problem and thinking about a solution) and positive cognitive reframing (e.g., focusing on positive aspects of one's life). Support seeking coping was defined as eliciting support from others to receive emotional comfort or help with problem solving. Avoidance coping was described as behavioral and cognitive efforts to avoid contact with the problem. Finally, distraction coping was defined as engaging in recreational activities to temporarily take one's mind off of the immediate problem, which is potentially a more intentional and adaptive form of emotion-focused coping compared to strategies that are purely avoidant. Their study and others (e.g., Gonzales et al., 2001; Liu et al., 2011) have elucidated the distinction between types of coping strategies that were once grouped together, such as avoidance and distraction, and further have demonstrated that each type of coping strategy relates differently to adolescents' mental health (e.g., Gonzales et al., 2001). In the current study, we assessed these four types (active, support seeking, distraction, avoidance) of youths' dispositional coping styles in order to make recommendations for practice, prevention, and intervention programs.

Few studies have investigated the many ways that MO adolescents' coping strategies buffer the effects of perceived discrimination on mental health (e.g., Edwards & Romero, 2008; Romero & Roberts, 1998). Edwards and Romero (2008) found positive associations between perceived discrimination and self-esteem but only among youth who exhibited high primary control (e.g., active coping, such as thinking of ways to deal with problems). Umaña-Taylor et al. (2008) found associations between proactive coping with discrimination and self-esteem, but there was evidence that the associations were bidirectional. Importantly, these studies provide some evidence for the protective value of coping for adolescents' self-esteem, but the role of coping for mental health in the context of perceived discrimination is unclear. Furthermore, few studies examine intragroup differences (e.g., gender, cultural orientation) that may also contribute to nuanced findings.

Coping, Gender, and Well-being

Investigating gender differences is another important step in understanding how perceived discrimination is related to MO youths' mental health, and for understanding the effectiveness of coping. Latino males are more likely to report encounters with perceived discrimination than Latina females (e.g., Pérez, Fortuna, & Alegría, 2008), and gender differences in rates of internalizing symptoms and externalizing behaviors are well documented (e.g., Verhulst et al., 2003). In addition, it is possible there are gender differences in the adaptive impact of coping in general, and specifically in the context of discrimination. For example, because gender socialization influences youths' beliefs about socially acceptable behaviors (e.g., girls are generally socialized to be more caring and nurturing, and express higher levels of concern for others; Eisenberg, Morris, McDaniel, & Spinrad, 2009) some coping strategies may be deemed more "socially appropriate" forms of coping for females than for males (e.g., support seeking). Active coping, on the other hand, may fit cultural expectations for masculinity for males better than other types of coping (e.g., seeking support which involves talking to others about their problems).

Endorsement of traditional gender roles may be common guiding cultural values for MO families (Appelwhite, Biggs, & Herrera, 2009; Raffaelli & Ontai, 2004) and related to potential gender effects found in previous research regarding coping strategies in this population. For example, Urrabazo (1985) found that Latino males who endorsed traditional

gender roles (e.g., men should suppress emotions) had a harder time coping with stress that was beyond their control, such as illness, than Latino males who did not endorse traditional gender beliefs. This is important to note given that perceived discrimination is a type of stressor that may be beyond the adolescent's control. Similarly, a study by Sobralske (2006) indicated that a common theme that prevented MO men from treatment seeking was the idea that men should not complain about their problems. Thus, gender (via gender socialization) may influence the effectiveness of coping strategies that MO youth employ when faced with ethnic discrimination. Although the current study does not assess gender roles directly, theory regarding cultural values and gender provides some explanation for why significant gender differences have been found among MO individuals in particular.

Empirical studies examining the links between stress and mental health among MO males and females have yielded complex findings. A study by Finch et al. (2000) found that the effect of perceived discrimination on internalizing symptoms (i.e., depression) was greater for MO women than for MO men. However, in a cross-sectional study of Latino youth, Umaña-Taylor and Updegraff (2007) found that the relationship between discrimination and depressive symptoms varied by gender and also youths' cultural orientation, such that Anglo-oriented boys, who reported higher levels of perceived discrimination, were at a greater risk for poorer mental health than boys who were low on Anglo orientation. Cultural orientation did not have an effect on the relationship between Latina girls' perceived discrimination and depressive symptoms. A study by Liu et al. (2011) examining a different type of stressor (i.e., family stress) on MO youths' psychological distress found that boys were more vulnerable to uncontrollable stress; active coping did not reduce internalizing problems for boys who experienced high levels of uncontrollable family stress, as it did for girls, and support seeking and distraction coping increased internalizing behaviors among boys who experienced high levels of uncontrollable family stress.

Based on this review of the literature, we hypothesized two ways in which adaptive coping with discrimination may vary as a function of youths' gender. First, because MO males are more often the targets of discrimination and they may have more difficulty coping with uncontrollable stressors, it is possible they are more vulnerable to the negative effects of discrimination. Thus, coping strategies may be less effective at reducing the negative effects of discrimination for males (e.g., Umaña-Taylor & Updegraff, 2007). Second, it is possible that there are gender differences in the type of coping strategies that are adaptive for males and females. That is, some strategies, like social support, may effectively buffer stress for females but not males, but other strategies, such as active coping, might be more effective for males. Therefore, testing the role of gender as a moderator and further examining the pattern of moderation across the four different coping strategies was a main focus and unique contribution of the current study.

Cultural Orientation and Coping

Culturally informed theories of human development (e.g., García Coll et al., 1996) indicate that investigating associations between cultural orientation and mental health is important for understanding how resilience is fostered among ethnically diverse youth. Contemporary acculturation theory (Berry, Poortinga, Segall, & Dasen, 2002; Schwartz, Unger, Zamboanga, & Szapocznik, 2010) has shown that two dimensions of cultural adaptation are important to understand in a bicultural context: acculturation and enculturation.

Acculturation is the extent to which an individual or group has incorporated the customs, practices, and social norms of the host culture, and the degree to which a person feels a sense of belonging to the majority group (Gonzales, Fabrett, & Knight, 2009). Enculturation involves maintenance of the customs, practices and a sense of belonging to one's culture of origin (Gonzales, Knight, Morgan-Lopez, Saenz, & Sirolli, 2002).

Studies investigating the influence of acculturation and enculturation on adaption have yielded mixed findings (Lara et al., 2005). Whereas some studies show that orientation to U.S. mainstream or Anglo culture is a risk factor for Latinos (Grant et al., 2004; Gonzales et al., 2001; Torres, 2010; Vega et al., 1998), other studies show that acculturation is important for adaptive functioning in the mainstream culture (e.g., Berry, 2003, 2006). Although studies generally point to the protective value of enculturation for Latinos' mental health and psychosocial adjustment (e.g., Gonzales et al., 2008; Umaña-Taylor & Updegraff, 2007), one study found that enculturation (i.e., connection to Latino culture) exacerbated the links between perceived racism and anxiety (Alamilla, Kim, & Lam, 2010).

Regarding the role of cultural orientation in stress and coping processes, the cultural maintenance hypothesis (Noh et al., 1999) suggests that preferred coping styles are based in cultural orientation involving norms and expectations, meaning that the benefits of a particular coping style may depend on cultural fit. Theory suggests that active coping (e.g., addressing problems head on) may be a preferred method of conflict resolution that is more adaptive within Western mainstream culture (e.g., Gabrielidis et al., 1997). For example, a study by Noh and Kaspar (2003) on Korean immigrants living in Canada found that active coping was better at reducing depressive symptoms among immigrants who experienced more acculturative stress (pressure to assimilate within mainstream culture). Passive coping was preferred among those who reported less acculturative stress and where more ethnically identified with their culture of origin. Similarly, among Southeast Asians living in Canada, Noh and colleagues (1999) found that forbearance coping (e.g., use of humor or acceptance) was effective at reducing the associations between perceived discrimination and depressive symptoms, but only among immigrants who were more ethnically identified with their culture of origin. Active coping did not reduce the associations between perceived discrimination and depressive symptoms among this population, adding further support to the hypothesis that the effectiveness of coping strategies do vary by cultural orientation and fit.

Although there has been limited research examining the moderating effects of cultural orientation on coping among MO individuals, studies show that acculturation and enculturation are important factors that influence the effects of perceived discrimination on MO adolescents' mental health. Studies suggest that more acculturated Latino adolescents are more sensitive to the presence of and more vulnerable to the effects of discrimination against their ethnic group (Umaña-Taylor & Updegraff, 2007; Vega, Khoury, Zimmerman, & Gil, 1995). Vega and colleagues (1995) found that perceived discrimination was related to more behavioral problems among U.S.-born but not foreign-born Latinos. In addition, Umaña-Taylor and Updegraff (2007) found that Latino youth were more vulnerable to low self-esteem and depressive symptoms as a result of discrimination if they had a strong orientation to Anglo culture, but not if they were low on Anglo orientation. However, this study found that orientation towards Mexican culture served a protective role for MO youth by buffering the associations between discrimination and mental health. It is possible that highly acculturated Latino youth are more susceptible to negative ethnic prejudices and stereotypes when they become more invested in the majority culture, and spend significant amounts of time in mainstream social contexts.

To our knowledge, no prior studies have examined the associations between perceived discrimination, coping, and mental health with consideration for MO youths' cultural orientation, which is another novel contribution of the current study. Similar to hypotheses advanced regarding gender differences, it is possible that Anglo-oriented youth are more vulnerable to perceived discrimination due to their strong affiliation and investment with the mainstream culture, and that coping strategies are therefore less effective at protecting Anglo-oriented youth from the negative effects of perceived discrimination. Alternatively, it

is possible that cultural orientation moderates associations between perceived discrimination, coping, and mental health due to differences in cultural fit (e.g., Noh & Kaspar, 2003; Noh et al., 1999). Therefore, we would expect that some types of coping (e.g., active) would be beneficial for more Anglo-oriented youth than those who are low on Anglo cultural orientation, and similarly, some types of coping (e.g., support seeking) would be more beneficial to youth high on Mexican orientation than those who are low on Mexican orientation.

Current Study

The current study used prospective data from MO adolescents to examine the interplay between perceived discrimination and coping strategies as predictors of mental health symptoms (internalizing and externalizing problems), and also examined whether these stress and coping processes were moderated by adolescents' gender and cultural orientations (i.e., acculturation and enculturation). We hypothesized that the impact of perceived discrimination on mental health would be buffered by youths' dispositional coping, particularly those coping strategies that the literature has identified to be adaptive (e.g., active coping and support seeking).

Regarding the moderating role of gender, we expected that perceived discrimination would be a stronger risk factor for boys than for girls. Based on findings of previous studies we also expected that the protective benefits of coping in the context of perceived discrimination might be diminished overall for boys relative to girls, or, alternatively, that social support might be more effective for girls while active coping might be more effective for boys.

Regarding cultural orientation, we hypothesized that more Anglo-oriented MO youth would be more affected by perceived discrimination than those who were low on Anglo orientation, and youth high on Mexican orientation would be less affected than those low on Mexican orientation. Furthermore, consistent with the cultural maintenance hypothesis, some types of coping strategies would be more effective depending on youths' cultural orientation. For example, active coping may be more effective for youth that are high versus low on Anglo orientation, while support seeking may be more effective for youth high versus low on Mexican orientation.

Method

The sample for the current study ($n = 189$) was derived from a larger efficacy trial of the Bridges to High School Program, an intervention study designed to reduce mental health problems and school dropout among Mexican origin adolescents (Gonzales et al., 2011; Carpentier et al., 2007). As one of the goals of the Bridges project is to improve adolescents' coping strategies (Gonzales, et al., 2011), only the control sample was used in the current study. Participants in the current study included 189 adolescents recruited from middle schools, and represented a range of diversity including: 19.6% of the adolescents were born in Mexico, most parents were born in Mexico (mothers: 63.5%; fathers: 71.6%), and the median annual family income was \$30,400 (ranged from \$2,000 to \$98,000). Data for the current study were initially collected when the participants were in 7th grade (Fall; Time 1 [T1]) and approximately a year and a half later when they were in 8th grade (Spring; Time 2 [T2]). The sample included 54% females and 46% males. The mean age of youth at 7th grade was 12.28 years for females ($SD = 0.52$ years) and 12.30 years for males ($SD = 0.49$ years). Attrition from 7th grade to 8th grade in the current sample was 22%.

Procedure

Youth were randomly recruited from four middle schools in a metropolitan Southwestern region. Schools provided rosters for all enrolled 7th graders. These schools primarily served low-income communities as determined by the percentage of students eligible for free lunches (80%). Families designated on school rosters as “Hispanic” were selected for recruitment. A recruitment phone call described the intervention and determined eligibility according to the following criteria: the adolescent was of Mexican descent, at least one caregiver of Mexican descent was interested in participating, and the family was willing to be randomly assigned to the intervention or control group. Approximately 47% of identified families were eligible to participate and about 62% of eligible families participated in the first wave of data collection. Random assignment of the full sample of 516 families was based on to the family’s preference for participating in predominantly English vs. predominantly Spanish intervention groups. Specifically, random assignment took place separately within the subsample of 275 (53.3%) predominantly Spanish-speaking families and within the subsample of 241 (46.7%) predominantly English-speaking families. Data were gathered by interviewers in a secluded area of the adolescents’ home and in their preferred language. Participants received \$30 for their participation per interview. Procedures were approved by an Institutional Review Board.

Measures

Perceived discrimination—A six-item subscale of the *Multicultural Events Scale for Adolescents (MESA)* (Gonzales, Gunnoe, Jackson & Samaniego, Jackson, 1995) was used to measure perceived discrimination at Time 1. The MESA fits the lifestyle and experiences of culturally diverse, urban adolescents, including items on ethnic and racial discrimination. Sample items included “You were unfairly accused of doing something bad because you are Mexican or Mexican-American” and “You were excluded from a group because you are Mexican or Mexican-American.” A total perceived discrimination score was based on the total number of events endorsed ($M = 0.70$, $SD = 1.00$), which ranged from 0 to 6. Higher scores indicate more perceived negative events, higher numbers of daily hassles, and higher numbers of stressors. As Cronbach’s alpha is not an appropriate measure of reliability for this scale, two week test-retest has been conducted previously yielding a score of .82 for perceived discrimination (Gonzales et al., 1995).

Coping—The Children’s Coping Strategies Checklist-2nd Revision (CCSC-R2), which is a modified version of the CCSC-R (Ayers et al., 1996), was used in the current study to measure adolescents’ self-report of their dispositional coping efforts on four factors of coping: active, avoidance, distraction, and support seeking. Modifications to the CCSC-R for the current study included rewriting the support seeking coping subscale to reflect items that were indicative of sources of support for adolescents: parents, siblings, peers, and other adults. Previous work on the CCSC-R2 showed the measure to have good psychometric properties. In addition, measurement invariance work on the measure showed the measure to have language equivalence between the English and Spanish versions of the measure (Liu, Fernandez, & Gonzales, 2006).

In the current study, four subscales were used to index different types of coping: active, support seeking, avoidant, and distraction. Sample items included “You thought about which things are best to do to handle the problem (active),” “You talked with your friends about the problem (support seeking),” “You tried to ignore it (avoidant),” and “You read a book or magazine (distraction).” Responses ranged from 1 = never to 4 = most of the time. Cronbach’s alphas for the four coping scales in the current sample at Time 1 were as follows: active ($\alpha = .94$), support seeking ($\alpha = .89$), avoidant ($\alpha = .80$), and distraction ($\alpha = .78$).

Cultural orientation—The 30-item Acculturation Rating Scale for Mexican Americans-II (ARSMA-II; Cuellar, Arnold, & Maldonado, 1995) was used to measure adolescents' Anglo orientation and Mexican orientation. The ARSMA-II is the most widely used acculturation measure for Mexican Americans. It focuses primarily on behavioral indicators of acculturation, such as language use and preference, ethnic identity and classification, cultural heritage and ethnic behaviors, and ethnic interaction. The ARSMA-II has two subscales: a 13-item Anglo orientation subscale, which assesses adolescent's acculturation to mainstream culture, and a 17-item Mexican orientation subscale, which assesses participant's enculturation to Mexican culture. Sample items included "I enjoy listening to English language music" and "My friends now are of Anglo origin." In the current study, Cronbach's alpha for the Anglo and Mexican orientation subscales at Time 1 equaled .82 and .88, respectively.

Internalizing symptoms—The Youth Self Report (YSR; Achenbach, 1991) was used to measure internalizing symptoms. The internalizing subscale indexes a sum of the scores on the problem items of Withdrawal, Somatic Complaints and Anxious/Depressed scales. It was designed to obtain adolescents' reports of their own competencies and problems since adolescents are better equipped to provide reports of their own internalizing symptoms and disorders (Reich, 2000). Cronbach's alphas in the current study across Times 1 and 2 ranged from .86 to .88.

Externalizing behaviors—Adolescents' externalizing behaviors were measured using the combined parents' report on the Child Behavior Checklist (CBCL; Achenbach, 1991; Edelbrock & Achenbach, 1980). The externalizing behaviors subscales contains items related to Delinquent and Aggressive Behavior and provides a standardized measure of the behavior problems, as well as the school-based and interpersonal performance competencies of children between the ages of 4 to 16. Scores were averaged across reporters in the case of two-parent households. Cronbach's alphas for the current study across Times 1 and 2 equaled .89 for mothers across Times 1 and 2 and ranged from .90 to .91 for fathers.

Plan of Analysis

In order to test our research questions, we examined 3 sets of multiple regression models (one set for each moderator: gender, Anglo orientation, and Mexican orientation) that examined three-way interactions involving perceived discrimination, coping, and one of the hypothesized moderators and any lower order associations (e.g., two-way interactions) on our study outcomes. Regression models were conducted for each outcome variable (i.e., T2 adolescent reports of internalizing problems and T2 combined parent reports of externalizing problems) in the following order: (a) an initial model that included the baseline measure of the outcome (T1 internalizing or externalizing problems) and the main effects of gender, T1 Anglo orientation, T1 Mexican orientation, T1 perceived ethnic discrimination, and the four T1 coping strategies (i.e., active, distraction, avoidance, and social support); and (b) a full model that included the three-way interactions among ethnic discrimination, one of the coping strategies (each tested individually in successive models), and the moderator of interest (gender, Anglo orientation, and Mexican orientation), and all possible 2-way interactions. The three-way interactions for each coping strategy were tested in separate models while controlling for the effects of the other coping strategies to represent the reality that adolescents are simultaneously using multiple coping strategies in the face of stress (Sandler et al., 1994). All continuous measures were centered prior to the creation of interaction terms (Aiken & West, 1991) and significant interactions were probed at one standard deviation above and below the mean for each moderator. Simple slopes analyses were conducted to decompose all significant interactions (Preacher, Curran, & Bauer, 2006). All analyses were conducted using Mplus version 6.1 (Muthén & Muthén, 1998, 2010) and

missing data were handled using full information maximum likelihood (FIML; Arbuckle, 1996).

Results

Descriptive Findings

Means, standard deviations, and correlations among all study variables are presented in Table 1. T-tests were conducted by gender on all study variables and only three significant differences were found. Females reported higher levels of support seeking coping ($t = -2.77$, $p < .01$), and reported higher levels of internalizing problems at both T1 ($t = -2.82$, $p < .01$) and T2 ($t = -3.68$, $p < .001$). Discrimination at T1 was moderately associated with higher levels of internalizing problems at T1 and T2 for males, and was positively associated with both externalizing and internalizing at T1 for females (see Table 1). Interestingly, there was a positive association between discrimination and social support seeking for females, but not males. Several gender differences emerged in the bivariate associations between coping strategies and our outcomes: for males, distraction and support seeking coping were both associated with increased internalizing problems (at T1 and T2, respectively). For females, support seeking was related to more internalizing problems at T2.

Discrimination and coping on internalizing and externalizing: Gender as a moderator

Analyses for internalizing problems—Results from the baseline model suggested that only gender (female = 1; $b = 2.28$, $p < .05$), previous internalizing problems (T1; $b = 0.50$, $p < .001$), and higher use of distraction coping (T1; $b = 1.96$, $p < .05$) were significantly associated with T2 internalizing problems (see Table 2). None of the three-way interactions that included gender, discrimination and the four coping strategies were significant for internalizing problems. However, two significant two-way interactions emerged. First, there was a significant interaction between social support seeking and gender ($b = 4.34$, $p < .01$), such that the association between social support and later internalizing problems was slightly positive for females ($t = 2.07$, $p < .05$), but there was no relationship for males ($t = -0.92$, $p = .36$). Second, an interaction emerged between gender and perceived discrimination ($b = -2.66$, $p < .01$), such that the association between discrimination and later internalizing problems was negative for females ($t = -2.70$, $p < .01$), but not significant for males ($t = 1.02$, $p = .31$).

Analyses for externalizing behaviors—Results from the baseline model predicting T2 parents' reports of externalizing problems showed that only prior externalizing problems were significant ($b = 0.73$, $p < .001$; see Table 2). Again, two significant two-way interactions were identified. First, a significant two-way interaction was present between gender and avoidance strategies on T2 externalizing problems ($b = 3.80$, $p < .05$), such that for males there was a significant negative association between use of avoidant coping and externalizing problems ($t = -2.47$, $p < .05$). Comparatively, there was not a significant association between avoidance coping and externalizing problems for females ($t = 0.41$, $p = .69$). An interaction also emerged between discrimination and social support ($b = -2.64$, $p < .01$) such that discrimination was positively associated with externalizing problems for adolescents who employed lower levels of social support ($t = 2.37$, $p < .05$), but no significant association was present for those who employed higher levels of social support ($t = -1.20$, $p = .23$).

Discrimination and coping on internalizing and externalizing: Anglo orientation as a moderator

Analyses for internalizing problems—Results for regressions examining Anglo orientation as the moderator of interest are shown in Table 3. One three-way interaction was

significant that included Anglo orientation, discrimination, and distraction coping ($b = 3.51$, $p < .05$; see Figure 1). In this case, only one of the simple slopes was significant, suggesting that there was a negative association between discrimination and internalizing problems for adolescents with low Anglo orientations and high levels of distraction coping ($t = -4.15$, $p < .001$). One additional two-way interaction emerged, such that there was a significant interaction between active coping and Anglo orientation predicting T2 internalizing problems ($b = -2.95$, $p < .05$). In this case, for youth who had low Anglo orientation there was a non-significant positive association between active coping and internalizing problems ($t = 1.11$, $p = .27$); however, there was a non-significant negative association for youth with higher Anglo orientations ($t = -1.22$, $p = .22$). There were no other three- or two-way interactions that emerged in this set of analyses.

Analyses for externalizing behaviors—There were no significant interactions, above and beyond the significant interaction between perceived discrimination and social support that was found in the gender analyses (see above), between acculturation and any of the four coping strategies predicting later externalizing problems (see Table 3).

Discrimination and coping on internalizing and externalizing: Mexican orientation as a moderator

Analyses for internalizing problems—Results for regressions examining Mexican orientation as the moderator of interest are shown in Table 4. One significant two-way interaction emerged, such that there was an interaction between perceived discrimination and Mexican orientation ($b = -1.65$, $p < .05$). In this case, there was a significant negative association between discrimination and later internalizing problems for youth who had higher Mexican orientations ($t = -2.22$, $p < .05$). However, the association between discrimination and later internalizing problems was not significant for those with lower Mexican orientations ($t = .66$, $p = .51$). No other three- or two-way interactions were significant in predicting internalizing problems at T2.

Analyses for externalizing behaviors—One three-way interaction was significant that included Mexican orientation, discrimination, and social support coping ($b = 3.80$, $p < .01$; see Figure 2) predicting youths' externalizing behaviors. In this case, the simple slopes were only significant for youth with low Mexican orientations: for these youth, there was a positive association between discrimination and later externalizing problems for those who utilized social support at lower levels ($t = 4.62$, $p < .001$), and a negative association for those who utilized higher levels of social support ($t = -2.27$, $p < .05$).

Further, there was a significant two-way interaction between perceived discrimination and active coping ($b = 1.89$, $p < .05$). In this case, although neither slope was significant, there was a positive association between discrimination and externalizing problems for those who used higher levels of active coping ($t = 1.73$, $p = .09$) and negative association for those who used lower levels of active coping ($t = -1.34$, $p = .18$). There were no significant interactions, above and beyond the significant interaction between perceived discrimination and social support that was found in the gender analyses (see above), between Mexican orientation and any of the four coping strategies predicting later externalizing problems.

Discussion

Using a risk and resilience perspective (e.g., Masten, Best, & Garmezy, 1990), with sensitivity to the cultural experiences of ethnic minority youth (e.g., García Coll et al., 1996), the current study examined relations between perceived discrimination, four dispositional coping strategies, and MO adolescents' internalizing and externalizing

behaviors, with consideration of gender and cultural orientation as potential moderators of these associations. Several significant interaction effects were found, illuminating the importance of investigating individual differences as they relate to stress and coping. In the sections below we first discuss findings involving interactions between coping and discrimination, relevant to the question of whether coping can mitigate the effects of discrimination, and then follow with a discussion of additional two-way interactions that were found in which gender interacted either with coping strategies or with discrimination.

Evidence for Coping as a Moderator of Perceived Discrimination

A central hypothesis of the current study was that coping strategies are potentially one source of resilience that can buffer the effects of perceived discrimination on MO adolescents' internalizing symptoms and externalizing behaviors, but these effects would vary based on youth gender and cultural orientation. This hypothesis was partially supported. Support seeking and distraction were significant moderators that reduced the negative impact of perceived discrimination, but effects varied as a function of youth cultural orientation. A classic stress-buffering effect was found for support seeking in the prediction of externalizing symptoms among youth low on Mexican orientation. Discrimination was positively associated with externalizing for MO adolescents who employed lower levels of support seeking, but there was a negative association (e.g., buffering) for those who reported higher levels of support seeking. This finding is consistent with a study by DeGarmo and Martinez (2006) who also found that the effect of discrimination on Latino youths' academic success was mitigated by support seeking. Interestingly though, the protective function of support seeking was not present among youth for whom Mexican orientation was particularly high. We had hypothesized that support seeking might be more effective for this group due to its fit with cultural values that support close family ties. This finding may suggest that perhaps social support seeking strategies do not buffer the effects of perceived discrimination above youths' connection to their culture of origin which was a more salient factor for these youth, but it is protective for youth that lack such connection.

The effects of distraction coping were moderated by Anglo orientation. Distraction coping buffered the effects of perceived discrimination on adolescents' internalizing symptoms, but only for youth that were low on Anglo orientation. It may be that distraction is protective for youth who do not feel a strong sense of affiliation with mainstream culture and who encounter uncontrollable experiences interpreted as discriminatory (Clark, 2006). It is also possible that these youth do not think that they can actively cope with high levels of perceived discrimination. Therefore, distraction may be the only option. On the other hand, it should be noted that this is the only condition in which distraction was beneficial. Furthermore, distraction coping was not a protective factor for more Anglo-oriented youth. In fact, low levels of distraction coping were associated with fewer internalizing symptoms among highly Anglo-oriented youth in the context of perceived discrimination.

Active coping and avoidant coping did not moderate the associations between perceived discrimination and MO youths' mental health although, as discussed below, some gender differences were found with avoidant coping on mental health. The lack of any effects for active coping on internalizing and externalizing is likely due to the fact that active coping has differential effects as a function of the nature of the stressor being examined (Liu et al., 2011). Previous research has indicated that attempts to actively cope with uncontrollable experiences may not promote better health outcomes (e.g., Clark, 2006; Edlynn, Miller, Gaylord-Harden, & Richards, 2008; Piña et al., 2008). Future research may benefit from examining active coping strategies that are more directly related to culture and ethnicity (e.g., engagement in ethnicity-related social justice) and the stressor at hand (e.g., ethnic discrimination). For instance, O'Leary and Romero (2011) found that increased civic

engagement in response to an anti-ethnic studies government bill served as a protective factor for Mexican descent college students' mental health.

Differences in Coping and Perceived Discrimination by Gender and Cultural Orientation

Whereas only two significant three-way interactions were found that involved cultural orientation and none were found with gender, study findings showed several additional ways in which gender and cultural orientation were important for understanding the relations between discrimination and mental health, and coping and mental health. For example, gender interacted with avoidance in the prediction of externalizing behaviors, and with support seeking in the prediction of internalizing symptoms. Specifically, we found that for males, increased use of avoidance coping was negatively associated with externalizing behaviors, but this association was not present for females. Generally, studies on coping strategies have suggested that avoidant coping is positively associated with depression and anxiety in women (e.g., Compas et al., 2001). However, research by Grant et al. (2000) on urban African American youth found that the influence of stress on African American boys' externalizing behaviors was mitigated by avoidant coping. Given that the findings of the current study are consistent in a different ethnic population lends some reliability to the findings of the Grant et al. study, suggesting that perhaps removing oneself from a stressful situation, rather than confronting the problem directly has some protective value for males.

Results of the current study also suggested that females are more likely to use social support as a coping mechanism; however support seeking was not an adaptive form of coping for MO females as we had hypothesized. Specifically, we found that social support seeking was positively associated with internalizing problems for females, but not for males. This specific link to increased internalizing for females is in line with other research that suggests that for females support seeking may be related to rumination (e.g., discussing and revisiting problems), which in turn may exacerbate internalizing symptoms (e.g., Rose, 2002; Rose, Carlson, & Waller, 2007). However, prior studies have included predominately European American adolescents and have not taken into account issues of culture and ethnicity. Although this question was not the focus of the current study, it highlights that one avenue for future research is to investigate the role of co-rumination or other possible mediators and moderators of the relationship between support seeking and internalizing symptoms among MO female youth.

One final gender difference that was unexpected was the negative association between perceived discrimination and internalizing among females. Although this finding is difficult to explain, several points are important to consider. First, T1 perceived discrimination was positively correlated with concurrent levels of internalizing symptoms at T1 for males (.33) and females (.38), and was not correlated with T2 internalizing for females (see Table 1). The unexpected suppression effect was found in regression models in which T1 internalizing and the four coping strategies were covaried. Second, the current study is different from other studies in that it used a life events checklist to assess experiences with discrimination (e.g., being excluded or victimized, and witnessing others being victims of discrimination), without consideration for the severity of such experiences. Finally, it may be that girls who perceived more instances of discrimination in this study were more resilient than girls who did not experience perceived discrimination because their greater awareness of discriminatory events increases their connection to their ethnic group and makes them better prepared to counteract potential threats to their self-concept in general (Tajfel & Turner, 1986; Seery, Holman, & Silver, 2010). For example, Berkel and colleagues (2010) found that perceived discrimination in early adolescence was linked to higher endorsement of traditional cultural values among MO youth and, in turn, predicted decreased internalizing symptoms two years later. Further research is needed to replicate and explore pathways and conditions that promote adaptive reactions to discrimination among MO female youth.

Further, while no gender differences emerged for externalizing problems, we did find a employed higher levels of social support were protected against the negative effects of perceived discrimination on later externalizing problems. Thus, social support appears to be beneficial, regardless of gender, for later externalizing (but not internalizing) problems.

Finally, consistent with previous literature, we documented that higher levels of Mexican orientation was protective against the negative impact of perceived discrimination against later internalizing problems (e.g., Gonzales et al., 2008; Umaña-Taylor & Updegraff, 2007). Thus, having stronger connections to one's culture of origin seems to be protective against perceived threats related to one's ethnicity.

Limitations

Although this study has several important strengths including a prospective longitudinal design (e.g., significant interactions were found after accounting for the change in internalizing and externalizing behaviors over time) and the use of multiple reporters, it is not without limitations. First, the sample size of the current study may limit statistical power for testing two- and three-way interactions. Although it is impressive that several interactions were found, these findings may underestimate the extent to which discrimination and coping effects vary as a function of gender and cultural orientation. Therefore, future studies are needed that examine these complex associations with larger samples.

This study demonstrated that acculturation and enculturation produced evidence for moderation, suggesting that each is important to understanding the interplay between perceived discrimination and coping. It is also possible that gender and cultural orientation operate in combination to impact how coping buffers the effects perceived discrimination on mental health. However, tests of the four-way interactions implied are beyond the scope and sample size of this paper.

Furthermore, the items used to measure coping in this study were dispositional and measured coping styles in general rather than coping in response to a specific event. Some studies have found that compared to coping in general, ethnic minority individuals may use different types of coping strategies in response to discriminatory events (e.g., Brown, Phillips, Abdullah, Vinson, & Robertson, 2011). Thus, future studies should utilize coping measures that specifically index how youth cope with ethnic discrimination in general, and at the moment of the event, in order to further describe the dynamic process of how Mexican origin adolescents deal with this type of cultural stressor. Similarly, the measure of cultural orientation used in the current study (i.e., ARSMA-II) does not capture dimensions of values and identification that are important for understanding coping and adaptation in the context of discrimination (e.g., Gonzales, et al., 2002; Knight et al., 2010).

Finally, our measure of ethnic discrimination was limited in that it was a yes-no checklist of possible discriminatory events. Consequently, our measure did not fully capture the frequency of different types of discrimination (e.g., verbal, physical, or microaggressions), the context of the discrimination (e.g., school or community), or the salience of the discriminatory event(s) to the adolescent (e.g., degree of stress experienced during or after the event). Future studies should capture these different dimensions of discrimination to more comprehensively understand the experiences of these youth.

Applications and Conclusions

One way that this research can be applied is through clinical settings and youth development organizations (YDOs). Prejudice and discrimination, related to ethnicity, immigration status, and race, in schools and neighborhoods, are stressors that many MO youth are likely to encounter. Given that numerous studies have linked perceived discrimination to mental and

physical health outcomes (see Pascoe & Richman, 2009; Williams, Neighbors, & Jackson, 2003, for example), practitioners may want to consider how coping relates to well-being in diverse ethnic populations, with special consideration to the type of stress that the young person has experienced. The findings from the current study suggest that there may not be one effective coping strategy for all youth in all circumstances. For example, in relation to perceived discrimination, we found evidence that social support seeking is protective for low enculturated MO youth and distraction is protective low acculturated MO youth.

Practitioners and YDOs may also want to consider other adaptive, proactive strategies, such as civic involvement and interventions that strengthen and affirm positive images and identification for MO youth, to provide other avenues besides distraction that may be limited in the long run for promoting positive youth development.

In sum, we highlight the complex linkages between perceived discrimination and mental health. It is important to consider youths' cultural orientation when thinking about the ways that coping promotes adolescents' resilience in the context of perceived discrimination. The current study elucidates the potential protective benefits of coping strategies that increase support or reduce exposure to stress (support, distraction), in contrast to active coping strategies designed to resolve or change stressors that are beyond a person's ability to directly control or eliminate. Furthermore, the current study builds on previous research by strengthening the argument that effective coping styles vary by gender. Thus, our findings particularly highlight the role of gender and suggest the importance of tailoring interventions according to the distinct needs and expectations of males versus females.

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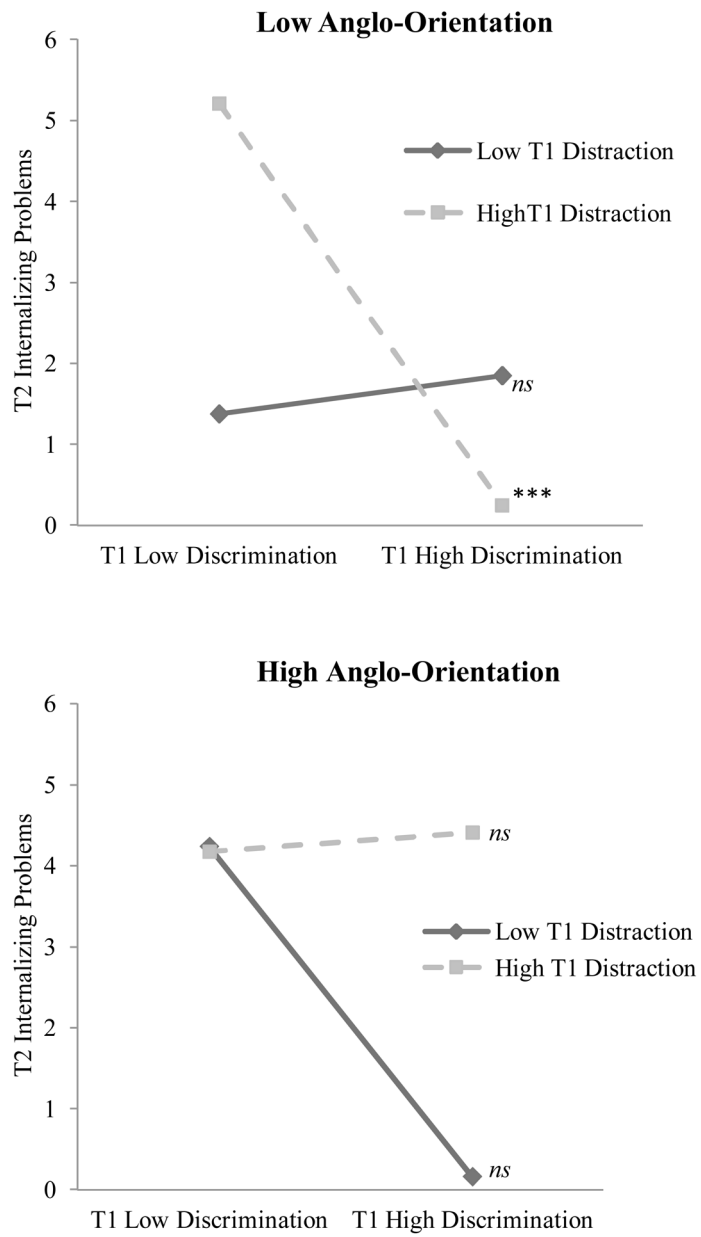


Figure 1. The three-way interaction between T1 ethnic discrimination, T1 Anglo-orientation, and T1 distraction coping predicting T2 internalizing problems. *** $p < .001$.

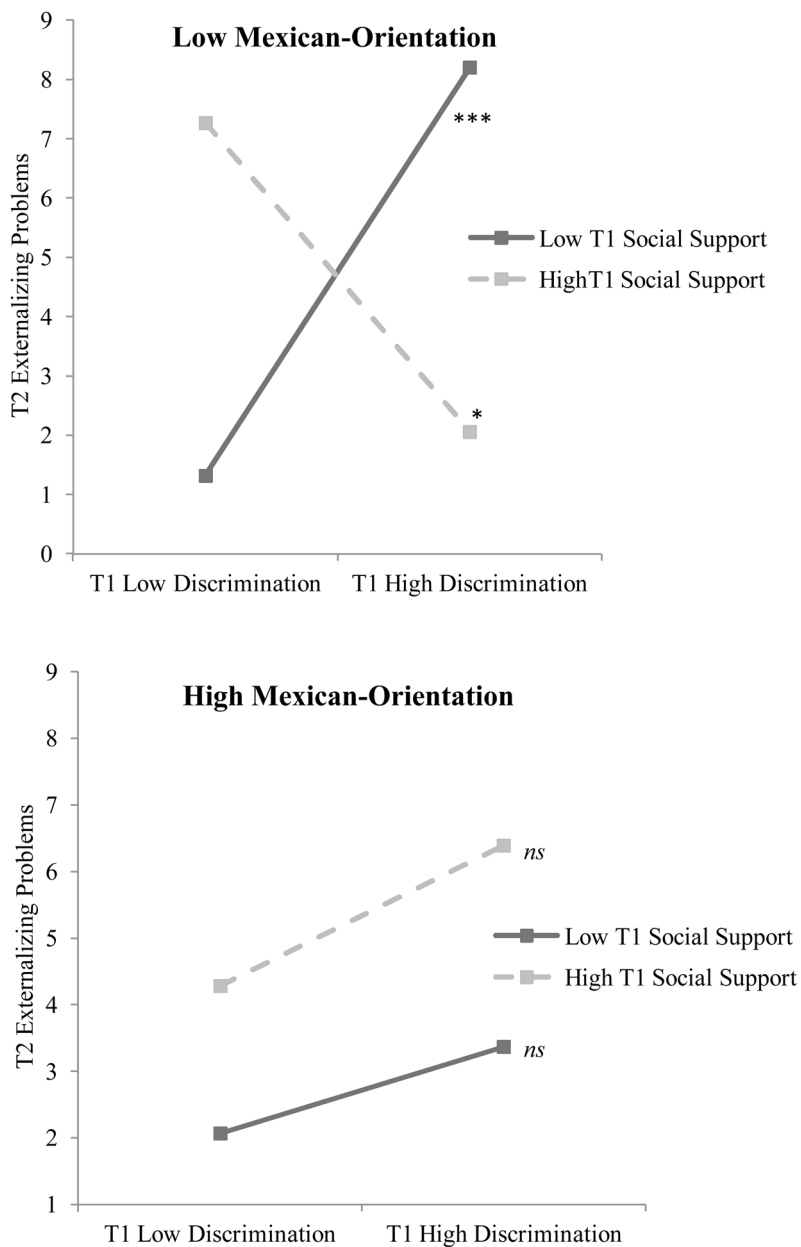


Figure 2. The three-way interaction between T1 ethnic discrimination, T1 Mexican-orientation, and T1 social support coping predicting T2 externalizing problems. *** $p < .001$. * $p < .05$.

Table 1
Means, Standard Deviations, and Correlations among Key Study Constructs

	1	2	3	4	5	6	7	8	9	10	11	Mean (SD)
1. Anglo Orientation	---	.00	.10	.19	.13	.17	.19	-.08	.09	.24*	.09	3.93 (0.56)
2. Mexican Orientation	-.13	---	.06	.19	-.08	.10	.29**	-.13	-.09	-.03	-.03	3.33 (0.66)
3. Discrimination	.02	.15	---	.08	.04	-.10	.20*	.31**	.19	.38***	-.02	0.71 (0.99)
4. Active Coping	.24*	.22*	.10	---	.54***	.48***	.66***	.01	.11	.02	.13	2.91 (0.58)
5. Avoidance Coping	.21*	.23*	.13	.70***	---	.40***	.27**	.18	.16	.14	.09	2.76 (0.53)
6. Distraction Coping	.24*	-.04	.01	.46***	.53***	---	.42***	-.11	-.08	.04	.19	2.45 (0.52)
7. Support Seeking Coping	.30**	.21*	.16	.73***	.66***	.55***	---	.02	.19	.12	.26*	2.48 (0.56)
8. T1 Ext Problems (PR)	-.00	.01	.18	-.05	.06	.12	.07	---	.68***	.19	.19	7.47 (6.23)
9. T2 Ext Problems (PR)	-.03	-.01	.18	-.12	-.05	.09	.05	.81***	---	.35***	.26*	7.79 (6.77)
10. T1 Int Problems (AR)	.02	-.06	.33**	.08	.12	.04	.32**	.24*	.13	---	.52***	14.53 (7.74)
11. T2 Int Problems (AR)	.20	-.18	.25*	.04	.19	.25*	.15	.22	.17	.51***	---	12.45 (7.10)
Mean (SD)	3.86 (0.56)	3.38 (0.71)	0.70 (1.02)	2.83 (0.57)	2.63 (0.60)	2.37 (0.70)	2.23 (0.68)	8.13 (7.46)	7.08 (7.43)	11.33 (7.83)	8.23 (7.76)	

Notes. Correlations for male participants are listed below the diagonal and correlations for female participants are listed above the diagonal. Means and standard deviations for male participants are listed at the bottom of the table, while means and standard deviations are listed on the right side of the table for female participants. AR = Adolescent report, PR = Parent report, Ext = externalizing, Int = internalizing.

*** $p < .001$.

** $p < .01$.

* $p < .05$.

Table 2

Multiple Regression Analysis of Time 1 Perceived Discrimination, Coping Strategy, and Gender as Predictors of Adolescents' Time 2 Internalizing and Externalizing Problems

	T2 Internalizing Problems			T2 Externalizing Problems		
	<i>B</i>	<i>SE</i>	<i>R</i> ²	<i>B</i>	<i>SE</i>	<i>R</i> ²
Model 1: Main effects			.37			.47
Gender (Female = 1)	2.28*	0.99		1.26	0.90	
Mexican Orientation (MO)	-0.73	0.77		-0.19	0.69	
Anglo Orientation (AO)	0.80	0.89		0.32	0.81	
Perceived Discrimination (PD)	-0.67	0.51		0.09	0.46	
Active Coping	-0.43	1.31		0.62	1.19	
Distraction Coping	1.96*	0.97		-0.57	0.89	
Avoidance Coping	0.02	1.15		-1.28	1.05	
Support Seeking (SS) Coping	0.51	1.20		1.23	1.07	
Baseline (T1) Outcome	0.50***	0.07		0.73***	0.07	
Model 2:			.38			.49
PD x Active x Gender	0.47	1.67		2.54	1.66	
PD x Gender	-2.00*	0.91		-0.50	0.87	
PD x Active	-0.54	1.24		-0.20	1.33	
Active x Gender	2.14	1.70		2.08	1.58	
Model 3:			.39			.48
PD x Distraction x Gender	-2.70	1.64		0.77	1.54	
PD x Gender	-1.89*	0.92		-0.53	0.89	
PD x Distraction	1.46	0.99		-0.83	0.92	
Distraction x Gender	-0.06	1.65		-0.83	1.53	
Model 4:			.38			.49
PD x Avoidance x Gender	-0.07	1.91		1.39	1.74	
PD x Gender	-1.91*	0.95		-0.74	0.89	
PD x Avoidance	-0.22	1.45		-1.73	1.33	
Avoidance x Gender	-0.56	1.85		3.80*	1.68	

	T2 Internalizing Problems		T2 Externalizing Problems	
	<i>B</i>	<i>SE</i>	<i>B</i>	<i>SE</i>
Model 5:			.41	
PD x SS x Gender	1.05	1.70	1.40	1.66
PD x Gender	-2.66**	0.99	-0.55	0.92
PD x SS	-0.80	0.84	-2.64**	1.66
SS x Gender	4.34**	1.62	2.10	1.53

Note. Models with the three- and two-way interactions also include all main effects.

 $p < .001$.

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 $p < .01$.

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 $p < .05$.

Table 3

Multiple Regression Analysis of Time 1 Perceived Discrimination, Coping Strategy, and Anglo Orientation as Predictors of Adolescents' Time 2 Internalizing and Externalizing Problems

	T2 Internalizing Problems				T2 Externalizing Problems			
	<i>B</i>	<i>SE</i>	<i>R</i> ²	<i>B</i>	<i>SE</i>	<i>R</i> ²	<i>B</i>	<i>R</i> ²
Model 1: Main effects			.37					.47
Gender (Female = 1)	2.28*	0.99		1.26	0.90			
Mexican Orientation (MO)	-0.73	0.77		-0.19	0.69			
Anglo Orientation (AO)	0.80	0.89		0.32	0.81			
Perceived Discrimination (PD)	-0.67	0.51		0.09	0.46			
Active Coping	-0.43	1.31		0.62	1.19			
Distraction Coping	1.96*	0.97		-0.57	0.89			
Avoidance Coping	0.02	1.15		-1.28	1.05			
Support Seeking (SS) Coping	0.51	1.20		1.23	1.07			
Baseline (T1) Outcome	0.50***	0.07		0.73***	0.07			
Model 2:			.38					.49
PD x Active x AO	-2.70	1.71		-1.98	1.57			
PD x AO	0.22	0.94		0.21	0.83			
PD x Active	0.31	0.85		1.58	0.83			
Active x AO	-2.95*	1.42		-1.04	1.28			
Model 3:			.38					.48
PD x Distraction x AO	3.51*	1.78		0.36	1.62			
PD x AO	0.11	0.97		0.20	0.86			
PD x Distraction	-0.15	0.94		-0.66	0.85			
Distraction x AO	0.69	1.46		0.87	1.33			
Model 4:			.37					.48
PD x Avoidance x AO	-1.68	1.95		0.09	1.75			
PD x AO	0.19	0.95		0.07	0.85			
PD x Avoidance	0.58	1.03		-0.88	0.95			
Avoidance x AO	-2.12	1.57		1.72	1.42			

	T2 Internalizing Problems			T2 Externalizing Problems		
	<i>B</i>	<i>SE</i>	<i>R</i> ²	<i>B</i>	<i>SE</i>	<i>R</i> ²
Model 5:			.38			.51
PD x SS x AO	-0.72	1.86		-0.53	1.67	
PD x AO	0.84	1.09		1.27	0.98	
PD x SS	-0.39	0.89		-2.70**	0.94	
SS x AO	-2.69	1.50		0.82	1.34	

Note. Models with the three- and two-way interactions also include all main effects.

p < .001.

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p < .01.

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p < .05.

Table 4

Multiple Regression Analysis of Wave 1 Perceived Discrimination, Coping Strategy, and Mexican Orientation as Predictors of Adolescents' Wave 3 Internalizing and Externalizing Problems

	T2 Internalizing Problems			T2 Externalizing Problems		
	<i>B</i>	<i>SE</i>	<i>R</i> ²	<i>B</i>	<i>SE</i>	<i>R</i> ²
Model 1: Main effects			.37			.47
Gender (Female = 1)	2.28*	0.99		1.26	0.90	
Mexican Orientation (MO)	-0.73	0.77		-0.19	0.69	
Anglo Orientation (AO)	0.80	0.89		0.32	0.81	
Perceived Discrimination (PD)	-0.67	0.51		0.09	0.46	
Active Coping	-0.43	1.31		0.62	1.19	
Distraction Coping	1.96*	0.97		-0.57	0.89	
Avoidance Coping	0.02	1.15		-1.28	1.05	
Support Seeking (SS) Coping	0.51	1.20		1.23	1.07	
Baseline (T1) Outcome	0.50***	0.07		0.73***	0.07	
Model 2:			.39			.49
PD x Active x MO	2.40	1.67		-1.98	1.71	
PD x MO	-1.22	0.76		0.74	0.77	
PD x Active	-0.49	1.04		1.89*	0.95	
Active x MO	0.03	1.34		-1.22	1.25	
Model 3:			.39			.49
PD x Distraction x MO	-2.05	1.24		-2.15	1.11	
PD x MO	-1.20	0.74		1.17	0.75	
PD x Distraction	0.61	0.79		-0.13	0.72	
Distraction x MO	-0.58	1.14		-0.26	1.04	
Model 4:			.39			.48
PD x Avoidance x MO	1.22	1.81		1.68	1.74	
PD x MO	-1.39	0.77		0.91	0.77	
PD x Avoidance	-0.02	0.95		-0.64	0.88	
Avoidance x MO	-1.72	1.36		-0.16	1.25	

	T2 Internalizing Problems			T2 Externalizing Problems		
	<i>B</i>	SE	<i>R</i> ²	<i>B</i>	SE	<i>R</i> ²
Model 5:			.39			.54
PD x SS x MO	1.88	1.13		3.80**	1.27	
PD x MO	-1.65*	0.81		0.32	0.74	
PD x SS	-0.76	0.83		-2.26**	0.79	
SS x MO	-0.42	1.19		1.60	1.08	

Note. Models with the three- and two-way interactions also include all main effects.

 $p < .001$.

**
 $p < .01$.

*
 $p < .05$.