



Published in final edited form as:

Child Dev. 2020 November ; 91(6): 2178–2191. doi:10.1111/cdev.13461.

Adaptive Parenting Among Low-Income Black Mothers and Toddlers' Regulation of Distress

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Abstract

Parenting differs in purpose and strategy according to cultural background (Brooks-Gunn & Markman, 2005; Iruka, LaForett, & Odom, 2012). The current study tests a unique latent factor score, Adaptive Parenting, that represents culturally-relevant, positive parenting behaviors: maternal coping with stress through reframing, maternal scaffolding of toddlers' learning during a low-stress task, and maternal commands during a high-stress task. Participants were Black mothers ($N = 119$; $Mage = 27.78$) and their 24- to 30-month-old toddlers. Families were part of a broader study examining family resilience among urban, low-income young children and their families. Results demonstrate that the proposed variables align on a single factor and positively predict toddlers' emotion regulation. Findings are discussed in the context of Black culturally-specific parenting processes.

Parents play an integral role in promoting emotion regulation competencies through their own displays of affect and their supportive parenting interactions (Morris, Silk, Steinberg, Myers, & Robinson, 2007). Despite the proliferation in the child development literature on emotion regulation, this literature continues to be limited by typically including only parents of White ethn racial background. When Black parents are included, the research does not incorporate strength-based frameworks regarding how ethn racial group membership may impact parenting. The current study addresses this gap in the literature by examining how three parenting practices – reframing, scaffolding, and maternal commands – are particularly relevant to Black families and consequently contribute to emotion regulation in early childhood.

Black Women and Parenting

In general, research on parenting during early childhood has applied the measurement of aspects of positive parenting homogenously across cultural groups (Ispa, Sable, Porter, & Csizmadia, 2007). In rare and laudable exceptions (e.g., Roggman, Cook, Innocenti, Norman, & Christiansen, 2013), researchers have sought to validate existing coding protocol of parenting behaviors across multiple ethnoracial groups. These types of efforts seek to define universal aspects of parenting. There are many studies that specifically examine discipline strategies as a narrow aspect of parenting and the authors conclude that parental behavior does not differ across ethnoracial groups (e.g., Bluestone & Tamis-LeMonda, 1999). Previous literature has associated *authoritative parenting* (Baumrind, 1966) with better outcomes for children in Black families as well as other ethnoracial groups (e.g., Querido et al., 2002). These behaviors have been mostly examined in regard to preschool-aged children and older (besides recent work with toddlers by LeCuyer and colleagues, 2017, see below) and align with multiple outcomes across developmental domains. Previous research looking at associations between parenting and children's outcomes within Black families have found that higher levels of authoritative parenting, characterized as being high on both control, demands, and warmth are associated with better emotion regulation and fewer behavior problems in early childhood (LeCuyer & Swanson, 2017; Querido, Warner, & Eyberg, 2002) and less depressive symptoms and delinquency in older children (Simons, Simons, & Su, 2013). LeCuyer and colleagues' (LeCuyer, Christensen, Kearney, & Kitzman, 2011; LeCuyer & Swanson, 2017; LeCuyer, 2014) recent research with low-income Black mothers of toddlers indicated that authoritative limit-seeking is the most common pattern of parenting, which they described as firm control with frequent use of less-directive and empathetic strategies (e.g., reasoning, distractions, sensitive support for children's autonomy). Their findings also indicated that greater maternal authoritative limit-seeking is associated with better self-regulation in toddlers. These studies impart that, although race is not a meaningful moderator of classic definitions of effective parenting, heterogeneity exists *within* ethnoracial groups. However, these studies fall short because they limit their scope to comparisons based on *ethnicity*, perceived group membership based on nationality or ancestry or both, rather than *culture* and the way people process and make sense of their experiences (Murry, Smith, & Hill, 2001).

Scholars agree that parenting fundamentally differs, in purpose and strategy, across cultural groups (Brooks-Gunn & Markman, 2005; Iruka, LaForett, & Odom, 2012; Lamm & Keller, 2007). Furthermore, narrowly defining parenting as a function of behavioral discipline does not account for parenting strategy and intention. García Coll, Crnic, Lamberty, Wasik, Jenkins, Garcia, and McAdoo (1996) describe the importance of *adaptive culture*, or the strategies and sources of resilience that are the product of a collective cultural history and are responsive to current contextual demands. It is likely that *adaptive parenting* requires Black families to parent their children in intentional ways that promote context-specific resiliency.

This study examines parenting in low-income Black families, a population that experiences a unique set of stressors. Some stressors (e.g., racism) impact Black families across socioeconomic strata, while other stressors (e.g., income-related stressors) are specific to

families living in poverty across ethno-racial groups. Black families are overrepresented among America's economically poor: 37% of Black children live in poor households, compared to 13% of White children (Proctor, Semga, & Kolar, 2016). Living in poverty, particularly in urban settings, is related to parental unemployment, unsafe neighborhoods, ethnic and economic segregation, low-performing schools, violence, and other stressors (Santiago, Wadsworth, & Stump, 2011). Black Americans also face unequal access to resources and are likely to experience racism and discrimination, all of which have contributed to disparities in systems of education, health, and criminal justice (Clark, Anderson, Clark, & Williams, 1999; Everett, Camille Hall, & Hamilton-Mason, 2010). The combination of economic and racial inequities place low-income Black families under chronic strain, as stress functions additively, such that cumulative stress exposure undermines child and family health and wellbeing (Santiago et al., 2011). Research suggests that families in poverty may be harsher in their interactions and less likely to invest in emotionally supportive practices (Evans, Li, & Whipple, 2013). In addition, the stress associated with poverty may interfere with the complex systems that support optimal coping (Evans & Kim, 2013). Such stressors may include home, neighborhood, and systemic effects, including the impact of racism on Black children and families. Research suggests that trauma exposure is likely to inhibit sensitive parenting practices (Cohen, Hien, & Batchelder, 2008).

Research, however, has established that Black families have unique strengths such as optimism, perseverance, interconnectedness, religiosity, and internal strength (Murry, Butler-Barnes, Mayo-Gamble, & Inniss-Thompson, 2018). Some scholars have postulated this is due to the Black culture of religiosity and spirituality that can be traced back to West Africa (Boykin & Toms, 1985). Given a well-established historical context of risk, primarily due to slavery and its legacy of poverty and discrimination, Suizzo, Robinson, and Pahlke (2008) argue that Black families may be particularly adept at promoting autonomy in their children while creating close family relationships. Furthermore, due to sociohistorical and cultural circumstances that separated fathers from their families, Black women have adopted multiple familial roles, including monetary provider, primary caregiver, and head of household. Of note, engaging in multiple familial roles often exists within the context of racism, discrimination, and poverty related stress. These characteristics may promote survival in challenging circumstances, and research has yet to demonstrate the ways in which Black women may influence their own children's perseverance in times of stress through these personal sources of resilience. Optimism/hope is a particular source of resilience among African American families and is salient to buffering the impact of racism on the mental health of African American mothers (Odom & Vernon-Feagans, 2010). Research cites maternal optimism as a protective factor in parenting, though there is little research linking this maternal trait with child outcomes (Taylor, Larsen-Rife, Conger, Widaman, & Cutrona, 2010). In this study, we operationalize this trait through *reframing* of stress as research on other subpopulations indicates this parenting behavior reflects optimism and is associated with more positive parenting and improved child outcomes (Baker, Blacher, & Olsson, 2005).

One potential way to encapsulate Black mothers' parenting style is through the *Strong Black Woman*, or, *Superwoman* schema. Woods-Giscombé (2010, p. 678) describes

the Superwoman schema as a multidimensional construct that describes behaviors and traits among Black women including the obligation to manifest strength, suppress overt emotionality, resist vulnerability to and dependence on others, as well as the determination to succeed. Not adequately captured in the extant literature is the fact that Black women's parenting is unique because of the additional challenge of raising children within a racialized society (García Coll et al., 1996; Elmore & Gaylord-Harden, 2013). This element of protecting and preparing children for future discrimination points to the importance of shoring up children's emotional suppression and strength in the face of obstacles (Iruka & Barbarin, 2009). This is evident in the *no nonsense parenting* or *tough love* parenting approaches often associated with Black mothers, particularly those from under-resourced communities. These parenting approaches are characterized by parent authority, including clear expectations and behavioral control, in context of warmth and affection (Brody & Flor, 1997, p. 805). Limited research suggests through this framework that parenting behaviors that might be viewed negatively by researchers or other third parties (e.g., intrusive or hostile) in contexts specific to Black children and their parents may in fact be promotive (Iruka, 2017). Black mothers engage in explicit racial and cultural socialization that prepares their children to face bias and discrimination, by providing tools and mechanisms to deal with obstacles, such as through reframing (Elmore & Gaylord-Harden, 2013; Hughes et al., 2006). Reframing of problems represents an optimistic approach to confronting stress (Hastings, Allen, McDermott, & Still, 2002). This level of socialization is well documented among school-age and older children (Elmore & Gaylord-Harden, 2013), but little is known about adaptive parenting practices in the earliest years when children are first learning to respond to and cope with stress. In the current study, we hypothesize that the combination of reframing, commands, and scaffolding characterize this style of parenting in the early years.

Scaffolding specifically refers to parents' coaching behaviors that provide structure and support to children as they learn new skills. Ample research describes the set of behaviors as synonymous with *positive parenting* and further links parental scaffolding to positive emotion regulation outcomes in young children (Hoffman, Crnic, & Baker, 2006). While scaffolding is considered important across ethnoracial groups, it may be especially significant among African American parents who are likely to emphasize competence-promoting strategies within parenting goals (Katz, Maliken, & Stettler, 2012). Parents' direct verbal commands are often described as a control strategy, or as a part of a constellation of harsh or overreactive parenting behaviors and related to parental risk. Research has demonstrated that maternal mental health problems are a risk factor for less optimal *positive parenting* behaviors, though heterogeneity is also noted such that some depressed parents parent positively (Hoffman, Crnic, & Baker, 2006). Trauma exposure is an interrelated, but distinct risk factor with some research indicating its impact on parental functioning is robust controlling for demographic characteristics and mental health diagnoses (Cohen et al., 2008).

Prior literature has linked verbal commands with poor childhood cognitive outcomes (academic achievement, language, and IQ; Bee et al., 1982; Hess & McDevitt, 1984), and socioemotional outcomes, including emotion dysregulation. For example, Calkins, Smith, Gill, and Johnson (1998) found that mothers who engaged in more negative control (scolding, restricting, and directing) had toddlers who demonstrated less adaptive

emotion regulation, poor physiological regulation, and noncompliant behaviors. Notably, this literature is limited in that it has primarily been conducted with middle or upper class families of European American descent. Studies examining these constructs within African American families have often failed to integrate a culturally-relevant perspective.

Child Emotion Regulation

Broadly, emotion regulation describes how individuals express and manage emotional experiences. As further defined by Calkins and Hill (2007), it encompasses behaviors, skills, and strategies, through which children modulate, intentionally or not, emotional expressions. Modulation may include inhibition or enhancement of feeling states and expressions. Appropriate mastery of these regulatory competencies has been associated with positive outcomes across domains of functioning, including social skills, sympathy, academic performance, and other prosocial behaviors (Eisenberg & Spinrad, 2004). Maladaptive patterns in regulation are observed as early as infancy, and seem to underlie most types of childhood and adult psychopathology (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996).

During toddlerhood, substantial shifts in cognitive, social, and regulatory abilities are occurring. In line with these major shifts, emotion regulation strategies are also becoming increasingly varied and sophisticated. Early in infancy, emotion regulation is primarily dyadic in nature (gaze aversion and orientation directed at a caregiver, vocal activity), while self-soothing behaviors emerge at approximately one year of age. By toddlerhood, children employ both dyadic processes and independent coping behaviors to regulate, the latter of which include strategies like distraction, orienting to an object, and fidgeting, among others (Goldsmith & Rothbart, 1991). Toddlerhood is a particularly important time during which to study culturally-specific processes because this developmental period includes an emergence of participation in system-level rules and symbolic practices (Brownell & Kopp, 2007).

Most often, young children express emotions within the context of social relationships; thus, a better understanding of caregiver influence on toddler emotion regulation is essential (Cole et al., 2004). A significant literature describes how mothers socialize emotion regulation through multiple, often interrelated processes, such as parenting practices and modeling (Morris et al., 2007). Specifically, research suggests that children benefit from reflective and supportive parenting practices that emphasize affective processes. Such processes occur in families across socioeconomic strata and include parental warmth and coaching practices in which parents help children name their feelings and identify appropriate coping strategies (Morris et al., 2007). Specifically, research suggests that children benefit from reflective and supportive parenting practices that emphasize affective processes. Such processes occur in families across socioeconomic strata and include parental warmth and coaching practices in which parents help children name their feelings and identify appropriate coping strategies (Morris et al., 2007). Research also suggests that child gender may moderate the associations between socialization and children's outcomes both in regard to differences in emotion regulation skills and parents' coaching strategies (Chaplin, Cole, and Zahn-Waxler 2005). Furthermore, individual differences in temperament, including child emotionality, and physiological regulation influences children's behavioral outcomes. The parasympathetic nervous system promotes homeostasis and regulates response to stress

(Beauchaine, 2015). Higher resting RSA suggests that the body is in a calm, homeostatic state, while lower RSA at rest is thought to reflect increased stress vulnerability (Skowron, Cipriano-Essel, Gatzke-Kopp, Teti, & Ammerman, 2014).

Current Study

We sought to address whether meaningful intracultural differences in parenting may emerge within a group of low-income Black mothers with toddlers. We propose three aspects of parenting that we believe are relevant to Black mothers' parenting: reframing, scaffolding, and maternal use of commands. We believe that reframing and maternal use of commands may be specific parenting strategies that underscore resilience for Black families and that they will associate well within a composite parenting factor along with a more common positive parenting construct in the literature, scaffolding. Further in line with complex models of child development, we will account for the contribution of children's characteristics to explaining variance in parenting. In our first aim, we hypothesize that these parenting variables will form a unified factor. We refer to this composite as *Adaptive Parenting* in reference to the work of García Coll and colleagues' (1996) discussion of adaptive cultural practices as resilience promoting. Our second aim is to determine if the adaptive parenting score would relate to toddler emotion regulation after accounting for child gender, child emotionality, and maternal history of lifetime trauma exposure. We hypothesize finding that the culturally-tailored parenting composite would be related to better emotion regulation in toddlers after controlling for children's RSA scores, mothers' trauma exposure, child gender, and child's own baseline behavior.

Method

Participants

The current sample ($N = 119$ dyads) comprises self-identified Black mothers and their toddlers (M age = 27.71 months, $SD = 5.62$; 56% boys). Data were collected as part of a broader research project examining family resilience among urban, low socioeconomic status children, their primary caregivers (biological mothers), and secondary caregivers (75% were biological fathers). Data were collected in 2013–2015 in Detroit, Michigan: a large U.S. city comprised of mostly Black residents (82%). The current study focuses on questions regarding maternal parenting thus only data from mothers and children were extracted for current analyses. Of the mothers in the current study, 61% were in a committed relationship (married or living with a partner), and 72% reported a yearly income less than \$15,000. Mothers reported having between 1 and 9 children of their own, though information is not available for the focus child's birth order. See Table 1 for additional demographic information.

Research assistants recruited parents from four urban-based offices of the Special Supplemental Nutrition Program Women, Infants, and Children (WIC). WIC is a Federally-funded agency that serves low-income pregnant, breastfeeding, and postpartum women. Study inclusion criteria were that a biological mother had legal custody of a child between the ages of 24–31 months. The exclusion criterion was that children diagnosed with a developmental disability were not eligible to participate. All inclusion information were

determined via maternal report. The project received ethical approval from the university IRB; all participants signed consent forms.

Procedure and Measures

Families who participated in the study completed a 4-hour campus laboratory visit, often broken up over two days. During this visit, families (including co-parents) engaged in a series of videotaped interactions and laboratory tasks and then completed self-report questionnaires. All the tasks described below were videotaped and later coded by teams comprised of a post-doctoral fellow, graduate students, and post-bachelor's research assistants. The family tasks were designed to allow the research team to observe families in multiple contexts assess and compare parenting in conditions of no stress (family booksharing where child was not restrained and few directions were given), low stress (family drawing task during which child was seated in a high chair and family was asked to draw together in a semi-structured way), and high stress (bubbles task following a parent-child separation). Separately, children completed tasks to assess their emotion regulation competencies via the Laboratory Temperament Assessment Battery (Lab-TAB; Goldsmith & Rothbart, 1991). Throughout the laboratory visit, toddler physiological data (RSA) was obtained using the Mindware 3000A Wireless System (Biolab 2.5; Mindware Technologies, Columbus, OH).

Adaptive Parenting Measures

Maternal scaffolding.—Maternal scaffolding was assessed by coding behaviors during the family drawing task. The family drawing task consists of children and their parents drawing, together, a happy time they have had as a family, and then a sad or hard time they have had as a family. All children in the study sat in a highchair in between the parents. Families were given 7 min to complete each drawing, and then research assistants asked families to describe what each drawing was about and what made the memory happy or sad.

Two trained research assistants independently coded each video for family, parent, and child behaviors. A global coding system to code this task merged from multiple existing coding schemes (Lindahl & Malik, 2001; McHale, Kuersten-Hogan, & Lauretti, 2001; Paley, Cox, & Kanoy, 2001). The code used as an indicator of scaffolding, *Facilitation of Child's Understanding of the Story*, was taken from the System for Coding Interactions and Family Functioning (Lindahl & Malik, 2000). This scale assesses the degree to which a parent fosters their child's curiosity and understanding of their life stories as part of family narratives (e.g., encouraging the child to participate in the discussion, facilitating the child's curiosity and involvement regarding the story). Maternal scaffolding was rated on a scale from 1–7, where lower scores reflect less of the attribute and higher scores reflect more of the attribute. Interrater reliability was acceptable to good, with intraclass correlations from .77 to .85.

Maternal commands.—Commands were coded in the bubbles task. Toward the end of the research visit, a separation-reunion task occurred. Children were left for 2 min in a room with toys and a novel member of the research team who did not speak or interact with the children; then the parents returned and were with their children for 2 minutes, followed by

separating from their toddler again for another 2 minutes, leaving the child alone in the room with the research assistant. At the end of the second separation, parents entered the room with bubbles. The interviewer told the children they could play with the bubbles now, but gave no other directions to parents or children. The bubbles task lasted 3 min.

The bubbles task was coded by a team of three coders using the Family Reunion and Play Procedure Microcoding System (unpublished manual), which was created for this project. The goal was to capture bids, reciprocity, and responsiveness in the family triad; accomplished by recording the occurrence of engagement, commands, other bids, and responses (only commands are used in this investigation). Videos were coded using Interact (Mangold, 1998), a microsocial coding software, such that every occurrence of each code was marked in real time while watching each video. The lead coder trained two post-bachelor's research assistants to use the coding system. During training, the coding system was reviewed and example video were viewed. Coders were encouraged to think out loud, sharing their perceptions of what should be coded while viewing example videos. Coders completed seven training videos together and discussed discrepancies. Following this initial training, coders completed a coding quiz which asked them to identify what should be coded for different verbalizations; both coders got 95% of the questions correct.

Following the training period, coders were assigned 3–4 videos to code each week, and met regularly to discuss coding assignments. Of the 92 videos coded, 23% of videos were double coded in order to monitor interrater reliability and prevent coding drift. Discrepancies in coding assignments were discussed and final codes were determined during meetings. Interrater reliability was monitored in two ways. First, kappa statistics were computed in the Interact software for each double coded video to get a sense of total discrepancies for the coding system as a whole. The average kappa statistic was .63 (range = .39-.95; lower reliability was generally found for videos with a lower base rate of codes). For individual codes, intraclass correlations coefficients (reported below) were computed in SPSS on the frequency that the code was recorded in each video. Some videos were unable to be coded due to technological problems with camera equipment.

Incidence of a command was recorded each time the mother made a statement that directed the child to do an action or to stop an action (e.g., “Sit right there,” “Will you please sit down?” “Stop it,” “Blow the bubbles” “Give me that”). Final scores reflect the frequency of mothers' commands during the 3-min task. For double-coded videos, computation of intraclass correlation showed very strong consistency between the frequency of commands recorded by each coder (ICC = .98). On average, mothers had 11.46 commands during the bubbles task ($SD = 9.28$; Range 0–44).

Maternal reframing.—Maternal reframing was measured by the Family Crisis Oriented Personal Evaluation Scales (F-COPES; McCubbin, Larsen, & Olson, 1985). The F-COPES consists of 30 items assessing five different coping styles, one of which is Reframing and comprises a subscale. Respondents rate each item on a 5-point, Likert-type scale. A sample item from this scale includes, “Defining the family problem in a more positive way so that we do not become too discouraged.” The F-COPES has demonstrated appropriate reliability

and validity (McCubbin, Larsen, & Olson, 1985). The current internal consistency of this scale was in the acceptable range ($\alpha = .72$).

Emotion Regulation

Toddler parasympathetic arousal.—RSA (respiratory sinus arrhythmia) reflects parasympathetic influences on heart rate variability and is a physiological measure associated with multiple aspects of children's behavioral functioning including emotion regulation (for review, see (Calkins & Dedmon, 2000). Disposable electrocardiogram electrodes were placed over the child's right clavicle and the left side below the ribcage (the recording electrodes), and on the right side below the ribcage (the grounding electrode). A respiratory effort belt was placed below the diaphragm to monitor and control for respiration throughout the session. Electrodes were connected to handheld monitors; monitors were placed in a backpack worn by the child. The monitors were wirelessly connected to a desktop computer in the adjacent observation room.

Interbeat interval data was edited by trained coders for artifacts due to child movement. We used Biolab 2.5 software (Mindware Technologies, Columbus, OH) to calculate RSA magnitude as the natural logarithm of the variance of heart period within the frequency bandpass related to respiration (0.24–1.04 Hz for children; per Fracasso, Porges, Lamb, & Rosenberg, 1994). Epochs were four, 30-second intervals. Two trained, independent coders coded each epoch. The four epochs were averaged to create a baseline toddler RSA score. Coder reliability for these was computed using intraclass correlations, which ranged from $r = .95$ to $r = .98$.

Toddler positivity and frustration.—Toddlers completed two tasks drawn from the Laboratory Temperament Assessment Battery (LabTAB, locomotor version; Goldsmith & Rothbart, 1991). Toddler positivity was measured during the Cognitive Assimilation Game task (train), and toddler frustration was measured during the Attractive Toy Behind the Barrier task. Both tasks were drawn from the Laboratory Temperament Assessment Battery (Lab-TAB, locomotor version; Goldsmith and Rothbart, 1991). The train task is a joy-eliciting, 2-minute 40-second episode, where a child pushes a button to see a train go around a track. The TBB task is a 4.5-minute episode, where a toy taken is away from the child and placed behind a see-through barrier three times. Videos were coded per Goldsmith and Rothbart's (1999) original coding system by two independent and reliable coders. The Cognitive Assimilation Game task was coded eight 20-second epochs, while the Attractive Toy Behind the Barrier task was coded across three trials, where each trial consisted of six 10-second epochs.

Behavioral coding yielded three toddler positive affect scores, including *intensity of smile* (rated 0 to 3, no smiling to large smiling), *laughter* (rated 0 or 1, not present or present), and *positive motor acts* (rated 0 or 1, present or not present). Three frustration scores were *struggle* (rated 0 to 4, no movement toward barrier to high intensity of movement), *distress vocalizations* (rated 0 to 5, no distress to full intensity cry and scream), and *facial anger* (0 to 3, no anger to strong anger). A positivity composite was created by first averaging scores across epochs, standardizing each of the three positive scores, and then summing.

A frustration composite was created by averaging scores across epochs within each trial, averaging scores across trials, standardizing each individual code, and then summing. Coder reliability for these two tasks was computed using intraclass correlations, which ranged from .84 to .93.

Toddler baseline state.—Behavioral coding for the Attractive Toy Behind the Barrier task (Lab-TAB; Goldsmith and Rothbart, 1999) also included a *baseline state* score. It was coded by the same team that evaluated toddler positivity and frustration. The toddler's state prior to the beginning of the Attractive Toy Behind the Barrier task was coded as 1= tired or drowsy, 2= alert and calm, 3= alert and active, 4= fussy, and 5= crying. ICC for the inter-rater reliability for this scale was $r = .81$.

Demographic information

Demographic information and health risk.—Mothers provided information regarding parental age, ethnicity, education, income, employment status, marital status, residential status, child age, child gender, and mother's number of children. Mothers also reported if they were diagnosed by their physician with one or more of the following health risks: high blood pressure, high cholesterol, heart arrhythmia, diabetes, and chronic asthma. A composite health risk score was created by summing 1 for each of the aforementioned five diagnoses that a participant endorsed. Thus, the medical diagnosis composite score could range from 0 – 5. See Table 1 for descriptive information.

Maternal depression.—The Center for Epidemiologic Studies-Depression Scale (CES-D) short form (Radloff, 1977) was used to measure symptoms of depression that mothers had experienced during the previous week. The instrument includes 11 items, which are summed to yield a total score reflecting an index of depressive symptomatology. A score of 10 or higher on the CES-D short form suggests clinical levels of depression. The internal reliability of the CES-D for the present sample was in the acceptable range ($\alpha = .73$).

Maternal trauma exposure and posttraumatic stress disorder (PTSD).—The Posttraumatic Stress Diagnostic Scale (PDS; Foa, Cashman, Jaycox, & Perry, 1997) is a 49-item self-report measure of PTSD that corresponds to criteria A to F of the DSM-V (American Psychiatric Association, 2013). If all six criteria are met, a diagnosis of PTSD is very likely. The PDS was used to assess symptom severity and trauma exposure. This instrument is divided into four sections: (a) trauma checklist; (b) description of the traumatic event; (c) rating of symptom severity on a 4-point scale 1 (*not at all*) to 4 (*almost always*); and (d) interference of the symptoms. Regarding diagnostic symptoms, the cutoff score for identifying PTSD cases with the PDS is 27 and higher. This study utilized the trauma checklist to reflect a sum of maternal traumatic experiences (i.e. maternal trauma exposure) and the rating of symptom severity to obtain a total count of PTSD symptoms. The internal reliability of the PDS for the present sample was in the acceptable range ($\alpha = .89$).

Missing Data

Planned missing design was used to collect incomplete data from participants by randomly assigning them to have missing items; we employed a 3-form planned missing data design

in which respondents completed random subsets of questionnaire items that included 25% core items across all participants (Graham, Taylor, Olchowski, & Cumsille, 2006). Forms were randomized within families and across the sample. Missing data were multiply imputed using the R package *quark* that implements the principal component auxiliary variable (pcAux) method introduced by (Howard, Rhemtulla, & Little, 2015).

Among the full sample of participants ($N = 119$), 23% ($n = 27$) of the sample was missing a score for maternal commands, assessed during the bubbles task, due to technological problems with camera equipment. Thorough nonresponse analyses demonstrated that missingness was not dependent on any focus variable in the current study; these analyses defined missingness as a variable and explored the statistical association between missingness variability across study variables. Missing data were imputed using the SPSS multiple imputation MCMC algorithm. This method uses the fully conditional specification method, which imputes data using linear regression for continuous variables. We created 20 complete-case datasets using this method. Comparison of results derived from the imputation regressions with non-imputed data suggested that imputation did not alter findings. Results reported below utilized imputed data.

Results

Sample Description

According to participants' self-reports, 24% of mothers had been diagnosed by their physician with one or more of the following health risks: high blood pressure, high cholesterol, heart arrhythmia, diabetes, and chronic asthma. On average, mothers reported experiencing between 2 and 3 lifetime traumatic events ($M = 2.59$, $SD = 2.18$), with 20% of the sample reporting experiencing at least 4 traumatic events. Further, 35% of mothers reported symptom severity consistent with a DSM diagnosis of PTSD, and 24% of the sample reported symptoms severity consistent with a DSM diagnosis of depression.

Adaptive Parenting

Common Factor Analysis (also known as Principal Axis Factoring; PAF) is a data-reduction methodology that, theoretically, identifies latent variables, or factors, that have causal influence on observed variables. PAF is a conservative method, as it does not assume perfect reliability of analyzed variables (Matsunaga, 2010). The three maternal variables included in the Adaptive Parenting factor were: reframing, scaffolding, and use of commands. Prior to conducting FA, all variables were standardized. We restricted FA analyses to identify a single factor solution based on a conceptual approach consistent with this analytic strategy. Upon extraction, the identified factor was revealed to account for 42.68% of the total variance of the measured variables. Factor loadings for all three variables were as follows: reframing $F = .684$; scaffolding $F = .58$; use of commands $F = .68$. All factor loadings were above the cutoff convention of .30 (Cattell, 2012). Adaptive Parenting was saved as a scale, computed by saving weights of the regression factor scores as a new variable. Bivariate correlations were conducted to determine if Adaptive Parenting would be related to maternal report of medical diagnosis, psychological adjustment, or maternal parenting experience (age and number of children) (see Table 2). Correlations

revealed that Adaptive Parenting was not significantly related to maternal medical diagnoses, trauma exposure, PTSD symptoms, parenting experience. However, Adaptive Parenting was negatively associated with maternal depression, such that mothers with higher parenting scores reported fewer depressive symptoms ($r = -.23, p = .02$).

Associations between parenting and toddler behavior.—Two hierarchical linear regressions were conducted to determine if Adaptive Parenting would predict toddler positivity and toddler frustration. Predictors were entered in the same sequence for both regressions. Step 1 comprised of maternal trauma exposure, toddler gender, toddler baseline RSA, and toddler baseline behavior prior to the task. In order to account for trauma exposure, a variable reflecting a sum of maternal traumatic experiences was entered at Step 1. Step 2 included only the adaptive parenting factor score.

Results indicated that both overall regression models were significant: positive affect: $R^2 = .19, F(5, 113) = 5.68, p < .001$; toddler frustration: $R^2 = .13, F(5, 113) = 3.50, p = .01$. At step 1 child RSA ($\beta = .29, p < .01$) and baseline task behavior ($\beta = .28, p < .01$) predicted positive affect, while baseline task behavior ($\beta = .25, p < .01$) predicted toddler frustration. However, the Adaptive Parenting factor was only a significant predictor of toddler frustration ($\beta = -.21, p < .05$); it did not predict toddler positive affect ($\beta = 0.1, p > .05$). As mothers had higher Adaptive Parenting scores, toddlers presented fewer frustration behaviors. See Table 3.

Discussion

The current study reports evidence for a cohesive factor describing adaptive parenting in a sample of Black women at high risk for stress exposure. Higher scores on this factor described women who were likely to reframe problems as a means to cope with stress. They utilized more scaffolding during interactions with their children with their parenting partners present during a low-stress family task, and they were more likely to command their children during a coping period after a high stress task. This latter variable is one that is not typically integrated in the broader literature in conceptualizations of positive parenting, yet appeared in the current sample to be a critical aspect of that definition. A sociohistorical perspective on Black families suggests that adaptive parenting practices likely emerge in part as a function of current environments and higher discrimination but also reflect a cultural narrative of resilience. We emphasize that parenting commands were measured in the current study after the family experienced stress, suggesting a context for this behavior as protective, while a more classic, general measure of parenting, scaffolding, was measured in a low-stress context. Other studies (e.g., LeCuyer et al., 2017) do not consider context for parenting and instead measure parenting behaviors in regard to discipline and limit setting on children's behavior. Also in other studies, typically White and higher income parents often reunite with children after a stressor paradigm and exhibit comforting and soothing behaviors. Comforting in this context is thought to have direct influence on children's regulatory behaviors and development (Main, Kaplan, & Cassidy, 1985). However, in the current study, there was a prevalence of commands, and those commands were behaviors that were statistically associated with both a significant aspect of positive parenting (scaffolding) as well as the mothers' own internal coping (reframing). Previous research

demonstrates that maternal authoritative parenting practices overall are well associated with positive early developmental outcomes among Black children (LeCuyer & Swanson, 2017). However, research may overemphasize a deficit-based approach by assuming behaviors are only related to challenging behavior and are a simple linear function of impoverished environments requiring a higher degree of individual self-control. Findings in the current study suggest that maternal commands are not likely to narrowly be a discipline strategy but rather likely part of a broader parenting strategy to support children's resilience under conditions of stress among low-income Black families.

Black Parents and Protection from Stress

Black parents in this stage of early childhood confront universal aspects of parenting, including teaching their children to understand and manage strong emotions, but do so in the unique context of a racialized society in which Black families experience discrimination. Thus, the known intersections of trauma, parenting, and the development of early emotion regulation occur in a unique way. The findings in this study demonstrate that Black toddlers' emotion regulation is positively associated with parenting that is commanding when families are under stress, which is consistent with research findings on other racial and demographic groups but may be particularly pertinent to Black families under stress (Deater-Deckard, Ivy, & Petrill, 2006). This style of parenting is informed by multiple frameworks including *tough love* and *superwoman* parenting, both characterized by strategies that are culturally embedded (Simons et al., 2013).

The current study connects this style of parenting to positive outcomes for children. Children's resilience, measured by more optimal behavioral regulation, is associated with positive parenting. In the current study, positive parenting is defined as providing scaffolding in low stress contexts, a strategy that promotes children's autonomy, while becoming more directive in higher stress contexts. As described, in previous literature focusing on primarily White parent-child dyads, strategies that appear directive or may be perceived as lacking warmth, predict lower levels of emotional competence among young children (e.g., Calkins, Smith, Gill, & Johnson, 1998). Also in previous literature, researchers have described African American parents as "stricter" and as emphasizing self-control in their children (e.g., Julian, McKenry, & McKelvey, 1994). Some researchers have misidentified these practices as being *parent-centered* and intended to support respect for parental authority rather than improve outcomes for children (for review, see Kelley, Power, & Wimbush, 1992). Other researchers have suggested the purpose of these practices, again largely related to managing challenging behaviors, are associated with a cultural value of self-control and responsive to dangerous environments (Ispa & Halgunseth, 2004). However, a culturally-relevant lens may indicate that adaptive parenting practices emerge so that parents can teach their children to adapt to stressful environments and life circumstances (for review, Murry, Bynum, Brody, Willert, & Stephens, 2001). The main difference being put forth here is in the interpretation of the findings. When positive parenting behaviors are defined solely as a response to stress, they are inherently inferior. However, a cultural lens on parenting practices accounts for a broader set of influences to be accounted for in defining a set of behaviors. Black families experience risk at higher rates as a group compared to White Americans. However, a unique set of protective factors have emerged for this group from

a shared history and are equally influential in shaping behavior. Thus, adaptive parenting is not reactionary but strength-based, and may promote resilient, emotionally competent children. Our findings support the premise that the parenting practices defined in this study are adaptive: children whose mothers parent in this way were likely to manage their feelings better when frustrated. Furthermore, our study indicates this type of parenting, similarly identified in parents of older children may emerge early and, when it does, is associated with positive parenting that predicts improved emotion regulation in young children.

Limitations

Though study results are generally robust, there are limitations to note. The current sample of women are poor and exposed to a significant number of poverty-related stressors and potentially traumatic events. Thus, results from this study are not representative of the experience of all Black mothers. We discuss the findings in the context of stress that families in our study reported previously and currently being under and further speculate that experiences with discrimination, racism, and bias also play a role in parents' chosen strategies. It is important to disentangle race from socioeconomic status in future discussions about stress and Black families. In addition, literature demonstrates the role that birth order and the presence of siblings play in parenting behaviors and emotion regulation competencies (Brody, 2004). These data are not available to describe the current sample, but it is an important variable to be considered in future research. Finally, effect sizes in this study are small, suggesting broader models would continue to support a complex inquiry. We present these findings and emphasize that results demonstrate a promising association among variables but that we cannot prove causality. Replication studies are needed to expand this conversation.

Conclusion

The extant literature on Black children and their parents, particularly in regard to low-income families, among whom Black Americans are overrepresented, tends to apply a Eurocentric, universal framework to parent-child interaction behaviors. The current study sought to explore parenting among Black mothers dealing with many life challenges from a culturally-relevant theoretical standpoint, and presents findings describing parenting strengths in contexts of stress and adversity. This study suggests future research replicate and extend measurement of theoretically-derived parenting constructs within Black subpopulations. Furthermore, results indicate clinical and outreach interventions would benefit from considering culturally-relevant within-group traits and parenting values when designing strategies to best support parents and their young children.

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Table 1.

Demographic Information

Sample Demographic Information	Mean (SD)	Percentage (n)	Range
Toddler Gender			
Girls		43.69% (52)	
Boys		56.30% (67)	
Toddler Age (months)	29.64 (3.10)		24–31
Maternal Age	27.71 (5.62)		19–46
Maternal Education			
Some High School		16.81% (20)	
High School Graduate		35.29% (42)	
Some College		41.18% (49)	
Associate or Bachelor's degree		6.72% (8)	
Maternal Relationship Status			
Single		38.66% (46)	
Partnered		61.34% (73)	
Yearly Income			
Less than \$5,000		31.09% (37)	
\$5,000 - \$15,000		41.18% (49)	
\$15,000 - \$30,000		18.49% (22)	
More than \$30,000		9.24% (11)	

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Table 2.

Correlation Matrix of Parenting and Health Variables

Predictor	1	2	3	4	5	6	7
1. Parenting	1						
2. Health Risk	0.03	1					
3. Total Trauma Exposure	0.04	0.12	1				
4. PTSD Symptoms	0.03	0.12	0.58**	1			
5. Depression Symptoms	-.23*	0.06	0.28**	0.40**	1		
6. Maternal Age	0.06	0.08	0.11	-0.01	-0.05	1	
7. Number of Children	0.01	0.29	2.59	0.04	-0.05	0.58**	1
<i>M</i>	0.00	0.29	2.59	21.39	6.40	27.73	2.77
<i>SD</i>	1.78	0.57	2.18	15.83	3.55	6.23	1.67

Table 3. Hierarchical Regression Analyses Evaluating Parenting as a Predictor of Toddler Outcomes

Predictor	Toddler Positivity			Toddler Frustration			R ²
	B	SE B	β	B	SE B	β	
Step 1							0.089*
Maternal Trauma	-0.132	0.139	-0.06	0.016	0.024	0.055	
Child Gender	-0.88	0.583	-0.148	-0.066	0.116	-0.046	
Child RSA	0.94	0.305	.292**	0.104	0.059	0.147	
Baseline Task Behavior	1.20	0.391	.283**	0.189	0.066	.247**	
Step 2							0.046*
Parenting	0.266	0.163	0.131	-0.077	0.031	-.214*	
Total R ²							0.134*

Note: N = 119; Standardized and unstandardized beta weights for each predictor reflect the final weights after all predictors were entered. R² reflects increments in variance for each block after that particular block was entered. RSA = respiratory sinus arrhythmia.

* p < .05

** p < .01