



Contents lists available at [ScienceDirect](#)

Journal of Adolescence

journal homepage: [www.elsevier.com/locate/jado](http://www.elsevier.com/locate/jado)



## Family environment, coping, and mental health in adolescents attending therapeutic day schools



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### A B S T R A C T

**Keywords:**  
Adolescent  
Family  
Coping  
Mental health  
Therapeutic school

**Objective:** This study examined associations among family environment, coping, and emotional and conduct problems in adolescents attending therapeutic day schools due to mental health problems.

**Methods:** Adolescents ( $N = 417$ ; 30.2% female) ages 13–20 ( $M = 15.25$ ) reported on their family environment (affective involvement and functioning), coping (emotion-focused support-seeking, cognitive restructuring, avoidant actions), and emotional and conduct problems.

**Results:** Poorer family environment was associated with less emotion-focused support-seeking and cognitive restructuring, and more emotional and conduct problems. Emotional problems were negatively associated with cognitive restructuring, and conduct problems were negatively associated with all coping strategies. Cognitive restructuring accounted for the relationship between family environment and emotional problems. Cognitive restructuring and emotion-focused support-seeking each partially accounted for the relationship between family functioning and conduct problems, but not the relationship between family affective involvement and conduct problems.

**Conclusions:** Findings implicate the role of coping in the relationship between family environment and adolescent mental health.

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The quality of family relationships plays a key role in adolescents' emotional and behavioral development (Repetti, Taylor, & Seeman, 2002). A positive family environment (e.g., open communication, low conflict, high support, and moderate affective involvement) can support youths' healthy adjustment (Conger & Conger, 2002; Grant et al., 2006). Similarly, the ability to cope effectively with stress predicts positive adjustment (Sontag & Graber, 2010), and engagement coping strategies such as cognitive restructuring consistently predict positive youth mental health outcomes (e.g., Seiffge-Krenke & Klessinger, 2000). However, little research has examined the relationships among family environment, coping, and mental health in youth, and little is

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known about how adolescents' own coping responses may explain extant relations between family processes and adolescent mental health outcomes. Understanding the role of adolescents' own coping in the family pathway to youth mental health may ultimately suggest directions for family-focused interventions for youth with mental health problems. The current study is one of the first to evaluate the role of coping in the link between family environment and mental health problems in a population with emotional and behavioral difficulties: adolescents attending therapeutic day schools.

## Family environment and adolescent mental health

Extensive research connects family environment to child and adolescent mental health outcomes. Poorer family functioning (e.g., higher conflict, lower support and open communication) is associated with emotional problems such as anxiety and depression (Auerbach & Ho, 2012; Hughes, Hedtke, & Kendall, 2008; Knappe et al., 2009) and conduct problems (Karriker-Jaffe, Foshee, Ennett, & Suchindran, 2012; Pagani, Japel, Vaillancourt, & Tremblay, 2010; Schofield et al., 2012). In particular, poor family affective involvement may affect youth mental health. Under-involvement resembles detachment or even neglect, and is linked to emotional problems (Pace & Zappulla, 2012). On the other hand, over-involvement is comparable to intrusiveness or enmeshment, and is also associated with youth mental health problems (Green & Werner, 1996; Lovejoy, Graczyk, O'Hare, & Neuman, 2000). Overall, family environment (and family affective involvement in particular) may play an important role in children's stress response and mental health (Yap, Allen, & Sheeber, 2007).

## Coping and adolescent mental health

Coping has been defined as volitional efforts to regulate oneself or the environment in response to stress (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001), and a number of coping models in youth have been described (see Skinner, Edge, Altman, & Sherwood, 2003 for a review). Theories of coping typically distinguish between engagement and disengagement coping (Carver & Connor-Smith, 2010). Engagement coping encompasses attempts to face a stressor, and is generally associated with fewer mental health problems in youth, especially emotional problems. In contrast, disengagement coping involves attempts to detach from or avoid a stressor, and is associated with more emotional problems and possibly more behavioral problems, although findings vary by study and informant (see Compas et al., 2001 for a review). In the current study, we examined two engagement strategies (emotion-focused support-seeking and cognitive restructuring) and one disengagement strategy (avoidant actions). These three strategies represent empirically distinct categories of coping (Ayers, Sandier, West, & Roosa, 1996) that can be modified through psychotherapy.

## Familial influences on adolescent coping

### *Theories of coping development*

Theories of the development of coping suggest that family characteristics may influence children's coping (Kliewer, Sandler, & Wolchik, 1994; Skinner & Zimmer-Gembeck, 2007). This process is frequently referred to as coping socialization. While coping socialization can occur indirectly via parental modeling and coaching of adaptive coping strategies, it may also result directly from a supportive family environment, including warmth and acceptance (Kliewer, Fearnow, & Miller, 1996; Kliewer et al., 1994; Skinner & Zimmer-Gembeck, 2007). In particular, Kliewer and colleagues theorize that moderate levels of family affective involvement (i.e., not too high or low) within the family environment may promote youths' engagement coping by providing support when needed, while also encouraging independence and self-efficacy (Kliewer et al., 1994). For example, families with moderate affective involvement may promote emotion-focused support-seeking by encouraging children to initiate support-seeking and by responding with warmth and acceptance. In contrast, families that are under-involved may leave children developmentally unprepared to navigate stressful situations, while over-involved families may prevent opportunities for children to develop effective responses. Notably, theories of coping socialization via family environment are consistent with models of children's self-regulation, which also suggest that a family environment characterized by conflict and harshness may lead to maladaptive stress responses, such as disengagement in reaction to relatively mild stressors (Taylor & Stanton, 2007). Overall, these theoretical perspectives propose that family environment has a direct influence on the development of children's coping.

### *Research on coping socialization*

Recent findings in the coping socialization literature support the notion that positive parent–child relationships are associated with more engagement coping and less disengagement coping (Gentzler, Contreras-Grau, & Kerns, 2005; Valiente, Lemery-Chalfant, & Swanson, 2008; Zimmer-Gembeck & Locke, 2007). However, previous studies involved community samples and typically focused on parental behaviors, rather than overall family environment, even though evidence suggests that family environment is directly and independently associated with children's coping, above and beyond parental behaviors (Kliewer et al., 1996). Furthermore, most studies on coping socialization have not examined outcomes of child coping, such as mental health. Additionally, most theory and research in this area involves younger children. Only one prior study involved adolescents (Zimmer-Gembeck & Locke, 2007). That study examined associations between parental and teacher

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