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Cultural and Stressor-related Predictors of Coping Response
among Vietnamese American and European American Adolescents

A dissertation submitted in partial satisfaction of the
requirements for the degree Doctor of Philosophy
in Psychology

by

Melissa Chan

2016

ABSTRACT OF THE DISSERTATION

Cultural and Stressor-related Predictors of Coping Response
among Vietnamese American and European American Adolescents

by

Melissa Chan

Doctor of Philosophy in Psychology

University of California, Los Angeles, 2016

Professor Andrew J. Fuligni – Co-Chair

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This study investigated whether cultural factors and aspects of a stressor determined Vietnamese American and European American adolescents' coping responses. Between- and within-person differences in the link between coping tendencies and patterns and psychological adjustment were also examined. It was hypothesized that individual and stressor-related factors would differentially determine adolescents' coping responses. Moreover, it was predicted that support seeking would be more adaptive for females than males and that avoidant coping would be less detrimental for Vietnamese American adolescents than for European American adolescents as these coping strategies are more aligned with the ways in which they have been

socialized. It was also expected that adolescents with more variability in their patterns of coping and more overall deployment of coping strategies would be better adjusted than those with less coping variability and lower coping average levels, respectively.

Findings showed that females and Vietnamese Americans used more avoidant coping than males and European Americans, respectively, whereas there were no group differences in support seeking. Adolescents who strongly endorsed emotional restraint reported higher levels of avoidant coping and less support seeking. Also, adolescents who strongly valued family obligation tended to use more support-seeking strategies. In terms of aspects of the stressor, adolescents used more avoidant coping for stressors that they perceived as highly stressful. This association was moderated by gender such that females engaged in high levels of support seeking regardless of how stressful they perceived an event. Adolescents also tended to use more avoidant coping for conflict-related stressors. This association was moderated by ethnicity such that Vietnamese American adolescents reported using more avoidance for interpersonal conflicts compared to European American adolescents. For family-related stressors, adolescents engaged in less support seeking.

Between- and within-person differences in the link between coping response and internalizing symptoms showed that more avoidance coping was associated with more distress at both the individual and occasion levels. In contrast, support seeking was associated with less distress at the individual level but not at the occasion level. Despite individual and gender differences in the average use of coping strategies, gender and ethnicity did not moderate the associations between coping strategies and adjustment. Lastly, coping variability did not predict psychological adjustment, but mean levels of coping were related to internalizing symptoms depending upon whether examined at the individual or occasion level.

The strengths of the current study include the simultaneous examination of between- and within-person differences in the link between coping responses and internalizing symptoms. Additionally, this study was the first to exam adolescents' dispersion of coping strategies employed in conjunction with overall amounts of coping at both the individual and occasion level. Implications for interventions relating to coping skills training were discussed.

This dissertation of Melissa Chan is approved.

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First and foremost, I thank Jesus for seeing me through my graduate career. In times of struggle, He carried me. In times of doubt, He was gracious to me. None of this would have been possible without Him. God is good all the time. I would also like to dedicate this to my mom who sacrificed a lot so that I had the opportunity to succeed and be happy in life. From here on out, I hope to take care of you the way that you have done so for me. Special thanks to my significant other, David, who showed me unconditional love and support throughout this process. We cried, we laughed, and everything in between. There is no one else I would have rather shared this experience with than you. Thank you to my writing buddy, Feliz, for staying up late with me to burn through as tomato timers as possible. Without you, this would not have come to completion. Pretty soon, you too will be graduating, and I will be so proud of you. Remember, God is always with you and that is all you will ever need. Thank you to my colleagues for providing me with the feedback and support that I needed. Thanks to my research assistants who tirelessly helped me with my dissertation. I know you all will go far in your endeavors. Last but certainly not least, I am so grateful for my advisors and committee members. Thank you for seeing potential in me and for all of the time that you have invested in me. It was your guidance, encouragement, and wisdom that helped me get to where I am today.

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Introduction

Overview

As adolescents begin to independently face novel and potentially stressful situations, it is imperative that they learn how to effectively cope with those stressors. Research has firmly established particular adaptive coping responses (e.g., active coping and support seeking) as buffering against the negative effects of stressful experiences on subjective well-being (Boxer, Sloan-Power, Mercado, & Schappell, 2012; Coyle & Vera, 2013; Szwedo, Chango, & Allen, 2014), physical health (Earnshaw, Lang, Lippitt, Jin, & Chaudoi, 2014; Ree et al., 2013), and academic performance (Umaña-Taylor, Wong, Gonzales, & Dumka, 2012). Thus, it is important to examine the factors that determine the coping responses in which adolescents engage and whether the association between coping response and psychological adjustment depends upon these factors. Given differences in use of coping strategies between social groups and across types of stressors (e.g., Chang, 1996; Copeland & Hess, 1995; Hampel & Petermann, 2006; Roecker, Dubow, & Donaldson et al., 1996), it is necessary to investigate whether specific coping strategies are always adaptive across populations and across stressful situations. It is also important to move beyond the study of distinctive coping strategies to examine whether profiles of coping influence well-being.

Individual Differences and Coping

One factor that potentially influences adolescents' use of coping strategies is culture. Culture, broadly defined as socially transmitted ideas, values, norms, and behaviors shared amongst large groups of people, has the power to shape the way in which adolescents perceive and respond to the environment. These cultural values are expressed and then reinforced through normative cultural practices and behaviors (Kitayama, Karasawa, & Mesquita, 2004; Markus &

Kitayama, 1991, 1994; Matsumoto, 1993). Particularly, cultural norms, values, and access to coping resources can influence adolescents' appraisal of stressful events, the meaning associated with the stressor, and socially appropriate coping responses (e.g., Slavin, Rainer, McCreary, & Gowda, 1991; Yeh, Kwong, Arora, & Wu, 2006; Kawanishi, 1995).

Of particular interest are the coping responses of ethnic minority adolescents (e.g., Asian Americans), as they tend to experience more stress and distinctive stressors (e.g., acculturation-related stress) compared to non-minorities (Emmen et al., 2013; DeGarmo & Martinez, 2006; Leidy, Guerra, & Toro, 2010). For intervention purposes, Gaylord-Harden and colleagues (2010) urged for more research on coping among low-income and ethnic minority youth as the majority of coping research has focused on European Americans (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001).

While there has been some research on coping among Asian American adolescents, fewer studies have examined coping among Southeast Asian Americans (e.g., Vietnamese American adolescents) (e.g., DuongTran, 2011). It is not as clear whether coping strategy use is similar across ethnic groups and whether the efficacy of certain coping responses for European Americans applies to Vietnamese Americans as well. Thus, the current study sought to explore coping responses among Vietnamese American adolescents and attempted to replicate previous findings regarding European American adolescents. Ethnic differences in coping among these groups were thus examined.

Researchers have described Asian Americans as a heterogeneous group with respect to risk and adversity in the domains of academic functioning, socioeconomic disadvantage, and mental health (Tran & Birman, 2010). By aggregating heterogeneous Asian-origin groups into one broad Asian American category, the risk profiles of disadvantaged Asian American sub-

groups are masked. Studies on Asian American adolescents and coping have mainly focused on East Asian groups often to the exclusion of Southeast Asians.

While there are similarities linking together Asian American sub-groups, distinctions between Southeast and East Asian Americans have been obscured (Hirschman & Loi, 1996). In comparison to East Asian immigrants, a greater proportion of Vietnamese immigrants tend to be refugees. Particularly, with the communist takeover of South Vietnam in 1975, the United States experienced a massive influx of Southeast Asian refugees, most of which were Vietnamese (Cheung, 1995; Chung & Kagawa-Singer, 1993; Kuss, 1997). Unlike their East Asian immigrant counterparts, Vietnamese refugees typically did not have previously immigrated family or existing social capital to help them adapt to life in the United States. In addition to demographic differences, there are cultural differences between East Asian and Vietnamese Americans. Vietnamese culture consists of a unique blend of both Chinese and Southeast Asian cultures, which is most noticeable within the family structure (Hirschman & Loi, 1996). In Vietnamese culture, family is a social unit in which females tend to hold a higher status whereas Chinese families tend to be more patriarchal. However, similar to other Asian cultures, the Vietnamese family is often viewed as a major source of instrumental support and typically involves extended family members and multiple generations. Despite similarities between Asian American sub-groups, it is unclear whether Vietnamese history and culture may differentially influence the way in which Vietnamese American adolescents experience and adapt to stressful life events. Therefore, the current study addresses the aforementioned gap by examining patterns of coping among Vietnamese American adolescents in comparison to their European American peers.

Stressor-related Differences and Coping

In addition to individual differences, aspects of a stressor can potentially determine adolescent coping response. As the demands of stressors can differ across occasions, different coping strategies may be applied depending upon the situation. For example, stressors perceived to be uncontrollable have been associated with more emotion-focused coping strategies, or tactics focused on alleviating emotional distress (Endler, Speer, Johnson, & Flett, 2000). It has also been found that adolescents tend to employ different types of coping strategies depending upon the domain of the stressor (Roecket et al., 1996). As such, the current study examined whether aspects of a stressor influence adolescent coping response.

Dispositional and Situational Coping

Coping has often been conceptualized as a dispositional trait, but there is also evidence that coping may vary across situations within a person (for review, see Moos & Holahan, 2003). It is evident that aspects of a stressor can influence individuals to engage in other coping strategies that deviate from their usual coping tendencies to meet the demands of a given stressor (e.g., Bjorck & Klewicki, 2006; Rotondo & Kincaid, 2008). For example, adolescents differed in the types of coping strategies used for interpersonal versus non-interpersonal stressors (Roecker et al., 1996). However, no studies to my knowledge have simultaneously examined between- and within-person differences in use of various coping responses and in the relationship between coping strategy and psychological adjustment. Moreover, despite research indicating global associations between active coping and more adaptive psychological adjustment (e.g., Frydenberg & Lewis, 2009) and between avoidance and more maladaptive psychological functioning, it is not necessarily clear whether these claims always hold true. It is possible that these are overgeneralizations and may be limited to specific social groups and particular stressors. Indeed, some studies with Asian samples have failed to replicate these results (Hussain &

Cochrane, 2003; Morimoto, Shimada, & Ozaki, 2013). Instead, studies have attributed the efficacy of coping strategies to the match between coping strategy and cultural background and values (for review, see Kuo, 2013 and Kuo, 2011). Additionally, researchers have identified instances that avoidance may be adaptive for temporary relief of distress (e.g., Kim & Duda, 2003). This brings up questions about the circumstances under which certain coping responses are most beneficial. Taken together, the current study thus examined between- and within-person differences in the association between adolescent coping response and psychological adjustment and whether there were individual differences in these associations.

It is also possible that coping efficacy is dependent upon profiles of multiple coping responses as opposed to the amount of reliance on any single coping strategy, yet much of the focus in the field has been on distinctive coping dimensions thought individually to be adaptive or maladaptive. One potentially relevant feature of a coping profile is coping variability. Studies have mainly conceptualized coping variability as the number of different coping strategies employed. Some studies have found that using a greater number of coping strategies is more adaptive (e.g., Haythornthwaite, Menefee, Heinberg, & Clark, 1998; Lam & McBride-Chang, 2007), such that the more distinct types of coping responses employed was associated with better adjustment in the face of stress. However, this index of coping potentially conflates the number of strategies used with the overall effort to mount a coping response. Other measures of coping variability should be considered. In the current study, I make the case that coping variability should be indexed by the amount of the dispersion of coping strategies used for a given stressor. Using some strategies to a high extent and others to a low extent for a given stressful event may suggest that an individual is being selective or strategic in mounting a response that may be targeted and tailored.

Of the studies that have investigated coping patterns, very few have explored whether the overall amount of coping that individuals engage in regardless of stressor type (whether between and within a person) predicted subjective well-being (e.g., Herres, 2015). Overall amount of coping potentially conflates with the number of coping strategies that individuals use (as discussed above). However, past studies examining variations in the use of coping strategies have not distinguished a wide range of coping strategies employed from the amount of coping used for each strategy, which composes average levels of coping. In other words, it is possible for an individual to use multiple coping strategies but this does not provide any information on how much of each strategy the individual uses. Therefore, mean levels of overall coping in conjunction with an index of coping variability can provide us with rich information on adolescents' use of coping. Taken together, this information gives insight into the dispersion of adolescents' coping patterns and the amount of coping they use.

Therefore, in this dissertation, I examined 1) how Vietnamese American and European American adolescents' coping response differed as a function of cultural orientation and stressor-related characteristics, 2) the extent to which the efficacy of particular coping responses varied by these factors both between and within a person, and 3) whether greater coping variability and more overall coping were more beneficial than less variability in coping responses and employing lower levels of coping, respectively.

Definition of Coping

The adolescent coping literature has burgeoned since its conception, but the definition, conceptualization, and measurement of coping remain somewhat muddled. In a literature review conducted by Garcia (2010), she commented that less than half of the reviewed studies provided an explicit definition of coping. Instead, coping was merely described or defined by coping

strategies. To gain a better understanding of adolescent coping, a unifying definition of coping is crucial. According to Compas and colleagues (2001), coping is defined as "...conscious volitional efforts to regulate emotion, cognition, behavior, physiology, and the environment in response to stressful events or circumstances" (p. 89). This definition is helpful in that it recognizes coping as an interaction between individuals and their environment. However, researchers have also acknowledged that coping does not always involve mindful and deliberate efforts to respond to stressors, but rather, coping can be an automatic process. Skinner and Wellborn (1994) defined coping as "...how people regulate their behavior, emotion, and orientation under conditions of psychological stress" (p. 112). The latter definition incorporates both voluntary and involuntary responses. This study thus adopted a combination of these two definitions to create a more encompassing definition of coping, which will be defined as the regulation of emotion, cognition and behavior in response to stressful changes in the environment.

Coping Framework

Slavin, Rainer, McCreary, and Gowda (1991) expanded upon existing coping models to create a multicultural model of stress and coping that was culturally relevant to various groups. This model essentially framed coping as a dynamic and transactional process between an individual and the environment. For example, they recognized that the type and frequency of stressors along with the meaning associated with stressors could be experienced differently given one's cultural background. For example, ethnic minorities may have more experience with racial discrimination than their ethnic majority counterparts. It is also possible that they experience a lack of resources or power given their minority status. Additionally, they may undergo stress related to their culture-specific values and traditions. Furthermore, culture can influence whether

an individual considers an event to be personally stressful. For instance, individuals' belief about fate and group efficacy can influence their understanding and expectation of available resources. Lastly, the type of coping responses that a culture endorses and does not endorse can determine the way that an individual responds to a stressor. Clearly, culture can play a significant role in the experience of stress and coping. The current study thus adopted Slavin and colleagues' (1991) multicultural model of stress and coping as it provided a framework that involves the interaction between an individual and their environment.

Conceptualization and Measurement of Coping

Within the literature, the most common ways of distinguishing coping responses involve utilizing two different dimensions. First, there is problem-focused coping, or strategies that address the stressor, versus emotion-focused coping, or strategies that involve minimizing emotional distress in response to the stressor (Folkman & Lazarus, 1980). Secondly, there is engagement coping, in which the focus is on confronting the stressor, versus disengagement coping, in which the focus is on engaging in behaviors, thoughts, and feelings that avoid the stressor (Tobin, Holroyd, Reynolds, & Wigal, 1989). While a myriad of studies have utilized these dichotomies (e.g., Matud, 2004; Mosley et al., 1994; Mullis & Chapman, 2000), such distinctions have been criticized as being too simplistic as coping behaviors are more complex (Carver, Scheier, & Weintraub, 1989). For instance, both avoidant coping and support seeking strategies are considered as emotion-focused coping, yet the underlying mechanisms of these coping strategies and their relation to a variety of outcomes, such as psychological adjustment, can be different.

To address this issue, Ayers and colleagues (1996) conceptualized coping as a collection of disparate coping strategies and thus developed a coping measure based upon a four-factor

structure. These four factors can be divided into various subscales: active coping (i.e., cognitive decision making, direct problem solving, seeking understanding, and positive cognitive restructuring), distraction (i.e., physical release of emotions and distracting actions), avoidant coping (i.e., avoidant actions and cognitive avoidance), and support seeking (i.e., problem-focused support and emotion-focused support). Notice that the subscales for each coping strategy encompass both emotion- and problem-focused strategies. This model of coping better captures the multi-dimensional nature of coping among adolescents (Compas et al., 2001; Skinner, Edge, Altman, & Sherwood, 2003) and will thus be adapted for this study.

Furthermore, one way that coping has been represented is as a dispositional trait, in which coping is viewed as "...characteristic ways of responding to changes of any type in the environment" (Beutler, Moos, & Lane, 2003, p. 1158). A common method of measuring dispositional coping includes self-reports, for which participants report on the type of coping strategy they generally use when they encounter stress (e.g., Ayers et al., 1996; Endler & Parker, 1994; Lazarus & Folkman, 1984). This approach to coping is often used in personality psychology (e.g., Connor-Smith & Flachsbart, 2007).

Another representation of coping, situational coping, acknowledges that there are variations in coping behavior demonstrated by an individual across situations. Situational coping has commonly been measured by asking participants to describe recent stressors at various time points and answer survey questions about the ways in which they coped with the given stressor (e.g., Terry, 1994). Namely, the consideration of various aspects of a stressor tends to influence individuals to use coping strategies different from their usual coping tendencies (Ebata & Moos, 1994; Mattlin, Wethington, & Kessler, 1990; O'Brien & DeLongis, 1996; Smith & Dust, 2006). For example, researchers have found that an individual's subjective appraisal of an event

influenced the coping response that an individual used (Smith & Dust, 2006). Specifically, for events construed as a challenge, individuals tended to use more active coping strategies.

Additionally, events viewed as a threat were associated with avoidance coping, and events appraised as a loss were associated with emotion-focused strategies. In sum, individuals' coping tendencies can change depending upon stressor-related factors. Given these two conceptualizations of coping, it is important to examine both individual characteristics of adolescents as well as features of the stressor that may influence adolescent coping responses.

Individual and Stressor-related Differences in Coping Response

Individual differences. Slavin and colleagues (1991) proposed that various cultural factors can influence each component of the coping process (i.e. the frequency and types of stressors encountered, stressfulness appraisal, availability of coping resources, appropriate coping strategies, and perceptions of positive well-being). As such, the current study examined individual-level cultural characteristics, particularly gender, ethnicity, and cultural values, as these factors can influence the way in which adolescents perceive and experience the world.

Gender. There are two main theories that posit gender differences in coping behavior – socialization theory and role constraint theory (Rosario, Shinn, Mørch, & Huckabee, 1988). According to socialization theory, when encountering stressful events, females are socialized to be more emotionally expressive and relationship-oriented whereas males are socialized to be more problem-focused, instrumental, and independent (Rosario et al., 1988; Folkman & Lazarus, 1980). Indeed, gender differences in stress appraisal and coping have been widely reported. The most robust finding seems to be that females reported using more emotion-focused coping, such as seeking emotional support, than males on average (e.g., Copeland & Hess, 1995; Renk & Creasey, 2003). Consistent with these findings, Eaton and Bradley (2008) found that females

tended to endorse more emotion-focused coping responses compared to males, despite the controllability of a stressor. Similarly, Hastings and colleagues (1996) found that among both conduct-disordered and non-conduct-disordered adolescents, females were more likely than males to report using emotion-focused coping responses that involved relying upon social relationships and emotional venting. Together, these studies point to females' greater tendency than males to engage in coping strategies that involve reaching out to sources of social support to manage emotional distress.

The gender difference discussed above has been evident across cultural groups as well. For instance, in a study that examined gender and ethnic differences in coping responses among Australian adolescents, Frydenberg and Lewis (1993) observed that adolescent girls were more likely to use support-seeking strategies whereas adolescent boys were more likely to engage in coping that involved physical recreation. Furthermore, Bao and colleagues (2007) found that in a sample of high school students from mainland China, females used more support-seeking strategies when dealing with stressors. Males, on the other hand, were more likely to use problem-focused strategies. Given these findings, one would expect to find that females are more likely to engage in support seeking regardless of their ethnicity.

However, some inconsistencies in findings have led researchers to question whether there truly are gender differences in preferred coping response and if so, to identify the underlying mechanisms of such gender differences. According to social constraint theory (Rosario et al., 1988), gender differences in coping are largely due to gender differences in the likelihood of occupying a certain social role. Thus, gender differences would disappear in the comparison of males and females occupying the same social role. Indeed, in a study comparing coping responses among male and female college undergraduates, researchers did not find gender

differences in coping response (Hamilton & Fagot, 1988). They argued that failure to find these expected gender differences was due to the fact that males and females were occupying the same occupational role as students. The sample from the current study consisted of high school students; thus, it is quite possible that gender differences would not be replicated given students occupy the same social role such as in the previously mentioned study.

However, even given these considerations, there have been relatively robust gender difference findings in coping strategies reported in the literature. Therefore, I hypothesize that females will be more likely to endorse support-seeking strategies compared to males due to their greater focus on relationships with others. This prediction is consistent with findings from other studies that also found significant gender differences in coping response such that females endorsed more emotion-focused strategies (e.g., support-seeking), or strategies that attempt to alleviate emotional distress associated with an event (e.g., Carver et al., 1989; Lengua & Stormshak, 2000).

Ethnicity. As widely recognized in the field of coping, studies have heavily focused on European American samples and thus, may not necessarily generalize to other ethnic groups. In contrast to the corpus of coping studies on European Americans, there have been fewer studies on the coping responses of ethnic minorities. Membership to a particular cultural or ethnic group and related sociocultural values can influence the frequency of stressors that an individual may experience. It is known that ethnic minorities experience disproportionately more stressors related to social disadvantage than those from ethnic majority backgrounds including poverty, unemployment, racial discrimination, and the demands of navigating two or more cultures (Copeland & Hess, 1995; Emmen et al., 2013; Leidy, Guerra, & Toro, 2010). Furthermore, individuals' stressor appraisal can be affected by their ethnic group membership. Particularly,

ethnicity can shape the way in which stressors are evaluated and provide meaning and context for appraisal. These factors clearly have major implications for ethnic minorities' coping resources and abilities.

Across various studies that have been conducted on ethnic minorities, research has generally shown that they utilized more emotion-focused or disengagement type strategies compared to ethnic majority group members (e.g., Chang, 1996; Copeland & Hess, 1995; Magaya, Asner-Self, & Schreiber, 2005). In a study of narratives about coping from ethnic minority, first generation college freshmen, Phinney and Haas (2010) found that students who perceived a lack of support from family, friends, and professors were likely to give up on schoolwork. Those who used support-seeking strategies were able to successfully adapt. Ethnic minorities may be driven to engage in strategies that involve minimizing negative emotions associated with a stressor, such as support seeking and avoidance, to cope with the myriad and intensity of stressors that tend to produce emotional distress.

Within the body of literature on coping among Asian Americans, findings have been somewhat inconsistent. Some studies revealed significant ethnic differences in stress appraisal and coping response between Asian Americans and their European American peers (e.g., Cross, 1995) whereas other studies did not yield any ethnic differences (e.g., Aldwin & Greenberger, 1987). For example, in a study comparing stress appraisals and preferred coping responses among Korean Americans, Filipinos, and European Americans, researchers found that Korean and Filipino Americans tended to use more avoidant coping strategies and engaged in more self-blame (Bjorck, Cuthbertson, Thurman, & Lee 2001). Similarly, in a cross-cultural study, Japanese students reported using more avoidant coping strategies than Australian students (Radford, Mann, Ohta, & Nakane, 1993). However, Aldwin and Greenberger (1987) did not find

this ethnic difference in avoidance between Asian American and European American adolescents. Although findings have been somewhat mixed, there is support to predict that in comparison to European American adolescents, Vietnamese American adolescents may be more likely to manage their stressors by avoiding associated thoughts and emotions (i.e. avoidance).

Cultural values. The ethnic differences found in coping response as discussed above are likely determined by differences in cultural orientation. Cultural psychology posits that there are significant differences between Eastern and Western self-construals (Markus & Kitayama, 2010). Eastern cultures tend to hold an interdependent view of the self and encourage behaviors that place relationships with others above the self. In contrast, Western cultures tend to have a more independent view of the self and emphasize behaviors that involve self-expression (Markus & Kitayama, 1991). As such, there are certain behaviors and values that are more consistent with an interdependent self-construal.

Both emotional restraint and family obligation, for example, are values and behaviors that are more consistent with an interdependent identity (Fuligni, Tseng, & Lam, 1999; Tobin et al., 1989; Wong, Kim, & Tran, 2010). The value of emotional restraint, or actively restraining outward emotional expression during emotional arousal (e.g., Butler, Lee, & Gross, 2007) may be motivated by the desire to refrain from burdening others with personal problems. Likewise, attempting to maintain social harmony within the family can be seen as a form of adhering to family obligation, or the value of helping, respecting, and supporting the family (Fuligni et al., 1999). In order to best serve and respect the family, it may be necessary to engage in any actions that help preserve family dynamics and relationships.

These differences in normative and encouraged behaviors are likely to translate into differences in coping tendencies (Inman & Yeh, 2007; Morling, Kitayama, & Miyamoto, 2002;

Tweed & Conway, 2006; Yeh, Arora, & Wu, 2006). Arguably, both emotional restraint and family obligation values are consistent with avoidant coping in that both may encourage managing emotions in attempts to avoid or refrain from thinking about the stressor. At times, in order to maintain social harmony, an individual may attempt to push the problem aside and avoid emotional disclosure. Indeed, in a study of Asian American undergraduate students, researchers found that those who strongly endorsed Asian cultural values (e.g., collectivism, emotional restraint, humility, and maintaining social harmony) were likely to use more disengagement coping strategies, such as avoidance (Wong et al., 2010). Furthermore, endorsing values of emotional restraint and family obligation may involve putting others before the self and refraining from seeking support so as not to burden others. Consistent with these ideas, a qualitative study on stress and coping as experienced by Southeast Asian American adolescents showed that adolescents were less likely to seek out support from their parents when trying to cope with stress because they did not want to add more burdens to their parents (Tummala-Nara, Deshpande, & Kaur, 2016).

These findings parallel those from the social support literature. Particularly, various subgroups of Asians and Asian Americans are less likely to explicitly seek support from others compared to European Americans because it is perceived as a less favorable coping strategy (e.g., Kim, Sherman, & Taylor, 2008). Taken together, I expect that adolescents with stronger emotional restraint and family obligation values will likely employ more avoidant coping and refrain from soliciting support from others. In using more avoidance and less support seeking, adolescents who are more interdependent (i.e., adolescents with greater endorsement of emotional restraint and family obligation) may use these coping behaviors as a way to refrain from emotional disclosure and maintain social harmony.

Stressor-related determinants. While clearly there are individual differences in coping response, it can also depend upon aspects of a stressor. Coping response is heavily dependent upon stress appraisals that tend to differ from situation to situation. Therefore, an individual may employ various coping responses for different stressful events. It is thus equally important to examine stressor-related determinants such as an individual's perceived stressfulness of the event, objective stressfulness, and stressor type (i.e., whether it involves conflict or family).

Perceived stressfulness of stressor. The coping response that adolescents engage in for a given situation can be greatly affected by the way in which they perceive the stressor (e.g., Hampel & Petermann, 2006). Particularly, less distressing events are associated with problem-focused coping given that the individual views the stressor as something that can be handled (Lavoie, 2013). Eisenbarth (2012) reported that individuals who rated events as less stressful tended to report more active coping. In contrast, individuals who perceived events as highly stressful reported more avoidance coping. It appears that greater subjective stressfulness is likely to elicit coping behaviors that attempt to minimize emotional distress, such as avoidance.

Objective stressfulness of stressor. Despite the significance of stressor appraisal, Dohrenwend and Shrout (1985) argued that perceived stressfulness of an event is often confounded with the outcome; hence, the importance of considering the objective stressfulness of an event. Furthermore, it is well known that there may be response biases in self-reports of stress-related events. For example, in a study comparing objective and subjective measures of stress among youth, researchers found that depressed youth overestimated the stressfulness of events compared to non-depressed youth (Krackow & Rudolph, 2008). Therefore, for the purposes of having another reliable measure of stressfulness, I have included independently rated stress impact in addition to subjective perceived stressfulness in predicting distress outcomes.

Conflict-related stressors. Morimoto and colleagues' (2013) study suggested that situational coping may depend upon the type of stressor. There is some evidence to believe that individuals respond to various stressors differently because the stressor domain influences their appraisal of the event and interpretations of associated meaning and importance (e.g., Roecker, et al., 1996). In other words, the demands of stressful events in one domain may significantly differ from those of another domain. Particularly, researchers found that adolescents coped with various interpersonal stressors (i.e., conflicts with peers and parents) with similar types of coping responses (Roecker et al., 1996), but used a different coping response for non-conflict stressors. It seemed that children and adolescents were less likely to use active coping for conflict stressors (e.g., Wertlieb, Weigel, & Feldstein, 1987). Consistent with these findings, young adolescents in junior high specifically used strategies that involved denial and distancing to handle these types of stressors (Roecker et al, 1996). It could be that since stressors that involve conflict tend to be more complex and perceived as less in the individual's control since they involve others' emotions and responses, adolescents may be more likely to use coping strategies that tend to their own emotional distress, such as avoidance and support seeking. In this way, they can manage their own responses and emotions despite the reactions of others.

Yet, there are findings to suggest that coping response does not vary by whether a stressor involves conflict. Indeed, Donaldson, Prinstein, Danovsky, & Spirito (2000) did not find significant differences in coping responses across conflict and non-conflict stressors. A possible explanation offered for this was that stressor domains are not mutually exclusive and often, stressors can involve aspects of multiple domains (e.g., Mates & Allison, 1992). As an example, researchers observed that adolescents often had disputes with parents over academics – hence a stressor that would be considered both conflict and academic, which may elicit a different coping

response. In summary, to the extent that stressors may be discretely classified as conflicting in nature, perhaps individuals may rely on more avoidance coping and support seeking responses.

Family-related stressors. Again, given that family obligation is a central cultural value among Vietnamese Americans, it seems pertinent to examine the ways in which adolescents cope with family-related stressors. In a qualitative study that explored coping with acculturative stress among Vietnamese American adolescents, adolescents were reluctant to confide in adults in the family because they did not want to burden them (Tummala-Narra et al., 2016). These findings are in accordance with the desire to maintain social harmony as described in the previous section. Similarly, Griffith, Dubow, & Ippolito (2000) found that adolescents were more likely to use avoidance coping for stressors that involve the family. In general, adolescents tended to report that family stressors were more complex (Seiffge-Krenke, Weidmann, Fentner, Aegenheister, & Poebblau, 2001), which may influence them to use avoidant coping and support seeking for similar reasons as those described for conflict-related stressors.

Coping and Well-being

Adolescence is a developmental period characterized by numerous changes, such as evolving identity development, puberty and physical maturation, cognitive changes, and stronger peer influence, which can be sources of considerable stress. Therefore, it is crucial for youth to develop effective coping skills so as to buffer against poor well-being. Ineffective coping may place adolescents at a greater risk for maladaptive adjustment, such as greater internalizing symptoms. Generally, active coping has been associated with better psychological adjustment whereas avoidant and distraction strategies tend to be recognized as maladaptive (Compas, Malcarne, & Fondacaro, 1988; Herman-Stahl & Petersen, 1996). However, this dichotomy may represent an oversimplification. “Maladaptive” coping strategies can be adaptive in certain cases,

depending upon the goal. For instance, choosing to avoid a stressor in the moment may attenuate psychological distress, allowing for greater concentration for the task at hand (Kim & Duda, 2003). In order to go beyond this oversimplification of certain forms of coping being maladaptive or adaptive for all individuals in all contexts, we must consider potential moderators of the association between coping response and well-being.

Particularly, determinants of coping response may indicate that certain coping responses are more normative and perhaps consistent with the valued goals of certain social groups. These social contexts may render different approaches to adaptive coping. Thus, it is important to consider the match between cultural values and norms and coping response when examining coping efficacy. Perhaps the more in line the coping response is with an individual's cultural values and norms, the more beneficial that coping response may be for the individual.

Gender. Particularly, males and females may be socialized to be more attuned to particular types of stressors over others. Males reported encountering more intrapersonal stressors that require personal agency whereas females faced more interpersonal stressors that focus on relationships with others (Coster, 2005). Given that males and females are differentially exposed to stressor types, they may also be differentially vulnerable to stress. Since it is more common for females to use emotion-focused coping (i.e., support-seeking), perhaps this type of coping is more effective in decreasing internalizing symptoms for females than it is for males. This may be especially true considering females tend to encounter more interpersonal stressors that may require coping strategies such as support seeking. Furthermore, support seeking is in more consonance with the ways that females tend to be socialized.

Ethnicity. Researchers in the coping field have recently recognized the need to consider a coping paradigm that caters to the importance of culturally congruent coping as it relates to

psychological adjustment (Bhagat, Steverson, & Kuo, 2009; Kuo, 2011; Wong & Wong, 2006). A model of collectivistic coping, or coping responses that reflect important cultural values and beliefs within collectivistic cultures, posits that coping responses that are a good fit for an individual's cultural values and the demands of the stressor are most advantageous (Yeh et al., 2006). Interestingly, in a study on Southeast Asian American adolescents, those who reported greater usage of active coping, a strategy traditionally considered beneficial, also exhibited more depressive symptoms (DuongTran, 2011) perhaps due to the inconsistencies between their experienced cultural values and coping strategy. Furthermore, researchers conducted a study on Asian American women suffering from depression and found that those who utilized coping responses that were congruent with their cultural values were better adjusted (Hussain & Cochrane, 2003). Given that ethnic minorities differ in the frequency and type of stressors experienced compared to their ethnic majority counterparts, avoidance coping may be more adaptive, or at least less detrimental, for the types of stressful life events that ethnic minorities often experience. It is also possible that ethnic minorities find that coping responses that are typically labeled as "adaptive" strategies to be less beneficial as such strategies may not be congruent with the values of their social group.

Coping patterns. As adolescents continue to develop, their coping repertoire continues to grow as well (for review, see Zimmer-Gembeck & Skinner, 2011), but much of the coping literature has focused on the single most preferred coping response that adolescents use (Forsythe & Compas, 1987; Frydenberg & Lewis, 1994). Rather than attempting to identify a particular adaptive coping response, perhaps it would be more effective to determine healthy coping patterns (e.g., Donaldson et al., 2000). This allows us to refrain from tying well-being to

any particular coping response and instead, characterize a more complete understanding of the types of profiles of coping that are associated with well-being among adolescents.

Cheng (2003) posited that individuals are better adjusted to the extent that they are able to successfully analyze strategy-situation fit and follow through with corresponding coping responses. Thus, it is suggested that those who are able to vary their usage of different coping responses across situations will experience more adaptive well-being compared to those who consistently engage in similar amounts of coping across strategies. To examine this, Perhaps coping variability, or the dispersion in the amount of distinctive coping responses employed to manage stress, combined with the overall amounts of coping that an individual uses regardless of coping strategies would be helpful to consider at both the individual and occasion level. Between individuals, coping variability is indicative of individuals' variability of frequently used coping strategies whereas within an individual, coping variability is represented as the variability of coping strategies employed for a given stressor. Situational coping findings suggest that different stressors may elicit different coping efforts (e.g., Griffith et al., 2000; Skinner & Zimmer-Gembeck, 2007). As such, it might be helpful for individuals to vary their use of different coping strategies depending on what a particular situation called for.

No studies to my knowledge have investigated coping variability and internalizing symptoms at the occasion level. However, in the same manner that dispositional and situational coping may differentially predict various outcomes, it is important to distinguish between the dispersion of coping strategies that adolescents use in general and the spread across the use of different coping strategies for a given stressor. As there does not appear to be previous studies on this and given that the coping variability literature is still in its infancy stage, no particular hypotheses are made for coping variability at the occasion level.

Furthermore, mean levels of coping in and of itself may be very meaningful for psychological adjustment, but studies have tended to overlook this construct as a simple control variable. Individuals who utilize more coping strategies also tend to use more coping on average. Studies showed that a wider range of coping strategies was linked to better adjustment (Haythornthwaite et al., 1998; Lam & McBride, 2007). For example, in a study that examined pain coping strategies among patients who struggled with chronic pain, researchers found that the more coping strategies that patients employed, the more control they felt they had over their pain (Haythornthwaite et al., 1998). Similarly, Lam and McBride-Chang (2007) found that individuals who used more coping strategies, regardless of type, reported fewer depressive symptoms. In both of these studies, the use of multiple coping strategies was considered to be beneficial but this may also be conflated with the individual's overall mean levels of coping.

By examining both between- and within-person differences in the association between coping patterns (i.e., both coping breadth and overall amount of coping together) in relation to internalizing symptoms, the current study can shed light on the broad and oversimplified beliefs surrounding “adaptive” and “maladaptive” coping responses.

Current Study

The current study addressed gaps in the literature by exploring between- and within-person differences in coping tendencies and in the association between coping strategy and internalizing symptoms among Vietnamese American and European American adolescents. Particularly, the current study simultaneously examined both cultural and stressor-related factors in avoidance and support-seeking strategies. The current study also investigated the link between coping response (i.e., avoidance and support seeking) and internalizing symptoms and the potential role of culture in this association to determine whether different coping strategies have

the same adaptive function across groups. Lastly, the current study expanded upon the previous research question by investigating the efficacy of various coping patterns through coping variability and mean levels of coping.

Research Questions and Hypotheses

1) How do adolescents' coping responses differ as a function of individual and stressor-related determinants? Coping has been conceptualized as both a dispositional trait and as a response that changes depending upon situational factors (e.g., Beutler, Moos, & Lane, 2003; Ebata & Moos, 1994). As such, it is necessary to examine the impact of both of these types of factors on coping response together. Given that adolescents are embedded in a larger cultural context, their context can powerfully shape their coping process. Gender, ethnicity, and cultural values are all important aspects to consider in coping response.

Based on my review of the literature, I expect to find females to report greater usage of support-seeking strategies to cope with stressful events compared to males. Additionally, I predict that Vietnamese American adolescents will report significantly more avoidance coping and less support seeking compared to European American adolescents. I also expect that adolescents who highly value emotional restraint and family obligation will use more avoidance coping and less support-seeking strategies.

In addition to individual differences in coping response, it is likely that I will observe differences in coping response by stressor-related determinants. I expect that for events perceived as highly stressful, adolescents will be more likely to use avoidant coping given that adolescents may be emotionally overwhelmed by the demands of such stressors. No specific hypothesis has been formed for objective stressfulness of an event as studies in the past tended to examine perceived stressfulness instead. Furthermore, stressful events that involve conflict or the

family may elicit greater usage of avoidant coping as conflicts and particularly family stressors tend to be complicated and depend upon the response of the other individual involved (e.g., Morimoto, Shimada, & Ozaki, 2013).

2) Are there between- or within-person associations between coping response and well-being? How might this association vary by gender and ethnicity? In the same manner that culture can influence coping response, culture can also dictate how effective a particular coping response is for a particular individual, depending upon the situation. It is possible that if adolescents are more accustomed to a certain coping response for a specific stressful event given cultural norms and values, that coping response may be considered beneficial for those adolescents. This means that broad, sweeping statements, such as active coping is adaptive or avoidance coping is maladaptive may not always apply.

In particular, I expect to find that support-seeking strategies would be more strongly related to positive adjustment for females than for males as they are socialized to be more emotive and relational (Coster, 2005). Moreover, I predict that avoidant coping will be less detrimental for Vietnamese American adolescents' well-being as avoidance is more congruent with their social group's beliefs and practices. In terms of support seeking, I predict that more support seeking will be linked to more internalizing symptoms for Vietnamese American adolescents.

3) Do adolescents with more variability in their coping behaviors and greater amounts of coping exhibit better adjustment compared to less variability in coping and less overall coping, respectively? The situational differences in coping response suggest that individuals who are able to vary their use in coping responses depending upon the demands of a situation are more positively adjusted than those who are more dispositional in their coping

across situations. As such, I predict that adolescents who display more variability in their coping response and more overall coping across situations will exhibit lower levels of internalizing symptoms than those who vary less in their coping response and employ less coping, respectively.

Method

Sample and Procedures

The current study draws data from a large short-term prospective study that included three waves (baseline, three months, and six months) of surveys and interviews. The primary objective of the parent study was to examine social and cultural factors that shape the ways in which adolescents cope with stress and their implications for mental health outcomes. The participants were 10th and 11th grade students from Vietnamese American and European American backgrounds recruited from ten public secondary schools in Southern and Northern California. These schools were primarily selected in districts that had high representations of Vietnamese American adolescents. There were a total of three cohorts of participants recruited from the following academic years: 2011-2012, 2012-2013, and 2013-2014. The schools were ethnically diverse with 1.7% to 59.6% students identifying as European American, 8.1% to 76.0% students as Asian American, and 14.5% to 57.1% students as Latino. European Americans were the largest ethnic group in three schools, Asian Americans were the largest group in four schools, and Latinos were the largest group at three schools. The schools also ranged in socioeconomic status with the percentage of students who qualified for a free or reduced cost lunch ranging from 12% to 77% of the student population.

Adolescents from eligible racial/ethnic groups of the 10th and 11th grade were recruited from various high schools located in urban areas in Orange County. Researchers gave 5-minute

presentations in 10th and 11th grade classrooms in a given department (e.g., Social Sciences) introducing the study and handed out information and consent packets for parents and adolescents to sign. Interested students were instructed to return the packets with a signed parental consent form in order to participate in the study. Students who returned a signed consent form regardless of their decision to participate in the study received small incentives, and the classrooms with the most returned consent forms received a classroom pizza party.

Participants completed an online survey in school computer labs during afterschool hours. Online surveys took approximately an hour to complete. A subset of these participants was invited to participate in a structured interview – the longitudinal portion of the study. These participants were selected using a randomized stratified sampling method to ensure a balance in gender and ethnicity. Participants in the longitudinal sample completed an in-person UCLA Life Stress Interview (LSI; Hammen & Rudolph, 1999) at baseline, which covered chronic and episodic stress events that occurred in the past six months and the coping strategies used to deal with those events.

Interviews lasted roughly 45 minutes to an hour. Trained interviewers asked participants questions about their stress context in the following domains: close friendships, social life, romantic relationships, family, extended family, academics, finances, self health, family health, and discrimination (Appendix A). Specific episodic events were noted and asked about in accordance with LSI protocol (Appendix B). Interviewers stated to participants, “Here is an event which you said happened to you during the past three months. Please describe in your own words what happened by telling me about it.” Details such as whether other domains of the participant’s life have been affected due to the event were noted. Interviewers then asked participants to rate the subjective threat, or the extent to which the event had a negative impact

on them, from 1 (none) to 5 (severe). Consistent with standard Life Stress Interview (LSI) protocol (Hammen & Rudolph, 1999), the research team convened and used a consensus process to rate the objective threat associated with all reported episodic stress events on a scale from 1 (mild) to 5 (severe). Additionally, the research team coded the type of stressor (e.g., conflict and family).

Two follow-up surveys and interviews took place three months apart and were conducted over the phone. The interview followed the same procedure described previously. The only difference was that participants were asked to report on stressful events that occurred in the previous three months. Special accommodations were made for adolescents who preferred to participate in in-person interviews as opposed to phone interviews. Upon completion, participants received \$20 gift cards for the baseline survey and \$25 gift cards for each of the following waves.

Across the three cohorts of data collection, 5,035 students returned consent packets 1,937 students (38.5%) declined to participate, and 3,098 (61.5%) students expressed interest in participating. Of the students who were interested in participating, 896 (28.9%) were not eligible for the study (i.e., ethnicities other than Vietnamese- or European-American). A total of 1,549 eligible students with parental consent ($M_{age} = 15.6$ years, $SD = 0.63$) were invited to take part in the larger study and complete a baseline survey. Of those invited to participate, 54.9% were from Vietnamese American backgrounds and 44.8% were from European American backgrounds. A subset of this sample ($n = 627$) was invited to participate in an in-person interview and two follow-up interviews scheduled three and six months after baseline as described above. Of the 627 students who participated in the longitudinal portion of the study, 560 participated at T2 (10.7% attrition from T1) and 490 participated at T3 (21.9% attrition from T1). Of the

prospective sample, there were 61 participants who did not report an episodic event at T1 (9.7%), 172 who did not report an event at T2 (27.4%), and 277 who did not report an event at T3 (44.2%).

The analytic sample for the current study included 579 adolescents in the prospective sample (91.8% of the prospective sample) who reported at least one stressful life event upon interview during one of the three waves of data collection. Over time, teens tended to report fewer episodic events (T1: $M = 2.62$, $SD = 1.85$; T2: $M = 1.61$, $SD = 1.55$; T3: $M = 1.16$, $SD = 1.37$). At T1, the highest reported number of events was 12 and at T2 and T3, the highest number of events was 9. Within this sample, 45.4% of the participants were from European American backgrounds and 54.6% were of Vietnamese American backgrounds. Of the participants from European American backgrounds, 3% were first generation adolescents (i.e., at least one of their parents and the adolescent were born outside of the United States), 10% were second generation adolescents (i.e., at least one of their parents was born outside of the United States whereas the adolescent was born in the United States), and 87% were third generation or greater adolescents (i.e., both the parents and adolescent were born in the United States). Of the participants from Vietnamese American backgrounds, 21% were first generation adolescents, 79% were second generation adolescents, and none were third generation (or beyond) adolescents. Of the participants who knew their parents' education level, 47.6% of Vietnamese American fathers, 36.3% of Vietnamese American mothers, 49.8% of European American fathers, and 57.6% of European American mothers had a college degree or higher.

Measures

Coping. The How I Coped Under Pressure Scale – Revision 1 (HICUPS-R1; Ayers & Sandler, 1999), a 58-item self-report measure, was adapted and used to assess adolescent coping

responses to a specific stressful event recalled by the participant (Appendix C). In the adapted version of the HICUPS scale used in this study, a total of 10 items from the positivity (2 items), optimism (2 items), wishful thinking (4 items), support for actions (1 item), and support for feeling (1 item) subscales were removed from the original HICUPS scale. One item from the physical release of emotions subscale was combined with another in the same subscale to form one item (i.e., “I went bicycle riding, skateboarding, or roller-skating”). A total of 13 new items that related to emotion suppression (4 items; e.g., “I did not let myself get emotional” and “I hid my emotions”), acceptance (4 items; e.g., “I told myself that everything happens for a reason” and “I told myself that this is just a part of life”), and implicit support (5 items; e.g., “I sought out friends but did not want to talk about it” and “I hung out with someone who cares about me”) were added, as they were hypothesized to represent common approaches to coping among member of interdependent cultural groups. The adapted version of the HICUPS scale consisted of 60 items.

With the adapted HICUPS scale, I was able to examine variability in participants’ coping across up to three stressor occasions. Using a Likert Scale (1 = *never*, 4 = *most of the time*), participants rated how often they generally used a particular coping response to handle stressors. Item scores for a given coping response were averaged to create a single index for each coping type.

The HICUPS was administered following the LSI and participants were asked to respond to the scale based on how they coped with one of the specific stressful life events described during the LSI. In cases where multiple events were described in the LSI, interviewers prompted the participant to describe how they coped with the event that the participant rated as most stressful. In the event of a tie of subjective stress ratings between multiple events, participants

were asked to select the event that they felt was most stressful. In the event that adolescents did not report any episodic events on the LSI, interviewers asked participants to complete the HICUPS based upon anything stressful that they had experienced within the timeframe. In the current analyses, I only examined HICUPS data that were tied to a specific episodic stressor described in the LSI. Within the sample for this study, 22.7% of adolescents reported on their coping on one stressful event, 34.3% of adolescents reported on two events, and 43.0% of adolescents reported on three events across the three interview occasions.

The original HICUPS yielded a four-factor model of coping – each with at least two subscales: active, distraction, avoidance, and support seeking strategies. However, given that the current study included additional items meant to capture coping responses relevant to the cultural groups under study, new measurement models were examined. I conducted an exploratory factor analysis with Cohort 1 data (Table 1) using a principal components analysis with varimax rotation to determine the coping dimensions that best characterized types of coping observed in my particular sample. A visual examination of the scree plot suggested six distinct factors that accounted for a significant amount of variance. All six factors had an eigenvalue over 1 whereas the seventh did not meet this criterion. Therefore, a 6-factor structure was adopted for the current study. Any items with loadings less than .45 or with cross-loadings greater than .45 were removed. In the end, 31 coping items were retained and composed the following six factors: avoidance (7 items), support seeking (7 items), cognitive restructuring (6 items), reassurance (3 items), direct problem solving (5 items), and exercise (3 items). Out of the 13 new coping items that were added, only one acceptance item (i.e., “I told myself that everything happens for a reason”) and one implicit support item (i.e., “I hung out with someone who cares about me”) loaded onto these factors (cognitive restructuring and support seeking, respectively).

Avoidance coping from the final factor structure was composed of items from the original active (2 items that tap into minimization, e.g., “I told myself not to make a big deal out of it” and “I told myself it’s not very important”) and avoidance (5 items) coping strategies. Support seeking was composed of items from the original support seeking coping strategy (6 items) and one of the added implicit support items. Cognitive restructuring consisted of items from the original active coping factor (5 items) and one of the added acceptance items. Reassurance was made up of items from the original active coping strategy (3 items). Direct problem solving was made up of items from the original active coping strategy (5 items). Exercise consisted of items from the original distraction coping strategy (3 items). A confirmatory factor analysis of the six-factor structure using Cohort 2 data showed satisfactory fit (CFI = .94; RMSEA = .04) according to conventional cutoff criteria (Hu & Bentler, 1999).

Avoidance. The Avoidance coping scale included 7 items that entail trying to manage emotional distress by actively avoiding or thinking about a stressor. This coping response involves both avoidant actions (i.e., efforts of avoiding the problem by staying away from it or leaving it; e.g., “I tried to stay away from the problem”) and repression (i.e., repressing thinking of problems; e.g., “I tried to put it out of my mind”). This subscale had good internal consistency in the overall sample ($\alpha = .85$) and within both ethnic groups (Vietnamese American: $\alpha = .85$; European American $\alpha = .84$)

Support seeking. The Support seeking scale included 7 items that involve going to others for either instrumental or emotional support. It entails support for actions or the use of other people as resources to assist in seeking solutions to the problem situation. This includes seeking advice, information, and direct task assistance (e.g., “I talked to someone who could help me figure out what to do”) as well as support for feelings or the involvement of other people in

listening to feelings or providing understanding to help the person be less upset (e.g., “I talked about my feelings to someone who really understood”). This subscale also had high internal consistency in the overall sample ($\alpha = .90$) and within both ethnic groups (Vietnamese American: $\alpha = .90$; European American $\alpha = .90$).

Cognitive restructuring. Cognitive restructuring is the cognitive effort to manage stressful events. Often, it involves seeking understanding or efforts to find meaning in a problem situation to try to understand it better (e.g., “I thought about why it happened”). Additionally, there is a sense of positive thinking or efforts to focus on the good things that happened (e.g., “I tried to notice or think about the good things in my life”). There were a total of six items for cognitive restructuring. Overall internal consistency was good ($\alpha = .71$) and was similar across ethnic groups (Vietnamese American: $\alpha = .71$; European American: $\alpha = .69$).

Reassurance. Reassurance involves self-talk and efforts to reaffirm that one has control of the stressful situation and can deal with whatever happens (e.g., “I told myself that I can handle this problem” and “I told myself that things would be okay”). There were three items for this factor. Although this was a small cluster, the item loadings were very strong and did not load well onto other factors. This subscale had fair internal consistency ($\alpha = .69$) and similar internal consistencies across ethnic groups (Vietnamese American: $\alpha = .65$; European American: $\alpha = .73$).

Direct problem solving. Direct problem solving is a form of active coping in which the individual makes behavioral attempts to improve the problem situation. This involves either taking action by making changes (e.g., “I did something to solve the problem”) or methodically planning out actions to address the issue (e.g., “I thought about what I needed to know so I could solve the problem”). Direct problem solving was comprised of five items. There was good

internal consistency ($\alpha = .79$) and was similar across ethnic groups (Vietnamese American: $\alpha = .75$; European American: $\alpha = .82$).

Exercise. Lastly, exercise is a type of distracting coping that involves engaging in physical activities to refrain from handling or thinking about a stressor. Often, it involves a physical release of emotions or efforts to physically work off feelings with physical exercise, play, or efforts to physically relax (e.g., “I played sports” and “I went for a run or a walk”). There were a total of three items with very high factor loadings onto exercise. This subscale had good internal consistency ($\alpha = .79$) and was similar for both ethnic groups (Vietnamese American: $\alpha = .78$; European American: $\alpha = .80$).

Coping-related variables

Avoidance Coping relative to Support Seeking difference score. This difference score was indicative of the amount of avoidance coping that adolescents used relative to the amount of support seeking used. A higher score would represent more avoidance coping compared to support seeking whereas a lower score would indicate less avoidance relative to support seeking. This approach offered another perspective in the association between coping strategies and psychological adjustment. Entering avoidance and support seeking simultaneously into the model as separate variables would allow for examination of unique variance contributed by each coping strategy. In contrast, with a difference score between avoidance and support seeking, there is less concern for overall amounts of coping for each strategy and more so on how much more or less avoidant coping an individual employed compared to support seeking.

Coping variability. Coping variability was conceptualized in the current study as the dispersion of coping responses compared to an individual’s mean level of coping overall. For research question 3, which examined coping variability, all six coping responses were used to

assess coping variability. Coping variability computations first involved calculating mean levels of coping used at each time point. Next, the average scores of each of the six coping strategy scales at each time point were subtracted from the mean coping score for the corresponding time point. These scores represented coping scale deviations from the overall mean level of coping at a given time point. Subsequently, these six deviation scores were then squared to compute the squared variances for each coping strategy. Then, the mean of the squared variances was taken across coping strategies for each time point, yielding a final standard deviation score for each time point. This was the variable used at the occasion level in analyses and represented the dispersion of coping scale scores at a given time point. Furthermore, the mean of the three occasion coping scale standard deviations was taken, which was the variable used at the individual level in analyses. Using this standard deviation approach as a proxy for coping variability was reasoned to capture the dispersion of adolescents' coping responses. A higher standard deviation suggests that adolescents had greater variability in how much of each coping strategy they used, with some coping approaches being used very little and others used to a very great extent.

Coping average. Mean levels of coping were computed by taking the average of all coping items for each time point, which was used at the occasion level. At the individual level, the average of these three occasion mean coping scores were taken across time. Coping average was a variable of interest in relation to well-being given that it is potentially related to the number of coping strategies that individuals use frequently.

Internalizing symptoms. To assess participants' level of internalizing symptoms, participants completed the Youth Self Report (YSR; Achenbach, 1995; Appendix D) at each wave of the study. The YSR consisted of 112 items assessing various internalizing and

externalizing symptoms and behaviors that adolescents may experience within the past six months (or three months for wave 2 and 3). The subscales for the Internalizing Symptoms scale included “Withdrawn,” “Somatic complaints,” and “Anxious/Depressed”. Participants used a 0 (“not true”), 1 (“somewhat true”), or 2 (“very true”) to indicate the extent to which statements applied to them (e.g., “I feel that no one loves me,” “I feel worthless or inferior,” and “I would rather be alone than with others”). Only the internalizing symptoms scale was used for the study. The YSR has demonstrated good reliability and validity across other ethnic groups (Groot, Koot, & Verhulst, 1996), including Vietnamese American adolescents (Weiss et al., 2014). The internalizing symptoms raw scores were transformed into t-scores, which followed a standard computation made by the ASEBA scoring software that rendered a population mean of 50 and an SD of 10. T-scores were normed for age and gender. Given that t-scores allow for easier comparisons between individuals, t-scores were used in analyses.

Stressor-related characteristics.

Perceived stressfulness. Participants were asked to score the extent to which their reported episodic events negatively impacted them on a scale of 1 (“none”) to 5 (“severe”).

Objective stressfulness. A team of experienced interviewers was trained and rated the extent to which each reported episodic event negatively impacted adolescents on a scale of 1 (“none”) to 5 (“severe”). Objective threat of a stressful event was determined by assessing the stressfulness for a typical adolescent in the subject’s situation. Descriptions of how adolescents felt in response to the stressor were omitted when episodic events were presented to maintain objectivity. The rating team took into account whether the stressor severely affected various domains of the adolescents’ lives. Raters also discussed the multiple domains under which the stressor would be categorized (e.g., conflict, family, etc.). In the case of any disagreements

among interviewers, the episodic event was given to another team to be re-rated. Approximately 20% of interviews were double coded for reliability. Ratings between interviewers tended to be within 0.5 of each other. Using this criterion, inter-rater reliability was very good (91.3% agreement within 0.5 points on the scale).

Conflict. Based upon notes taken on episodic events, the domain(s) of the stressor was indicated by quick codes marked by interviewers (i.e., social/peer, romantic, family extended family, academic-scholastic, academic-behavioral, finances, self health, family health, discrimination, conflict, and positive). More than one domain could be selected. Events that involved conflict were coded as a conflict stressor. Episodic events that involved an explicit argument between the teen and another party were considered to be stressors involving conflict. Events with conflicts in which the adolescent was indirectly involved and events in which there was not an overt conflict were not counted as conflict stressors. Any events that did not have conflict selected were categorized as a non-conflict stressor. Inter-rater reliability was found to be in moderate agreement (Kappa = 0.68, $p < .001$, 95% CI). At T1, there were 182 conflict-related stressors (35.2%), 125 conflict stressors at T2 (30.4%), and 98 conflict stressors at T3 (25.5%).

Family. Any stressor that had a quick code marked for family was considered a family type stressor. This included stressors that involved the extended family and the health of a loved one. Any events that were not marked as a family stressor were thus considered a non-family stressor. Inter-rater reliability was found to be in substantial agreement (Kappa = 0.77, $p < .001$, 95% CI). At T1, there were 211 family-related stressors (40.8%), 144 family stressors at T2 (35.0%), and 100 family stressors at T3 (26.0%).

Individual characteristics.

Emotional Restraint. Emotional restraint is the cultural value of refraining from expressing one's emotions. Emotional restraint was assessed using a project-developed cultural values scale (Appendix E). The emotional restraint subscale consisted of 6 items (e.g., "It's important to learn how to always stay in control of your emotions"). Participants rated the extent to which they agreed with the items using a 1 ("strongly disagree") to 6 ("strongly agree") scale. The internal consistency was acceptable ($\alpha = .69$) and was similar for both ethnic groups (Vietnamese American: $\alpha = .63$; European American: $\alpha = .76$).

Family Obligation. The Family Obligation Scale (Fuligni et al., 1999; Appendix F) was used to assess adolescents' sense of obligation to support, respect, and assist the family. Using a scale ranging from 1 ("almost never" or "not important at all") to 5 ("almost always" or "very important"), participants indicated their responses for 18 items that tapped into current assistance, respect for family, and future support. These subscales are closely related but were collapsed to form one overall family obligation variable for the purposes of this paper. The measure had good internal consistency ($\alpha = .82$) and was similar across both ethnic groups (Vietnamese American: $\alpha = .82$; European American: $\alpha = .80$).

Results

Preliminary Analysis

Table 2 depicts the means for variables of interest aggregated to the individual level by ethnicity. Variables were aggregated by taking the mean across stressor occasions as a way to characterize the individual. Correlations among these individual-level averages are presented in Table 3. Table 4 shows the means of variables of interest at the occasion level organized by ethnicity.

Preliminary analyses indicated that Vietnamese American adolescents ($M = 2.56$, $SD = 0.65$) tended to use more avoidant coping strategies on average compared to their European American peers ($M = 2.37$, $SD = 0.61$), $t(581) = -3.63$, $p < .001$, Cohen's $d = .30$. There were no ethnic differences in support seeking (Vietnamese American: $M = 3.52$, $SD = 0.88$; European American: $M = 3.16$, $SD = 0.57$, respectively), $t(581) = 0.30$, *n.s.* In terms of cultural values, Vietnamese American adolescents endorsed greater emotional restraint ($M = 3.68$, $SD = 0.80$) and family obligation values ($M = 3.38$, $SD = 0.53$) compared to European American adolescents ($M = 3.52$, $SD = 0.88$ and $M = 3.16$, $SD = 0.57$, respectively), $t(581) = -2.29$ and -4.75 , $ps < .05$ and $.001$, Cohen's $ds = .19$ and $.40$. European American adolescents exhibited greater variability in their coping responses (i.e., coping variability) compared to Vietnamese American adolescents ($M = 0.59$, $SD = 0.17$), $t(581) = 2.54$, $p < .05$, Cohen's $d = .23$. Moreover, Vietnamese American adolescents ($M = 60.74$, $SD = 9.27$) also reported experiencing more internalizing symptoms than their European American counterparts ($M = 56.80$, $SD = 10.45$), $t(581) = -4.82$, $p < .001$, Cohen's $d = .40$. The percentage of adolescents with elevated levels of internalizing symptoms was determined by the number of adolescents with internalizing symptoms t-scores that were over 70 divided by the total number of adolescents. Among Vietnamese American adolescents, 15.67% reported elevated levels of internalizing symptoms. Within the European American sample, the rate was 10.61%.

Table 4 presents the Pearson correlations among variables of interest. In particular, more emotional restraint and family obligation were associated with more avoidance. Similarly, the more that adolescents perceived an event to be stressful, the more they utilized avoidant coping. However, the objective stressfulness of an event was not related to avoidant coping. Stronger adherence to emotional restraint values was linked to less support seeking. In contrast, greater

family obligation values were related to more support seeking. In terms of stressor determinants, neither subjective nor objective stressfulness of an event were associated with support seeking coping.

Higher levels of avoidant coping were associated with more internalizing symptoms whereas more support seeking was associated with fewer internalizing symptoms. Furthermore, coping variability, or the extent to which adolescents' use of each coping strategy deviated from their mean levels of coping, was not associated with internalizing symptoms. Higher overall levels of coping were linked to fewer internalizing symptoms. In terms of cultural values, more emotional restraint corresponded with more internalizing symptoms whereas family obligation was not related to internalizing symptoms. Lastly, greater subjective and objective stressfulness were both linked to more internalizing symptoms.

Data Analysis Procedure

Analyses were conducted using Hierarchical Linear Modeling (HLM; Bryk & Raudenbush, 1992), which allowed for the examination of stressor occasions nested within individuals. Using this framework, I was able to simultaneously examine between- and within-person differences in coping responses and the association between coping tendencies and patterns and psychological well-being.

Research Question 1: How Does Adolescents' Coping Response Differ as a Function of Individual and Stressor-related Determinants?

Statistical model. To address this research question, I examined how adolescents' usage of avoidance and support seeking strategies changed according to cultural factors (i.e., gender, ethnicity, emotional restraint, and family obligation) at the individual level and aspects of the stressor (i.e., perceived stressfulness, objective stressfulness, conflict, and family) at the occasion

level. Given that limitations in degrees of freedom restricted me to two level-one factors in a given model, I conducted a total of eight two-level HLM models. Each model included one stressor characteristic at level one predicting either avoidant coping or support seeking. In other words, there were four HLM models examining avoidance and four identical HLM models examining support seeking. Taken together, my models were used to determine whether characteristics of a stressor (i.e., perceived stressfulness, objective stressfulness, conflict, and family) predicted within-person levels of avoidance and support seeking. Ethnicity, gender, emotional restraint, and family obligation were included in the model as individual-level characteristics to examine variations in person-level averages of avoidance and support seeking. To follow up, exploratory analyses were conducted to examine whether gender and ethnicity moderated the associations between stressor characteristics and coping responses. Only gender and ethnicity were selected as moderators for the sake of parsimony models and to focus on meaningful potential moderators. My final models predicting coping were thus set up in the following manner:

$$\text{Avoidance/Support Seeking}_{ij} = b_{0j} + b_{1j}(\text{Perceived Stressfulness}) + e_{ij} \quad [1]$$

$$\text{Avoidance/Support Seeking}_{ij} = b_{0j} + b_{1j}(\text{Objective Stressfulness}) + e_{ij} \quad [1]$$

$$\text{Avoidance/Support Seeking}_{ij} = b_{0j} + b_{1j}(\text{Conflict}) + e_{ij} \quad [1]$$

$$\text{Avoidance/Support Seeking}_{ij} = b_{0j} + b_{1j}(\text{Family}) + e_{ij} \quad [1]$$

$$b_{0j} = c_{00} + c_{01}(\text{Gender}) + c_{02}(\text{Vietnamese American}) + c_{03}(\text{Emotional Restraint}) + c_{04}(\text{Family Obligation}) + u_{0j} \quad [2]$$

$$b_{1j} = c_{10} + c_{11}(\text{Gender}) + c_{12}(\text{Vietnamese American}) + u_{1j} \quad [3]$$

Equation 1 represents avoidance or support seeking for a particular stressor occasion (i) for a particular individual (j) modeled as a function of the adolescents' intercept, or their average

coping response scores across stressful events (b_{0j}), the extent of perceived and objective stressfulness of a given stressor, and whether a stressor was considered conflict-related (coded such that 0 = non-conflict and 1 = conflict) or family-related (coded such that 0 = non-family and 1 = family; b_{1j}). Equation 2 depicts how the levels of coping responses vary by adolescents' characteristics such as gender, ethnicity, emotional restraint, and family obligation. Equation 3 shows whether the associations between stressor determinants and coping were moderated by gender and ethnicity. Ethnicity was dummy-coded with students from European American backgrounds as the comparison group, and gender was effects-coded such that males = -1 and females = 1.

As illustrated in Tables 4 – 7, the intercepts represent average levels of avoidance and support seeking for European American adolescents. The coefficient for Vietnamese American adolescents represents the extent to which they differ from European American adolescents in coping responses. The coefficients for gender, emotional restraint, and family obligation represent differences in average levels of avoidance and support seeking. The values at the bottom portion of the table represent within-person changes in coping predicted by subjective stressfulness, objective stressfulness, conflict, and family and how those changes vary by gender and ethnicity.

Results

Individual differences. It was hypothesized that adolescents coping responses would vary by ethnicity, gender, and cultural values. As shown in Tables 5 – 8, Column 1, females tended to use more avoidance on average compared to males. Additionally, significant ethnic differences in avoidance were found in the expected direction. Particularly, Vietnamese American adolescents utilized more avoidant coping on average than European American adolescents. In

terms of cultural values, only emotional restraint predicted avoidance in that adolescents with greater endorsement of emotional restraint reported higher levels of avoidant coping. In contrast, results did not yield any differences in average levels of avoidance by family obligation values. Furthermore, as shown in Tables 4 – 7, Column 3, there were no gender or ethnic differences in average levels of support seeking. However, cultural values differentially determined adolescents' use of support seeking. In particular, adolescents who strongly valued emotional restraint reported lower levels of support seeking. Conversely, adolescents who emphasized the importance of family obligation were more likely to seek support from others.

Stressor-related differences. It was expected that aspects of a stressor would influence adolescents' coping behaviors. As shown in Table 5, Column 4, higher levels of perceived stress were associated with more support seeking ($b = 0.11$, $SE = .03$, $p < .001$). This association differed by gender ($b = -0.04$, $SE = .02$, $p < .001$). Particularly, females tended to engage in high levels of support seeking regardless of how stressful they perceived the event whereas males engaged in more support seeking for events that they perceived to be highly stressful (see Figure 1). In contrast, objective stressfulness did not differentially influence average levels of avoidance or support seeking (Table 6). Furthermore, adolescents were more likely to use avoidant coping for stressors that involved conflict (Table 7, Column 2; $b = 0.20$, $SE = .07$, $p < .01$). This association differed according to ethnicity ($b = 0.19$, $SE = .09$, $p < .01$). As shown in Table 7 (Columns 1 and 2), the main effect of ethnicity on avoidance was significant at the $p < .01$ level before conflict was entered into the model. After conflict was included at the occasion level, the main effect of ethnicity on avoidance was subsequently reduced by 37.5%. and was marginally significant. As depicted in Figure 2, Vietnamese American adolescents were more likely to use avoidant coping than European American adolescents for stressors that involved conflict than for

non-conflict stressors. A test of simple effects using Bonferroni contrasts revealed that there were no ethnic differences in avoidance for non-conflict stressors, $F(1,169) = 1.89, n.s.$ However, for conflict-related stressors, Vietnamese American adolescents reported using more avoidant coping compared to European American adolescents, $F(1,169) = 4.88, p < .05$. Lastly, adolescents were less likely to seek support for stressors that involved family matters (Table 8, Column 4; $b = -0.13, SE = .06, p < .05$).

Research Question 2: Are There Between- or Within-person Associations between Coping Response and Well-being? How Might These Associations Vary by Gender and Ethnicity?

Additional HLM models were conducted to determine how avoidance and support seeking strategies were related to levels of internalizing symptoms at both the individual and occasion level. The means for avoidance and support seeking coping were taken across occasions and entered in the model as person-level predictors. Average avoidance and support seeking scores at each time point were also entered into the model at the occasion level. Follow-up analyses examined possible moderation by gender and ethnicity in the association between coping strategies and internalizing symptoms.

Statistical model. This approach involved placing avoidance and support seeking as separate occasion-level predictors in the model. Due to limitations on degrees of freedom, I was unable to control for previous wave’s internalizing symptoms.

$$\text{Internalizing symptoms}_{ij} = b_{0j} + b_{1j}(\text{Avoidance}) + b_{2j}(\text{Support Seeking}) + e_{ij} \quad [4]$$

$$b_{0j} = c_{00} + c_{01}(\text{Gender}) + c_{02}(\text{Vietnamese American}) + c_{03}(\text{Average Avoidance}) + c_{04}(\text{Average Support Seeking}) + u_{0j} \quad [5]$$

$$b_{1j} = c_{10} + c_{11}(\text{Gender}) + c_{12}(\text{Vietnamese American}) \quad [6]$$

$$b_{2j} = c_{20} + c_{21}(\text{Gender}) + c_{22}(\text{Vietnamese American}) \quad [7]$$

Equation 4 represents internalizing symptoms for a given stressful event (i) for a particular adolescent (j) modeled as a function of the adolescents' intercept, or their average level of internalizing symptoms (b_{0j}) and the difference score between avoidance and support seeking for a particular stressor (b_{1j}). Equation 5 shows how internalizing symptoms varies by gender, ethnicity, average avoidance, and average support seeking. In equations 6 and 7, gender and ethnic moderations in the relationship between coping responses (i.e., avoidance and support seeking) and internalizing symptoms were examined. Again, ethnicity was dummy-coded with European Americans as the comparison group and gender was effects-coded such that males = -1 and females = 1.

As illustrated in Table 9, the intercept represents average levels of internalizing symptoms for European American adolescents. The coefficient for Vietnamese American adolescents represents the extent to which they differ from European American adolescents in average levels of internalizing symptoms. The coefficients for gender, average avoidance, and average support seeking represent differences in mean levels of internalizing symptoms. The values at the bottom portion of the table represent within-person changes in internalizing symptoms predicted by average avoidance and average support seeking for a given stressor.

Results. Findings showed gender and ethnic differences in overall levels of internalizing symptoms such that females displayed more internalizing symptoms than males, (Table 9; $b = 1.08$; $SE = .04$, $p < .01$) and Vietnamese American adolescents reported more internalizing symptoms than European American adolescents ($b = 3.26$, $SE = .83$, $p < .001$). Results revealed that the more avoidance that adolescents used on average, the more internalizing symptoms they reported (Table 9; $b = 1.69$, $SE = .64$, $p < .01$). In contrast, more support seeking was associated with fewer internalizing symptoms ($b = -1.93$, $SE = .59$, $p < .01$). At the occasion level, for

stressors in which adolescents used more avoidance, they also exhibited more internalizing symptoms ($b = 1.01$, $SE = .35$, $p < .01$). There did not appear to be any within-person association between support seeking and internalizing symptoms. Conversely, the link between avoidance and internalizing symptoms seems to be both a within-person and individual difference effect. That is, average levels of avoidance was linked to poorer psychological adjustment. At the same time, using avoidant coping for a particular stressor was related to maladaptive adjustment as well.

Research Question 3: Do Adolescents with More Variability in Their Coping Behaviors and Greater Amounts of Coping Exhibit Better Adjustment Compared to Those With Less Variability in Coping and Less Overall Coping, respectively?

Statistical model. To address the final research question on the link between coping variability and well-being, I used an additional two-level HLM model. For coping-related variables in this research question, all six coping responses were involved (i.e., avoidance, support seeking, cognitive restructuring, direct problem solving, reassurance, and exercise) instead of focusing solely on avoidance and support seeking as done for the previous research questions. The nature of this research question necessitated the inclusion of other coping responses, as the aim was to examine adolescents' reported use of a variety of coping strategies. In other words, this approach allowed me to examine the variability of coping at each occasion and within an individual. Gender and ethnic variations in average levels of internalizing symptoms were also examined.

Occasion-level and individual-level coping variability and coping average. Coping variability was represented as a standard deviation score and signified the dispersion of reliance on various coping responses for a given stressor (occasion-level) and for an adolescent

(individual-level). Average coping at the occasion level was calculated by summing the overall amounts of coping for a given stressor. Average coping variability at the individual level was the mean of coping variability scores (i.e., the SD) across occasions. Lastly, coping average at the individual level was calculated by taking the mean of overall amounts of coping across stressors. Coping average at both the occasion and individual levels was examined as it is related to the number of coping strategies employed. This model is represented in the following equations:

$$\text{Internalizing symptoms}_{ij} = b_{0j} + b_{1j}(\text{Coping Variability}) + b_{2j}(\text{Coping Average}) + e_{ij} \quad [8]$$

$$b_{0j} = c_{00} + c_{01}(\text{Gender}) + c_{01}(\text{Vietnamese American}) + c_{01}(\text{Coping Variability Average}) + c_{01}(\text{Average Coping}) + u_0 \quad [9]$$

$$b_{1j} = c_{10} + u_{1j} \quad [10]$$

$$b_{2j} = c_{20} + u_{2j} \quad [11]$$

Equation 8 represents internalizing symptoms (i) for a particular adolescent (j) modeled as a function of the adolescents' intercept, or their average level of internalizing symptoms across three occasions (b_{0j}), the spread of coping responses at each occasion, (b_{1j}), and overall levels of coping at each occasion (b_{2j}). Equation 9 examines whether coping variability varies by gender and ethnicity and controls for average standard deviation coping scores and mean levels of coping across occasions. Equations 10 and 11 do not involve any variations in coping variability or overall coping, respectively. Similar to previous models, ethnicity was dummy-coded with European American adolescents as the comparison group, and gender was effects-coded with males = -1 and females = 1.

As illustrated in Table 10, the intercept represents average levels of internalizing symptoms for European American adolescents. The coefficient for Vietnamese American adolescents represents the extent to which they differ from European American adolescents in

internalizing symptoms. The coefficients for gender, average coping, and average coping variability represent differences in mean levels of internalizing symptoms. The values at the bottom portion of the table represent within-person changes in internalizing symptoms predicted by coping variability and overall levels of coping for a given stressor.

Results

Coping variability and coping average predicting internalizing symptoms. Again, the gender and ethnic differences in internalizing symptoms from the previous model were replicated as shown in Table 10. Furthermore, overall coping significantly influenced average levels of internalizing symptoms in the predicted direction. Specifically, more coping on average was associated with lower levels of internalizing symptoms. However, average levels of coping variability were not associated with mean levels of internalizing symptoms. Neither was coping variability associated with internalizing symptoms at the occasion level. Yet, for stressors in which adolescents engaged in more coping, they experienced fewer internalizing symptoms. Contrary to hypotheses, coping variability at both the occasion and individual levels did not affect internalizing symptoms. Instead, average coping levels differentially determined internalizing symptoms levels. However, the directionality of the effect was dependent upon whether effects were observed at the individual or occasion level. It appears that more coping on average can be beneficial in terms of fewer internalizing symptoms, but using a lot of coping for a given stressor is associated with high levels of same occasion distress.

Discussion

One of the biggest criticisms of coping research is that its theories and studies have been based upon a monocultural perspective, namely Western and individualistic values (Hobfoll, 2001). Recognition of this has led to a call among scholars to broaden our understanding of

culture and coping (e.g., Compas et al., 2001). In the last two decades, the field has significantly grown in this initiative with the addition of more empirical studies conducted on samples that include ethnic minorities, such as Asian Americans (e.g., Lam & Zane, 2004; Tweed et al., 2004; Yeh, Inman, Kim & Okubo, 2006; Yeh, Inose, Kobori, & Chang, 2001), and the development and examination of coping styles congruent with collectivistic values (e.g., Heppner et al., 2006; Siu & Chang, 2011; Wei, Ku, Russell, Mallinckrodt, & Liao, 2008). Despite these major strides, scholars (e.g., Hobfoll, 2001; Kuo, 2011) have continued to advocate for better incorporation of culturally and contextually relevant ideas into coping theories and frameworks and for further exploration of the role of culture in coping and psychological adjustment.

Therefore, the purpose of the current study was to investigate the ways in which culture and aspects of a stressor can shape Vietnamese American and European American adolescents' usage of coping responses and the associations between coping and well-being. The first research question examined individual (i.e., gender, ethnicity, and cultural values) and stressor-related (i.e., perceived and objective stress and stressors that are conflict or family related) factors that predict adolescents' reliance on avoidance and support-seeking coping responses. These particular coping responses were studied because they are relevant for interdependent self-construals (for review, see Kuo, 2011). The second research question examined between- and within-person variations in the link between coping and psychological adjustment and whether these associations differed by individual factors (i.e., gender and ethnicity). Lastly, the third research question explored whether characteristics of adolescent coping profiles, including the variability of divergent coping responses employed and overall amount of coping reported, were associated with subjective well-being.

Summary of the Findings

Individual Differences in Adolescent Coping. The key findings from the first research question provided mixed support for hypotheses. I hypothesized that females would engage in more support-seeking strategies compared to males. Contrary to predictions, gender differences in support seeking from previous studies were not replicated. Rather, I found that females used more avoidant coping, such as attempting to ignore or forget the problem and minimizing the stressor. As previously mentioned, many studies have reported that females tend to use more emotion-focused coping, which consists of any coping strategies that involve trying to minimize emotional distress associated with a stressor (e.g. Ebata & Moos, 1994; Eschenbeck, Kohlmann, & Lohaus, 2007; Frydenberg & Lewis, 1993; Tamres, Janicki, & Helgeson, 2002). Nevertheless, emotion-focused coping is a broad category of responses that can include both support seeking (i.e., seeking others for instrumental or emotional support) and avoidant coping strategies (i.e., eluding or refraining from thinking about the problem). Therefore, my findings, although not predicted, may not run entirely counter to the extant literature. In fact, some studies have found more avoidance coping among females compared to males (e.g., Matud, 2004; Tamres et al., 2002) as females are also more likely to perceive stressors as out of their control (Frydenberg & Lewis, 1991). This is consistent with the socialization hypothesis, which states that females are socialized to use more passive and emotion-focused coping, such as avoidance strategies (Ptacek, Smith, & Zanas, 1992).

In terms of ethnic differences, Vietnamese American adolescents reported higher levels of avoidance coping. This finding aligns with the study hypothesis and previous empirical findings (e.g., Bjorck et al., 2001; Chang, 1996; Radford et al., 1993). Chang (1996) postulated that Asian Americans utilized more avoidant coping, such as attempts to escape or minimize the importance of a stressor, as a way to both simultaneously cope and refrain from burdening others

to maintain social harmony, which is congruent with a collectivistic view of the self as well as interdependent values. Indeed, researchers concluded that passive styles of coping, such as avoidance and self-control, can serve collectivistic needs and goals (Noh, Beiser, Kaspar, Hou, & Rummens, 1999). In a qualitative study on Southeast Asian adolescents' experience of acculturative stress and coping responses (Tummala-Narra et al., 2016), common themes that emerged included adolescents' motivation to maintain social harmony within their family and reluctance to trouble them with personal problems.

With regard to support seeking coping, there were no differences by ethnicity. This finding was unexpected as previous literature suggests that Asian American young adults are less likely to seek support compared to European Americans (e.g., Kim et al., 2008; Taylor, Welch, Kim, & Sherman, 2007) and this has been attributed to interdependence concerns noted above (Wang, Shih, Hu, Louie, & Lau, 2010). The lack of ethnic differences in support seeking strategies may potentially be explained by greater reliance on peers during adolescence, regardless of ethnicity. In a daily diary study conducted on Asian American and European American college students, findings revealed that the ethnic difference in support seeking were driven by differences in reliance on family sources of support as opposed to friend support (Wang et al., 2010). As such, it is possible that Vietnamese American adolescents in this sample who were more likely to utilize avoidant coping, may have nonetheless also refrained from burdening their family members by turning to peers, resulting in a similar net average in support seeking compared to their European American peers. However, this remains speculative as the coping items did not specify the source of support sought or the motivation behind coping behaviors. Nonetheless, this warrants more studies that compare the roles of family and peers in

Asian American adolescents' coping behaviors. Qualitative studies may be particularly helpful in further examination of adolescents' reasoning behind their coping responses.

The observed ethnic difference in avoidance coping alluded to the role of cultural orientation in determining coping tendencies. Particularly, findings confirmed hypotheses and revealed that adolescents who endorsed emotional restraint also reported more frequent usage of avoidance and less support seeking. This makes intuitive sense given that emotional restraint is considered a meaningful collectivistic value that is consistent with the goal of accommodating the self toward others rather than influencing others (Tsai, Knutson, & Fung, 2006). Greater avoidance coping and less support seeking meets the needs of individuals who desire to refrain from expressing their emotions. Indeed, within the culture and emotion literature, researchers point to the prevalence of emotional control and suppression among Asian Americans (Matsumoto, Yoo, & Nakagawa, 2008; Mauss & Butler, 2010; Murata, Moser, & Kitayama, 2012; Tsai & Lau, 2013). Evidently, adherence to collectivistic values may elicit greater usage of avoidant coping as a way to down-regulate negative emotional experience, and this may go hand in hand with refraining from seeking support and expressing distress to others.

Similarly, I had expected that family obligation as another hallmark collectivistic value would have a comparable influence in promoting avoidance and deterring support seeking. However, findings showed that adolescents who highly valued family obligation were actually more likely to engage in support seeking. Furthermore, family obligation did not impact adolescents' use of avoidance coping. These findings suggest that distinctive collectivistic value orientations may have different relationships to coping. One hypothesis is that support seeking may help youth fulfill their family role obligations. Family obligation is the value of respecting and assisting the family (Fuligni et al., 1999). To be able to effectively carry out responsibilities

within the family, adolescents need to ensure that they have the physical, mental, and emotional means to do so, which may include finding ways to alleviate emotional distress to be more available to help the family. However, adolescents with strong endorsements of family obligation may specifically refrain from soliciting support from family in particular so as not to burden them (Tummala-Narra et al., 2016). Given that the importance of peers is more salient during adolescence, they may choose to seek out support from friends instead as a way to reduce emotional distress. This aligns with previous findings that Southeast Asian adolescents preferred not to burden adults in the family but still went to their friends to talk about their personal problems (Tummala-Narra et al., 2016). Support seeking can ultimately serve as a way for adolescents who value family obligation to manage their emotional stress for the purposes of ultimately serving the family.

A second possible interpretation involves the notion that strong family obligation values are an indication of adolescents' family climate, and that these stronger ties to family drive more social support mobilization. Particularly, youth who hold family obligation values may also be more relationally oriented in general. This is in accordance with Telzer & Fuligni's (2009) finding that adolescents who experienced stronger feelings of cohesion with their mother also felt happier when they engaged in family obligation activities. These adolescents are also likely to respect and care about their family's thoughts and opinions and have family support available to them (Cheung, Lee, & Chan, 1994; Harris & Molock, 2000). Given that adolescents who endorse family obligation may also be more connected to their family and that their coping resources include the family, they may be soliciting support from the family. However, because the source of support is unknown within the support seeking scale used, this explanation cannot be confirmed with these data.

Furthermore, the type of family obligation described above may be one of many nuances of family obligation. For example, a related construct, filial piety, or the Confucian virtue of respecting one's parents, elders, and ancestors, can be conceptualized as either reciprocal or authoritarian filial piety (Yeh & Bedford, 2003). Similar to family obligation as previously described, reciprocal filial piety involves maintaining social harmony in family relationships and a sense of close connection to the family. In contrast, authoritarian filial piety is based upon a strict hierarchical structure that emphasizes obedience, indebtedness to parents, and inhibition of emotional expression (Ho, 1994). It is unlikely that teens with this idea of family obligation would go to family for support due to a lack of family cohesion and may instead turn to their friends for support. Therefore, it is important to consider the nuances of family obligation in order to better understand the way that it may influence adolescents' support seeking behaviors.

Stressor-related Differences in Adolescent Coping. In addition to individual differences, the current study also highlighted the importance of considering stressor-related determinants of coping responses among adolescents. It was hypothesized that greater subjective stressfulness of an event, conflict-related, and family-related stressors would predict higher levels of avoidant coping. Findings provided partial support for hypotheses. Although there were no associations between the objective stress impact of an event and reports of avoidance or support seeking coping, there were associations between perceived stressfulness and coping. Contrary to previous studies (e.g., Eisenbarth, 2012), adolescents did not utilize more avoidance coping for highly stressful events. Instead, results revealed that adolescents tended to be more likely to seek out social support for events perceived as more stressful. Alternatively, it is possible that adolescents who are relatively more reactive to stress were also more likely to perceive greater stress from an event and seek support to alleviate emotional distress.

The association between the perceived stressfulness of an event and use of support seeking differed by gender. Particularly, females engaged in high levels of support seeking regardless of their perceived stressfulness of an event. In contrast, males only solicited support from others for events that they appraised as highly stressful. Studies have found that males prefer coping strategies that engage the problem (i.e., problem-focused coping), such as active coping, as opposed to the emotions associated with a stressor (i.e., emotion-focused coping) (e.g., Copeland & Hess, 1985; Frydenberg & Lewis, 1993). The current finding suggests that despite males' preference for problem-focused coping over emotion-focused coping, such as support-seeking strategies, there may be instances in which males resort to support seeking. Particularly, when males encounter events that render high levels of stress, they may deviate from their usual coping tendencies in favor of other strategies that better alleviate emotional distress.

In accordance with hypotheses, stressors that involved interpersonal conflict elicited greater usage of avoidant coping among adolescents, though this association differed by ethnicity. Particularly, the reduction of the main effect of ethnicity on avoidance when conflict stressor was entered into the model suggests that ethnic differences in avoidant coping emerge for stressors involving interpersonal conflicts. In other words, Vietnamese Americans were more likely to employ avoidant coping compared to European Americans particularly when faced with an interpersonal conflict. As interpersonal conflicts are likely to produce emotional distress and potentially disturb social harmony, Vietnamese American adolescents may be more sensitive to this compared to European American adolescents due to interdependent values of refraining from burdening others and maintaining social harmony (Markus & Kityama, 1991). Therefore, it makes intuitive sense that Vietnamese American adolescents were even more likely than European Americans to employ more avoidant coping strategies, especially for conflict-related

stressors. Indeed, in a study that examined coping, intergenerational family conflict, and psychological distress in a multiethnic sample of college students, Lee and Liu (2001) found that family conflict was associated with more avoidant coping among Asian American college students.

In terms of support-seeking strategies, adolescents reported more support seeking for both conflict-related and family-related stressors compared to other types of stressors, and these links were not moderated by gender or ethnicity. This is probably due to the fact that the sample from the current study consisted of adolescents who are likely to place importance on peers and may thus seek them out for help, especially to manage emotional distress from interpersonal problems. Although it may seem contradictory that adolescents reported more avoidance and more support seeking for conflict-related stressors, it is important to bear in mind that these are not mutually exclusive coping behaviors. Given that the coping measure used consists of items for which adolescents reported the frequency in which they engaged in each activity (e.g., letting other people know how they felt and talking about their feelings with someone who understood them), it was possible for adolescents to report high levels of use for more than one coping response for a given stressor. Individuals are not limited to solely using one coping strategy and neither does coping have to take place within a given time frame. For example, it would be feasible for adolescents to initially avoid conflict-related stressors but then later seek their friends for support.

Overall, these findings confirm that stressor-related characteristics can differentially determine adolescent coping response. For instance, using an approach-avoidance framework for coping, researchers found that adolescents were more likely to use avoidant coping for family stressors and approach coping for stressors related to school and peers (Griffith et al., 2000;

Skinner & Zimmer-Gembeck, 2007). While adolescents may have a preference for certain coping strategies, it appears that aspects of a stressor can influence their coping response to a given event as the demands of a stressor can vary across events.

Between- and Within-person Differences in the Link between Coping and Well-being. In the same way that cultural and situational factors differentially determined adolescent coping response, between- and within-person differences were also observed in the association between coping response and psychological adjustment. It was expected that there would be gender and ethnic differences in these associations such that support seeking would be more adaptive for females and avoidant coping would be less detrimental for Vietnamese American adolescents. However, results did not support hypotheses. Particularly, findings suggest that adolescents who reported greater avoidance coping also experienced more internalizing symptoms. In contrast, adolescents who sought support more frequently tended to report fewer internalizing symptoms. This is in accordance with the corpus of coping-adjustment literature, which generally concludes that avoidance can be maladaptive whereas support seeking can act as a buffer against stress (Herman-Stahl & Petersen, 1996; Compas, et al., 1988)

Within an individual, more avoidance was related to more internalizing symptoms. That is, on occasions in which adolescents employed high levels of avoidant coping, they also experienced poorer well-being. While avoidant coping strategies can be useful under certain circumstances, such as temporary relief of distress to focus on more pressing issues at hand (e.g., Kim & Duda, 2003), use of avoidance coping can interfere with engaging in more adaptive coping behaviors (Ebata & Moos, 1991; Roth & Cohen, 1986). It is also possible that adolescents with depressive or anxious symptoms are more apt to use avoidant coping for a given stressor.

In contrast, within-person results revealed no significant association between occasion specific support seeking and concurrent internalizing symptoms. Perhaps the buffering effect of support seeking is only observed when adolescents elicit support from others on a consistent basis. Simply employing support-seeking strategies on a given occasion may not be enough to experience better psychological adjustment. However, given that the directionality of this association is inconclusive, an alternative explanation could be that adolescents who do not normally engage in support seeking actually do not have the support resources available to them. As such, when encountering a particular stressor, these adolescents may not be in the position to solicit support from others to alleviate emotional distress.

Altogether, these results replicated general findings from previous studies that concluded consistent use of avoidant coping can be detrimental whereas support-seeking is more beneficial for subjective well-being (Compas et al., 1988; Herman-Stahl & Petersen, 1996). However, within an individual, these effects for support seeking may diverge since situational coping is more transient and more consistent or habitual usage of support seeking may be needed to observe a measurable influence on psychological adjustment. It could also be that adolescents do not have adequate resources for support and may thus continue to experience emotional distress associated with a particular stressor. In conclusion, dispositional use of avoidant coping strategies may be considered maladaptive for adolescents; use of support-seeking strategies may be considered adaptive regardless of gender or ethnicity. However, the directionality of these associations is not conclusive. Nonetheless, these findings have major implications that are particularly pertinent to adolescents as they encounter novel stressors that can require them to develop new coping strategies. Coping behaviors during adolescence may place them on more or

less adaptive coping trajectories (Compas et al., 2001). Thus, these findings can inform coping skills training for adolescents.

Coping Patterns and Psychological Adjustment. Furthermore, as a departure from reliance on singular coping strategies, such as avoidance and support seeking, profiles of coping pattern regardless of strategies were examined in relation to subjective well-being. Findings from the first research question allude to the importance of the ability to engage different coping strategies depending upon circumstances. Therefore, I hypothesized that more variability in coping and more overall coping would be more adaptive. Hypotheses were partially supported in that the amount of overall coping was associated with internalizing symptoms at both the occasion and individual level. At the person-level, adolescents who employed greater use of coping on average, irrespective of the type of coping, experienced fewer internalizing symptoms. In contrast, within-individual analyses suggested that on occasions in which adolescents engaged in more overall coping, they also reported more internalizing symptoms. In a study that examined the coping patterns of treated alcoholics on the probability of abstinence, researchers found that individuals who reported using no coping had less than a ten percent chance of remaining abstinent than those who used any coping strategy at all (Mosser & Annis, 1996). Likewise, results revealed that depressed individuals tended to use either low or high amounts of coping. In agreement with these studies, between-person findings from the current study showed that more coping in general was adaptive.

However, within-person analyses revealed that use of more coping strategies on a particular occasion was associated with more concurrent internalizing symptoms. In considering these findings, it appears that adolescents who are characterized by greater amounts of coping on average may be better able to utilize the resources available to them to cope with stressors

compared to adolescents who tend to use little to no coping. It could also be that these adolescents are able to employ more coping because they have more coping resources in place. Hence, it may be less about volition and more about the context in which they are embedded. Moreover, when coping with a particular stressor, it is possible that it is less beneficial to engage in more coping. Though, given that this causal direction cannot be inferred conclusively, the other possibility could be that on occasions when youth have low mood, they may summon less energy to generate a range of robust coping responses. As suggested by previous research on situational coping (e.g., Bjorck & Klewicki, 2006; Endler et al., 2000; Kim & Duda, 2003) and findings from the first research question, perhaps it is more advantageous for individuals to assess the demands of the particular stressor and determine an appropriate coping response based upon those needs rather than simply employing a lot of coping all together.

Contrary to hypotheses, both between- and within-person analyses indicated that coping variability did not influence psychological adjustment. This runs counter to previous studies that have examined the effectiveness of variations in coping patterns, defined as use of multiple different coping strategies (Lester, Smart, & Baum, 1994; Mattlin et al., 1990). However, these findings may also be accounted for by a high overall level coping, which is consistent with the findings from the current study. In the current study, coping variability was conceptualized as the dispersion in scores assess of coping strategy use. For example, to obtain a high coping variability score, an adolescent would need to use differing amounts of various coping strategies compared to their mean levels of coping. In other words, an adolescent with high coping variability might utilize a lot of avoidance and exercise, very little direct problem solving and support seeking, and moderate levels of reassurance and cognitive restructuring. However, this index may not capture the notion of coping flexibility. For example, a high scatter among coping

scores does not necessarily indicate that the adolescent successfully matched the stressor with an appropriate coping strategy. As the results from the first research question suggested, effective coping may depend more upon the ability to match an appropriate coping strategy that meets the demands of a stressful event. Cheng (2001) termed this as “coping flexibility,” or the ability to adapt to changes in one’s environment and utilize a coping response that is most appropriate for the situation. In contrast, coping variability, as operationally defined in the current study, was only indicative of the dispersion in the amounts of coping strategies used rather than the match between strategy and situation. While coping flexibility may potentially capture situation-strategy fit, coping flexibility is limited to the problem-focused and emotion-focused paradigm and the appropriate usage of these strategies for controllable versus uncontrollable stressors. It would be useful to expand upon the concept of coping flexibility and include various stressor demands such as perceived and objective stressfulness and various stressor domains.

Limitations and Implications for Future Work

The findings of this study should be interpreted in view of the following limitations and caveats. First, it is important to bear in mind that there might be selection bias since not everyone who was eligible for the study decided to participate. Of those who did not participate (38.5% of students who returned consent packets but declined to participate), it is unclear whether they differed from participants in coping behaviors, internalizing symptoms, cultural values, and the stressors that they have experienced. Second, only a maximum of three specific stressful events and adolescents’ corresponding coping responses were obtained, which may not adequately capture the spectrum of stressors that adolescents experience. Ideally, it would be best to gather more examples of specific stressors that adolescents actually experience and the ways in which they coped with each stressor when examining within-person differences in coping responses.

One possible method is through the daily diary approach as it allows for capturing adolescents' everyday stressful events and corresponding coping behaviors as they unfold. Third, although this was a longitudinal study, the time elapsed between waves of the study is three months. Hence, the case for causation should be taken with caution. As such, the directionality of the association between coping and internalizing symptoms is not clear. There is a great need for more prospective and longitudinal studies that follow participants for longer periods of time to better understand the link between coping and psychological adjustment and the directionality of that association. Furthermore, Vietnamese American adolescents in the sample were recruited in the Orange County area. Given that this location contains a large ethnic enclave of Vietnamese Americans, results may not necessarily generalize to other Vietnamese Americans not living in ethnic enclaves. Lastly, generational status was not examined in this study, as it was not included as a key question. However, it is possible that the extent to which cultural values are endorsed may differ by generational status. In this particular sample, Vietnamese American adolescents were either of first or second generation backgrounds. There were no Vietnamese American adolescents who were third generation or greater. Therefore, it is possible that the Vietnamese American adolescents in this sample are less acculturated and strongly endorse collectivistic values.

Interest in the connection between culture and coping and its implications for psychological adjustment has been growing. However, less research has been devoted to examining the influence of interactions between cultural and stressor-related factors on coping tendencies. Previous research has implicated the importance of fit between cultural values and coping strategy as well as demands of a stressor and coping response. This study directly

examined the interplay of both individual and stressor-related characteristics and how it differentially determined adolescent coping and in turn, psychological adjustment.

Additionally, there is a growing body of literature on collectivistic coping, which posits that there are certain coping responses that better correspond with collectivistic values (see Kuo, 2013 for review). However, closer investigations of particular collectivistic values and movement away from broad dichotomies of coping such as problem-focused versus emotion-focused strategies need to be conducted. Doing so may further reveal that different collectivistic values elicit different coping strategies as evidenced by the contrast in emotional restraint and family obligation findings in this study.

Despite the fact that coping is both dispositional and situational in nature, not many studies have examined these components in conjunction with one another. As supported by findings from this study, coping at the individual level may look different from coping at the occasion level in terms of well-being. In addition, it may be more advantageous to shift focus from disparate coping strategies to general coping patterns in relation to psychological adjustment. Particularly, there has been less attention paid to overall amounts of coping and its influence on well-being. Results from this study showed that more coping is associated with fewer internalizing symptoms. More studies should look into the coping context of adolescents who are able to use more coping in order to determine whether the association between more coping and better psychological adjustment is more so a product of the individual or of the context. In contrast, Herres (2015) speculated that the relationship between amount of coping and internalizing symptoms was curvilinear with moderate amounts of coping being the most adaptive. Specifically, more depressed individuals reported either low or high amounts of coping. Future research should further study and clarify the nature of this association.

As previously mentioned, more in-depth examination of coping flexibility, or the match between coping strategy and situation, as it pertains to subjective well-being may be promising. A scant body of research conducted on coping flexibility (for review, see Cheng, Lau, & Chang, 2014; Cheng, 2003; Cheng, 2001) has shown that individuals with more coping flexibility were better adjusted. Coping flexibility should generally capture individuals' ability to adapt their coping according to the demands of a stressor, yet this construct has been limited to solely controllable versus uncontrollable stressors. Future research may seek to expand upon this by incorporating additional stressor elements. However, the challenge remains to operationally determine the appropriate coping response for a given stressor while maintaining sensitivity to culturally specific coping.

These results have practical implications for interventions that teach individuals how to better cope with their stress. In particular, clinicians should be aware of cultural differences in coping preferences and situational demands of stressors in determining coping efficacy. However, findings suggest that despite cultural differences in coping tendencies, avoidance is associated with poorer well-being whereas support seeking is related to better well-being. Targeted interventions on high-risk populations, such as adolescents who use high levels of avoidance, seem necessary. It may be useful to inform them on how to effectively gather the support resources needed and under what circumstances would be best to seek support from others. One caveat to be aware of when determining high-risk populations is to avoid overgeneralizations of ethnic groups. Rather, it may be more helpful to assess individuals' values as these may be more proximal determinants of their coping behaviors. Alternatively, perhaps interventions should encourage the use of particular coping patterns such as overall amounts of coping and coping flexibility. Indeed, a study examined the efficacy of a new coping flexibility intervention

compared to a cognitive-behavioral intervention and no intervention (Cheng, Kogan, & Cho, 2012). Researchers found that individuals who received the coping flexibility intervention not only grew in their coping flexibility skills but also were the best adjusted by the end of the study and during follow-up four months later. Interventions that teach individuals a variety of coping strategies and help them to both evaluate and employ coping strategies according to strategy-situation fit should be further explored.

Table 1

Exploratory Factor Analysis and Confirmatory Factor Analysis of Coping Items

Coping Items	EFA Factor Loading (C1)	CFA Factor Loading (C2)
<u>Avoidance (7 items)</u>		
I tried to stay away from the problem	.711	.676
I told myself not to make a big deal out of it	.689	.500
I tried not to think about it	.634	.604
I tried to ignore it	.718	.700
I told myself it's not very important	.620	.580
I tried to put it out of my mind	.765	.814
I just tried to forget about it	.729	.755
<u>Support Seeking (7 items)</u>		
I talked about my feelings to someone who really understood	.830	.811
I let other people know how I felt	.828	.723
I talked to someone who could help me solve the problem	.737	.822
I told other people what made me feel the way I did	.814	.703
I talked to someone who could help me figure out what to do	.754	.613
I hung out with someone who cares about me	.534	.589
I talked to others about how I would like to solve the problem	.772	.802
<u>Cognitive Restructuring (6 items)</u>		
I thought about what would happen before I decided what to do	.594	.613
I tried to notice or think about the good things in my life	.506	.613
I told myself that everything happens for a reason	.550	.562
I thought about why it happened	.636	.536
I reminded myself that I am better off than a lot of other teens	.553	.561
I tried to figure out why things like this happen	.612	.564
<u>Reassurance (3 items)</u>		

I told myself I could handle whatever happens	.603	.566
I told myself that things would be OK	.517	.693
I told myself that I could handle this problem	.678	.530

Direct Problem Solving (5 items)

I thought about what I needed to know so I could solve the problem	.532	.809
I did something to make things better	.473	.607
I tried to make things better by changing what I did	.535	.485
I did something to solve the problem	.602	.700
I thought about which things are best to do to handle the problem	.470	.635

Exercise (3 items)

I did some exercise	.775	.962
I played sports	.634	.687
I went for a run or a walk	.737	.563

Table 2

Means of Individual-level Study Variables

Variables	Vietnamese American		European American		<i>t</i>	<i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
1. Avoidance	2.56	(0.65)	2.37	(0.61)	-3.63***	.30
2. Support Seeking	2.55	(0.70)	2.56	(0.70)	0.30	.01
3. Cognitive Restructuring	2.83	(0.57)	2.72	(0.58)	-2.27*	.25
4. Reassurance	2.91	(0.57)	2.91	(0.62)	-0.01	.00
5. Direct Problem Solving	2.75	(0.53)	2.68	(0.60)	-1.43	.12
6. Exercise	2.27	(0.86)	2.31	(0.94)	0.57	.05
7. Internalizing Symptoms	60.74	(9.27)	56.80	(10.45)	-4.82***	.40
8. Emotional Restraint	3.68	(0.80)	3.52	(0.88)	-2.29*	.19
9. Family Obligation	3.38	(0.53)	3.16	(0.57)	-4.75***	.40
10. Perceived Stressfulness	3.30	(1.00)	3.14	(0.98)	-1.94	.16
11. Objective Stressfulness	1.90	(0.50)	1.93	(0.50)	0.66	.06
12. Coping Difference	0.01	(0.96)	-0.19	(0.91)	-2.67	.21
13. Average Coping	2.64	(0.43)	2.59	(0.42)	-1.44	.12
14. Coping Variability	0.59	(0.17)	0.63	(0.18)	2.54	.23

Table 3

Correlations of Individual-level Study Variables

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
(1) Avoidance	–												
(2) Support Seeking	.02	–											
(3) Cognitive Restructuring	.37**	.38**	–										
(4) Reassurance	.26**	.26**	.59**	–									
(5) Direct Problem Solving	.06	.49**	.52**	.50**	–								
(6) Exercise	.21**	.23**	.33**	.26**	.24**	–							
(7) Internalizing Symptoms	.14**	-.12**	-.01	-.15**	-.03	-.12**	–						
(8) Emotional Restraint	.09*	-.35**	-.05	-.07	-.05	-.03	.33**	–					
(9) Family Obligation	.10*	.25**	.26**	.17**	.27**	.19**	-.07	-.04	–				
(10) Subjective Stressfulness	.12**	.07	.01	-.11**	-.01	-.01	.27**	.11*	.04	–			
(11) Objective Stressfulness	.08*	.02	.01	-.09*	-.12**	.03	.11**	.04	-.04	.27**	–		
(12) Coping Variability	-.22**	-.06	.05	.20**	.13**	-.33**	.03	.06	-.10*	.03	-.08	–	

(13) Coping Average	.48**	.61**	.78**	.70**	.68**	.65**	-.08*	-.13**	.32**	.02	-.01	-.10*	_
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Table 4

Means of Occasion-level Study Variables

Variables	Vietnamese American		European American		<i>t</i>	<i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
1. T1 Avoidance	2.59	(0.76)	2.39	0.72	-3.12**	.26
2. T2 Avoidance	2.60	(0.75)	2.35	0.77	-3.35***	.33
3. T3 Avoidance	2.52	(0.84)	2.34	0.81	-2.21*	.22
4. T1 Support Seeking	2.52	(0.86)	2.57	(0.85)	0.62	.05
5. T2 Support Seeking	2.51	(0.83)	2.55	(0.78)	0.51	.05
6. T3 Support Seeking	2.62	(0.81)	2.58	(0.79)	-0.48	.05
7. T1 Cognitive Restructuring	2.86	(0.64)	2.82	(0.65)	-0.82	.07
8. T2 Cognitive Restructuring	2.81	(0.62)	2.69	(0.64)	-1.89 [†]	.19
9. T3 Cognitive Restructuring	2.81	(0.69)	2.59	(0.70)	-3.33***	.33
10. T1 Reassurance	2.90	(0.71)	2.85	(0.72)	-0.89	.07
11. T2 Reassurance	2.94	(0.70)	2.94	(0.71)	0.05	.00
12. T3 Reassurance	2.93	(0.71)	2.95	(0.78)	0.23	.02
13. T1 Direct Problem Solving	2.74	(0.69)	2.67	(0.77)	-1.19	.10
14. T2 Direct Problem Solving	2.73	(0.72)	2.68	(0.75)	-0.59	.06
15. T3 Direct Problem Solving	2.82	(0.70)	2.69	(0.75)	-1.80 [†]	.18

16. T1 Exercise	2.31	(0.94)	2.41	(1.00)	1.31	.11
17. T2 Exercise	2.25	(0.94)	2.26	(1.05)	0.11	.01
18. T3 Exercise	2.23	(0.97)	2.13	(1.00)	-1.08	.11
19. T1 Subjective Stressfulness	3.38	(1.10)	3.25	(1.25)	-1.23	.11
20. T2 Subjective Stressfulness	3.11	(1.17)	3.10	(1.15)	-0.12	.01
21. T3 Subjective Stressfulness	3.35	(1.25)	3.12	(1.20)	-1.38	.19
22. T1 Objective Stressfulness	2.05	(0.66)	2.03	(0.66)	-0.35	.03
23. T2 Objective Stressfulness	1.83	(0.60)	1.82	(0.62)	-0.14	.01
24. T3 Objective Stressfulness	1.70	(0.52)	1.78	(0.57)	1.19	.14
25. T1 Coping Variability	2.65	(0.48)	2.62	(0.46)	1.93 [†]	.16
26. T2 Coping Variability	2.64	(0.49)	2.58	(0.51)	0.82	.08
27. T3 Coping Variability	2.66	(0.53)	2.54	(0.52)	1.61	.16
28. T1 Coping Average	0.60	(0.21)	0.64	(0.20)	-0.90	.04
29. T2 Coping Average	0.59	(0.22)	0.61	(0.23)	-1.23	.12
30. T3 Coping Average	0.59	(0.23)	0.63	(0.23)	-2.18*	.28

Table 5

Subjective Stressfulness Predicting Coping

	Avoidance				Support Seeking			
	Step 1		Step 2		Step 1		Step 2	
	B	(SE)	B	(SE)	B	(SE)	B	(SE)
Intercept	2.03	(0.19)***	2.04	(0.21)***	2.72	(0.20)***	2.65	(0.21)***
Gender	0.05	(0.03) [†]	0.08	(0.07)	0.02	(0.03)	0.13	(0.06) [†]
Vietnamese American	0.16	(0.05)**	0.12	(0.14)	-0.05	(0.06)	0.07	(0.13)
Emotional Restraint	0.05	(0.03) [†]	0.05	(0.03)	-0.29	(0.03)***	-0.29	(0.03)***
Family Obligation	0.02	(0.04)	0.02	(0.04)	0.19	(0.05)***	0.19	(0.04)***
Subjective Stressfulness	0.03	(0.02)	0.02	(0.03)	0.08	(0.02)***	0.11	(0.03)***
Gender			-0.01	(0.02)			-0.04	(0.02)*
Vietnamese American			0.01	(0.04)			-0.04	(0.04)

Note. Gender was effects-coded such that -1 = male and 1 = female. Ethnicity was dummy-coded with European Americans served as the comparison group.

Table 6

Objective Stressfulness Predicting Coping

	Avoidance				Support Seeking			
	Step 1		Step 2		Step 1		Step 2	
	B	(SE)	B	(SE)	B	(SE)	B	(SE)
Intercept	2.03	(0.20)***	2.13	(0.21)***	2.81	(0.20)***	2.77	(0.21)***
Gender	0.06	(0.03)*	0.07	(0.07)	0.03	(0.03)	0.11	(0.07)
Vietnamese American	0.16	(0.05)**	0.00	(0.13)	-0.06	(0.06)	-0.02	(0.14)
Emotional Restraint	0.07	(0.03)*	0.07	(0.03)*	-0.27	(0.03)***	-0.27	(0.03)***
Family Obligation	0.02	(0.04)	0.02	(0.04)	0.20	(0.05)***	0.20	(0.05)***
Objective Stressfulness	0.01	(0.03)	-0.04	(0.05)	0.04	(0.03)	0.06	(0.05)
Gender			0.00	(0.03)			-0.04	(0.03)
Vietnamese American			0.09	(0.06)			-0.02	(0.06)

Note. Gender was effects-coded such that -1 = male and 1 = female. Ethnicity was dummy-coded with European Americans served as the comparison group.

Table 7

Conflict Stressor Predicting Coping

	Avoidance				Support Seeking			
	Step 1		Step 2		Step 1		Step 2	
	B	(SE)	B	(SE)	B	(SE)	B	(SE)
Intercept	2.00	(0.18)***	2.04	(0.18)***	2.84	(0.19)***	2.83	(0.19)***
Gender	0.04	(0.03) [†]	0.05	(0.03) [†]	0.03	(0.03)	0.02	(0.03)
Vietnamese American	0.16	(0.05)**	0.10	(0.06) [†]	-0.05	(0.06)	-0.03	(0.06)
Emotional Restraint	0.05	(0.03) [†]	0.05	(0.03) [†]	-0.28	(0.03)***	-0.28	(0.03)***
Family Obligation	0.03	(0.04)	0.02	(0.04)	0.20	(0.04)***	0.20	(0.04)***
Conflict Stressor	0.31	(0.05)***	0.20	(0.07)**	0.19	(0.04)***	0.22	(0.07)**
Gender			-0.02	(0.04)			0.02	(0.05)
Vietnamese American			0.19	(0.09)*			-0.06	(0.09)

Note. Gender was effects-coded such that -1 = male and 1 = female. Ethnicity was dummy-coded with European Americans served as the comparison group. Conflict stressor was dummy-coded such that 0 = non-conflict stressor and 1 = conflict stressor.

Table 8

Family Stressor Predicting Coping

	Avoidance				Support Seeking			
	Step 1		Step 2		Step 1		Step 2	
	B	(SE)	B	(SE)	B	(SE)	B	(SE)
Intercept	2.11	(0.19)***	2.14	(0.19)***	2.96	(0.19)***	2.94	(0.19)***
Gender	0.06	(0.03)*	0.07	(0.03)*	0.04	(0.03)	0.03	(0.03)
Vietnamese American	0.17	(0.05)**	0.12	(0.06) [†]	-0.04	(0.06)	-0.01	(0.07)
Emotional Restraint	0.06	(0.03) [†]	0.05	(0.03) [†]	-0.27	(0.03)***	-0.27	(0.03)***
Family Obligation	0.01	(0.04)	0.01	(0.04)	0.19	(0.04)***	0.19	(0.04)***
Family Stressor	0.04	(0.05)	-0.03	(0.07)	-0.17	(0.04)***	-0.13	(0.06)*
Gender			-0.05	(0.05)			0.04	(0.05)
Vietnamese American			0.14	(0.09)			-0.08	(0.09)

Note. Gender was effects-coded such that -1 = male and 1 = female. Ethnicity was dummy-coded with European Americans served as the comparison group. Family stressor was dummy-coded such that 0 = non-family stressor and 1 = family stressor.

Table 9

Avoidance and Support Seeking Predicting Internalizing Symptoms

	Internalizing Symptoms			
	Step 1		Step 2	
	B	(SE)	B	(SE)
Intercept	58.23	(2.19)***	58.23	(2.19)***
Gender	1.08	(0.40)**	1.08	(0.04)**
Vietnamese American	3.26	(0.83)***	3.26	(0.83)***
Average Avoidance	1.69	(0.64)**	1.69	(0.64)**
Average Support Seeking	-1.93	(0.59)**	-1.93	(0.59)**
Avoidance	1.01	(0.35)**	0.85	(0.50) [†]
Gender			0.62	(0.34) [†]
Vietnamese American			0.16	(0.69)
Support Seeking	0.17	(0.36)	0.01	(0.56)
Gender			0.21	(0.35)
Vietnamese American			0.32	(0.72)

Note. Gender was effects-coded such that -1 = male and 1 = female. Ethnicity was dummy-coded with European Americans served as the comparison group. Average avoidance and average support seeking were means that were taken across occasions. Occasion-level avoidance and support seeking were group-mean-centered and represent the use of avoidance and support seeking for a given stressor.

Table 10

Coping Variability Predicting Internalizing Symptoms

	Internalizing Symptoms	
	B	(SE)
Intercept	61.28	(2.94)***
Gender	1.03	(0.41)*
Vietnamese American	3.90	(0.82)***
Average Coping	-3.51	(1.17)**
Average Coping Variability	2.70	(2.58)
Coping Variability	-0.33	(1.21)
Average Coping	1.37	(0.69)*

Note. Gender was effects-coded such that -1 = male and 1 = female. Ethnicity was dummy-coded with European Americans served as the comparison group. Average coping at the individual level represented the amount of overall coping adolescents used across occasions. Average coping at the occasion level represented the amount of overall coping for a given stressor. Coping variability was computed by calculating the standard deviation scores of each coping response at each time point. The mean of these standard deviation scores was then taken across coping responses for each time point. These scores were then averaged together to compute average coping variability.

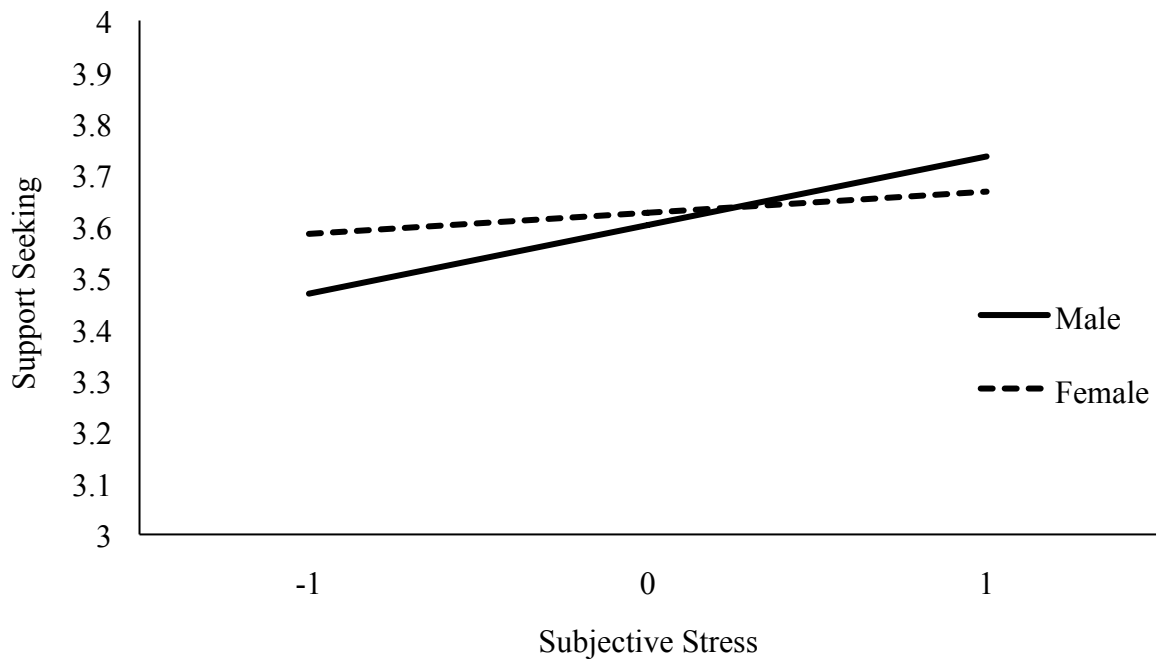


Figure 1. Gender moderating the association between subjective stress and support seeking. At lower levels of subjective stress, males were less likely than females to seek support to cope with stress. In contrast, females were likely to engage in support seeking despite the subjective stressfulness of an event.

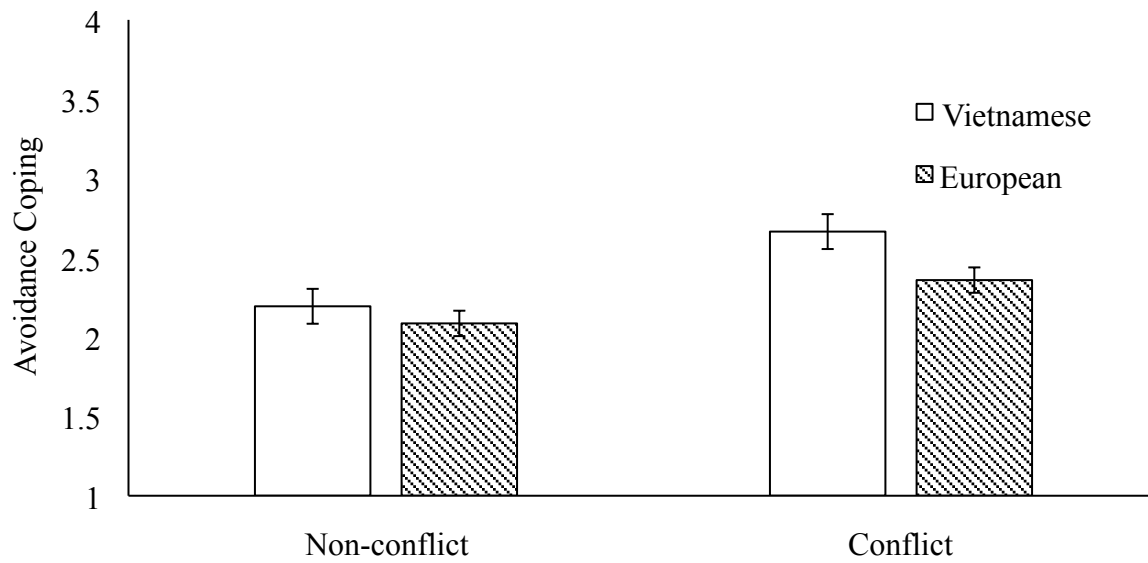


Figure 2. Ethnicity moderating the effect of conflict on avoidance coping. Compared to European American adolescents, Vietnamese American adolescents were more likely to use avoidance coping for stressors that involved conflict. For non-conflict stressors, there were no ethnic differences in avoidance.

APPENDIX A

Adolescent Chronic Stress Interview-Notes and Scoring

Date: _____ Interviewer: _____ ID: _____ Time _____

Close Friendships

- How long you've known each other
- How things are going
- Where does he/she live, frequency of contact/hang out/activities, same/different school
- Closeness
- Trust
- Availability, dependability
- Reciprocity
- Arguments/conflicts and resolution



Social Life

- Social group(s) – if more than 1, which group teen is closest to
- Closeness to group(s)
- Number of friends in group (s)
- Where do they live, frequency of contact/hang out/activities, same/different school
- Dependability, availability
- Trust
- Arguments/conflicts and resolution
- Get along with others outside of group at school?



Romantic Relationship = R# _____

R1 (in a relationship)

How long, what is relationship like, how they treat you, conflict/resolution, closeness, availability, trust



frequency of contact/activities, do parents know/approve, ever had a relationship – quality of past rel?

R2 (no partner, no interest)

Possibilities available, how often you try to meet potential partners, pressure from family/friends to have someone, how often lonely, how often think about being single, content without a partner, are friends dating, ever had relationship, how long since last relationship

R3 (interested)

How many people you're interested in, does s/he know you're interested, do you think s/he likes you, how do you know, contact/duration/activities, what's your interaction like with him/her, potential for relationship, parents' expectations regarding dating

Family Relationships (Parents & Siblings) FOCUS IS ON RELATIONSHIP WITH PARENTS

- Who do you live with (note if parents are separated/divorced; note relationships with biological and step parents)
- age of fam members
- quantity/quality of contact and interaction
- closeness, trust
- available, dependable
- accepting of teen
- What does family do together (e.g. family night, movie, dinner, go out)
- who are you closest to
- argument/conflict/resolution
- relationship between parents and how it affects you
- if many siblings: rate closest and most conflictual relationships



MOTHER

FATHER

Extended Family (grandparents, aunts/uncles, cousins)

- Who are your relatives (mom's side, dad's side)
- where do they live
- how often do you see them
- closeness, reliable, trust,
- conflict/resolution
- what is your interaction like when you see them

*If many relatives: focus on closest and most conflictual relationships

*neutral relationships are scored 2.5



MOTHER'S SIDE OF THE FAMILY

FATHER'S SIDE OF THE FAMILY

Academic Experiences (Scholastic)

- What classes are you taking
- current grades (if lower than expected grades, reason for grades)
- grades you typically get
- awards, special classes
- desire/motivation to study, study habits, efforts
- tutoring help (private, at school, from peers)
- parents' expectations – consequences of not meeting their expectations
- peers' grades
- grades you expect by end of semester
- fail exams/quizzes



Academic Experiences (Behavioral functioning)

- Disciplinary problems – gotten in trouble at school
- relationship with teachers, with classmates
- Problems with attendance, detention, late to class

Finances

- Parents' occupation, estimated salary
- Do siblings or teens work
- living in house/apt & condition; rent or mortgage
- how many cars
- loans/debts; gets \$\$ from extended family
- can family afford leisure (go out to eat, movies, trips)
- pay bills on time, able to afford basic necessities
- savings, budgeting
- receiving free/reduced lunch, health insurance (private, MediCal), foodstamp, welfare

Health (Self) DON'T ASK ABOUT TEEN'S PSYCHIATRIC CONDITION

- illness, medical condition
- duration, treatment required: seeing doctor, taking meds, etc
- how does condition affect your day to day (e.g. schooling, sleep, activities, sick in bed)
- smokes, drinks
- exercise, under/overweight
- how much/how is medical expense paid for

Health (family) ask only about parents + siblings; it's ok if teen brings up extended fam)

Rating is focused on the person with the most severe health problem

OK TO REPORT FAMILY'S PSYCHIATRIC CONDITION



- illnesses, medical conditions
 - duration, treatment, taking meds, care required (who provides care to this person)
 - how does condition affect day to day (e.g. sick in bed, miss work, can't do chores, limited activities)
 - smokes, drinks
 - exercise, under/overweight
 - how much/how is medical expense paid for
- ***if teen doesn't know specific illness: ask what do you notice about xyz's health that indicates he/she has a health condition

Discrimination

SCHOOL & NEIGHBORHOOD



- How do the ethnic groups get along
- unfair treatment toward you/others around you
- racial insults, conflicts, exclusion
- have you witnessed/heard anything discriminatory
- expectations toward you and your group
- stereotyping: does it bother you or is it merely joking around?

SCHOOL

NEIGHBORHOOD

APPENDIX B

Episodic Stress Interview

Event #: ____
(chronological order, starting with earliest event)
ID #: _____
Date: _____
Interviewer: _____

Quick Codes:

__ Social/Peer	__ Finances
__ Romantic	__ Health – self
__ Family	__ Health - family
__ Extended Family	__ Discrimination
__ Acad-Scholastic	__ Conflict
__ Acad-Behavioral	__ Positive

Date of Occurrence: _____

Duration: _____

Description of Event:

- Describe what happened
- how long did it last – consider possibility of event being chronic if ongoing for some time
- who was involved
- how close are you to the individuals involved in the event
- how did it affect the people involved
- was it expected or not – what led up to it, consequences
- has it happened before
- who did you reach out to for support
- assess for impact of event on teen’s life (e.g. friendship, school, finance, relationships)

ASK FOR FACTUAL INFORMATION

DO NOT ASK FOR TEEN’S REACTIONS TO EVENT (I.E. I WAS SAD, I CRIED, I WAS WORRIED)

Subjective Rating of Negative Impact (no .5 score):

1 2 3 4 5
none mild moderate marked severe

Team Objective Rating of Negative Impact/Stress (.5 score is okay):

1 2 3 4 5
none mild moderate marked severe

Team Rating of Independence:

1 2 3 4 5
almost completely Mixed, almost completely
independent uncertain dependent

APPENDIX C

HOW I COPE UNDER PRESSURE SCALE (HICUPS)

Instructions. "Here is an event which you said happened to you during the past 6 months."

EVENT summary:

"When events like this happen people think or do many different things to help make their situation better, or to make themselves feel better. Please tell us how much you thought or did each of the different things listed below to try and make things better or to make yourself feel better when this event happened. There are no right or wrong answers, just mark how often you did each of these things during the event you just described."

1. I thought about what I could do before I did something

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

2. I reminded myself that I knew what to do.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

3. I told myself it was not worth getting upset about.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

4. I avoided the people who made me feel bad.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

5. I told myself not to make a big deal out of it

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

6. I did something with my friends

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

7. I tried not to think about it.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

8. I tried to notice or think about the good things in my life

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

9. I thought about what would happen before I decided what to do.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

10. I did something to make things better.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

11. I let other people know how I felt.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

12. I hid my emotions.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

13. I watched TV.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

14. I told myself that everything happens for a reason.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

15. I tried to understand it better by thinking more about it.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

16. I played sports.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

17. I tried to stay away from the problem.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

18. I realized that I just have to live with things the way they are

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

19. I went on Facebook or blogged to share my feelings

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

20. I told myself that things would be OK

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

21. I kept my emotions under control

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

22. I did some exercise.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

23. I told myself that I could handle this problem.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

24. I tried to ignore it.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

25. I told myself it's not very important.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

26. I tried to make things better by changing what I did.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

27. I talked to someone who could help me solve the problem.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

28. I thought about what I needed to know so I could solve the problem.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

29. I thought about what I could learn from the problem.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

30. I decided just to accept things as they are, and go with the flow.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

31. I told myself I have taken care of things like this before.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

32. I told other people what made me feel the way I did.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

33. I did something to solve the problem.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

34. I talked to someone who could help me figure out what to do.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

35. I told myself that this is just a part of life.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

36. I avoided it by going somewhere to be by myself.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

37. I spent time with my family.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

38. I did something like video games or a hobby, or surfed online.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

39. I told myself that it's not so bad.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

40. I thought about why it happened.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

41. I went for a run or a walk

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

42. I pretended to other people that everything was fine.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

43. I reminded myself that I am better off than a lot of other kids

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

44. I hung out with someone who cares about me

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

45. I tried to figure out why things like this happen

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

46. I tried to stay away from things that made me feel upset

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

47. I tried to put it out of my mind.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

48. I listened to music.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

49. I did not let myself get emotional.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

50. I went bicycle riding, skateboarding or roller-skating.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

51. I talked to others how I would like to solve the problem.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

52. I told myself I could handle what ever happens.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

53. I did something in order to get the most I could out of the situation.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

54. I just tried to forget about it.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

55. I talked about my feelings to someone who really understood.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

56. I thought about which things are best to do to handle the problem.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

57. I sought out friends but I didn't want to talk about it.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

58. I read a book or magazine.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

59. I told other people what I wanted them to do.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

60. I told myself that things would get better.

Not at all	A little	Somewhat	A lot
(1)	(2)	(3)	(4)

APPENDIX D

Please print. Be sure to answer all items.

Below is a list of items that describe kids. For each item that describes you **now or within the past 3 months**, please circle the **2** if the item is **very true or often true** of you. Circle the **1** if the item is **somewhat or sometimes true** of you. If the item is **not true** of you, circle the **0**.

	0 = Not True		1 = Somewhat or Sometimes True		2 = Very True or Often True
0 1 2		1. I act too young for my age		0 1 2	33. I feel that no one loves me
0 1 2		2. I drink alcohol without my parents' approval (describe): _____		0 1 2	34. I feel that others are out to get me
0 1 2		3. I argue a lot		0 1 2	35. I feel worthless or inferior
0 1 2		4. I fail to finish things I start		0 1 2	36. I accidentally get hurt a lot
0 1 2		5. There is very little that I enjoy		0 1 2	37. I get in many fights
0 1 2		6. I like animals		0 1 2	38. I get teased a lot
0 1 2		7. I brag		0 1 2	39. I hang around with kids who get in trouble
0 1 2		8. I have trouble concentrating or paying attention		0 1 2	40. I hear sounds or voices that other people think aren't there (describe): _____
0 1 2		9. I can't get my mind off certain thoughts; (describe): _____		0 1 2	41. I act without stopping to think
0 1 2		10. I have trouble sitting still		0 1 2	42. I would rather be alone than with others
0 1 2		11. I'm too dependent on adults		0 1 2	43. I lie or cheat
0 1 2		12. I feel lonely		0 1 2	44. I bite my fingernails
0 1 2		13. I feel confused or in a fog		0 1 2	45. I am nervous or tense
0 1 2		14. I cry a lot		0 1 2	46. Parts of my body twitch or make nervous movements (describe): _____
0 1 2		15. I am pretty honest		0 1 2	47. I have nightmares
0 1 2		16. I am mean to others		0 1 2	48. I am not liked by other kids
0 1 2		17. I daydream a lot		0 1 2	49. I can do certain things better than most kids
0 1 2		18. I deliberately try to hurt or kill myself		0 1 2	50. I am too fearful or anxious
0 1 2		19. I try to get a lot of attention		0 1 2	51. I feel dizzy or lightheaded
0 1 2		20. I destroy my own things		0 1 2	52. I feel too guilty
0 1 2		21. I destroy things belonging to others		0 1 2	53. I eat too much
0 1 2		22. I disobey my parents		0 1 2	54. I feel overtired without good reason
0 1 2		23. I disobey at school		0 1 2	55. I am overweight
0 1 2		24. I don't eat as well as I should		0 1 2	56. Physical problems without known medical cause: _____
0 1 2		25. I don't get along with other kids		0 1 2	a. Aches or pains (not stomach or headaches)
0 1 2		26. I don't feel guilty after doing something I shouldn't		0 1 2	b. Headaches
0 1 2		27. I am jealous of others		0 1 2	c. Nausea, feel sick
0 1 2		28. I break rules at home, school, or elsewhere		0 1 2	d. Problems with eyes (not if corrected by glasses) (describe): _____
0 1 2		29. I am afraid of certain animals, situations, or places, other than school (describe): _____		0 1 2	e. Rashes or other skin problems
0 1 2		30. I am afraid of going to school		0 1 2	f. Stomachaches
0 1 2		31. I am afraid I might think or do something bad		0 1 2	g. Vomiting, throwing up
0 1 2		32. I feel that I have to be perfect		0 1 2	h. Other (describe): _____

Please print. Be sure to answer all items.

0 = Not True			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	57. I physically attack people	0	1	2	84. I do things other people think are strange (describe): _____	
0	1	2	58. I pick my skin or other parts of my body (describe): _____	0	1	2	85. I have thoughts that other people would think are strange (describe): _____	
0	1	2	59. I can be pretty friendly	0	1	2	86. I am stubborn	
0	1	2	60. I like to try new things	0	1	2	87. My moods or feelings change suddenly	
0	1	2	61. My school work is poor	0	1	2	88. I enjoy being with people	
0	1	2	62. I am poorly coordinated or clumsy	0	1	2	89. I am suspicious	
0	1	2	63. I would rather be with older kids than kids my own age	0	1	2	90. I swear or use dirty language	
0	1	2	64. I would rather be with younger kids than kids my own age	0	1	2	91. I think about killing myself	
0	1	2	65. I refuse to talk	0	1	2	92. I like to make others laugh	
0	1	2	66. I repeat certain acts over and over (describe): _____	0	1	2	93. I talk too much	
0	1	2	67. I run away from home	0	1	2	94. I tease others a lot	
0	1	2	68. I scream a lot	0	1	2	95. I have a hot temper	
0	1	2	69. I am secretive or keep things to myself	0	1	2	96. I think about sex too much	
0	1	2	70. I see things that other people think aren't there (describe): _____	0	1	2	97. I threaten to hurt people	
0	1	2	71. I am self-conscious or easily embarrassed	0	1	2	98. I like to help others	
0	1	2	72. I set fires	0	1	2	99. I smoke, chew, or sniff tobacco	
0	1	2	73. I can work well with my hands	0	1	2	100. I have trouble sleeping (describe): _____	
0	1	2	74. I show off or clown	0	1	2	101. I cut classes or skip school	
0	1	2	75. I am too shy or timid	0	1	2	102. I don't have much energy	
0	1	2	76. I sleep less than most kids	0	1	2	103. I am unhappy, sad, or depressed	
0	1	2	77. I sleep more than most kids during day and/ or night (describe): _____	0	1	2	104. I am louder than other kids	
0	1	2	78. I am inattentive or easily distracted	0	1	2	105. I use drugs for nonmedical purposes (<i>don't</i> include alcohol or tobacco) (describe): _____	
0	1	2	79. I have a speech problem (describe): _____	0	1	2	106. I like to be fair to others	
0	1	2	80. I stand up for my rights	0	1	2	107. I enjoy a good joke	
0	1	2	81. I steal at home	0	1	2	108. I like to take life easy	
0	1	2	82. I steal from places other than home	0	1	2	109. I try to help other people when I can	
0	1	2	83. I store up too many things I don't need (describe): _____	0	1	2	110. I wish I were of the opposite sex	
				0	1	2	111. I keep from getting involved with others	
				0	1	2	112. I worry a lot	

Please write down anything else that describes your feelings, behavior, or interests:

APPENDIX F

7/26/13

Teen stress (A-C2)

Resize font:



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FA 2011-09-11					
I. How important is it to you that you:					
	Not at all important	A little important	Somewhat important	Fairly important	Very important
Treat your parents with great respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Follow your parents' advice about choosing friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Do well for the sake of your family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Follow your parents' advice about choosing a job or major in college.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Treat your grandparents with great respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Respect your older brothers and sisters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Make sacrifices for your family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
II. How important is it to you that you:					
	Not at all important	A little important	Somewhat important	Fairly important	Very important
Help your parents financially in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Live at home with your parents until you are married.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Help take care of your brothers and sisters in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Live or go to college near your parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Have your parents live with you when they get older.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
III. How often do you think you should do the following things?					
	Almost never	Once in a while	Sometimes	Frequently	Almost always
Translate for your parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Run errands that the family needs done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Help your brothers or sisters with their homework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Help out around the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Help take care of your brothers and sisters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
Help take care of your grandparents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> reset
***** PLEASE CLICK THE SUBMIT BUTTON TO FINISH! *****					
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