Child mental health is an area of growing concern for practitioners, educators, and researchers (Reyno & McGrath, 2006), as recent estimates indicate that approximately 11% of children in the U.S. suffer from a significant mental disorder (U.S. Department of Health and Human Services, 1999). Some groups of children may be particularly at risk for psychopathology due to factors such as discrimination, low socioeconomic status, and linguistic difficulty, which are known to increase child and family stress and adjustment (Canino & Spurlock, 2000; Yamamoto, Arturo-Silva, Ferrari, & Nukariya, 1997). While many factors have been implicated in the development of child psychopathology, research on parent-child attachment highlights the importance of responsive early interaction with a caregiver for positive child adjustment (Ainsworth, Blehar, Waters, & Wall, 1978; Bornstein, 1985; Bowlby, 1969, 1980).

Attachment Theory
Attachment is defined as the emotional bond between children and their caregivers (Bretherton, 1992; Roelofs, Meesters, Huurne, Bamelis, & Muris, 2006). Early interaction with a caregiver leads to one of three distinct attachment styles: secure, avoidant, and anxious-ambivalent (Ainsworth et al., 1978). In an experiment referred to as the Strange Situation procedure, Ainsworth and colleagues found that secure attachment is characterized by children having confidence to explore their environment in the presence of their caregiver. Upon separation from the caregiver, securely attached children are relatively easily consoled by others or the caregiver when she or he returns. Securely attached children tend to have caregivers who are sensitive, accepting, and responsive. Children with an avoidant attachment style tend to avoid contact with their caregivers, who are apt to be rigid and distant. Anxious-ambivalent children are likely to demonstrate ambivalence or anger toward their caregivers, and to have caregivers who demonstrate inconsistent caregiving behavior. Thus, children with responsive and supportive caregivers are likely to develop secure

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attachments, whereas children with unresponsive (i.e., distant or inconsistent) caregivers are likely to develop insecure attachments.

Internal Working Models
According to attachment theory, the process by which early interaction with caregivers leads to a particular attachment style is through an internal schema, the internal working model (IWM). Early interaction leads to the development of the IWM which guides children’s behavior, beliefs, and expectations and leads to a particular attachment style. Early parental “training” is thought to mold the child’s internal working model of attachment. During their first year of life, children learn to avoid behaviors and emotional expressions that make their primary attachment figures (usually mothers) uncomfortable. Caregivers can communicate their level of comfort or discomfort with a behavior by facial expression (i.e., a smile or a frown), by expressing it verbally (i.e., “don’t do that”), or by dismissing or ignoring it (i.e., changing the subject, looking away; Berlin, Ziv, Amaya-Jackson, & Greenberg, 2005).

Bowlby suggested that IWMs are “tolerably accurate reflections of the experiences those individuals actually had” (Bowlby, 1973, p. 235). He suggested that secure IWMs lead to positive perceptions of the present and expectations of the future, whereas insecure IWMs lead to psychopathology. Children whose caregivers consistently meet their needs in a loving and supportive manner tend to develop an IWM of others as good (i.e., trustworthy and dependable) and of themselves as good (i.e., attractive, competent, and loveable; Bretherton, 1992; Levy & Blatt, 1999). Alternatively, children whose caregivers do not regularly meet their needs, including those for contact and exploration, generally develop an IWM of others as bad (i.e., unreliable and uncaring) and of themselves as bad (i.e., unworthy, incompetent, and unlovable). As adults, those who have developed an IWM of themselves and others as bad tend to dis- point themselves and expect others to be unresponsive and uncaring.

Bowlby (1980) found empirical support for the stability of the IWM throughout the lifespan and more recent research seems to confirm this finding. The attachment style developed early in life was found to be associated with stress-coping abilities and attachment later in life (Willinger, Diendorfer-Radner, Willnauer, Jörgl, & Hager, 2005). Furthermore, being raised in an authoritative household, which is often the case for children with secure attachment (Karavasilis, Doyle, & Markiewicz, 2003), can influence perceptions of others’ trustworthiness, accessibility, and responsiveness positively in the context of relationships (Neal & Frick-Horbury, 2001). Shaver, Collins, and Clark (1996) have also suggested that expectations related to one’s IWM tend to be self-fulfilling over time. For example, if one has a history of being rejected, one will develop an expectation of rejection from others and behave in ways that promote further rejection. Klohnen and Bera (1998) conducted a longitudinal study of 100 women between the ages of 21 and 52 and found consistent IWMs in these women throughout their lifespan, as well as a correlation between their IWMs and self-report measures of their childhood environments. In conclusion, children who are securely attached to their attachment figures and develop positive IWMs enjoy better mental health and greater wellbeing, both in childhood and later in life.

In summary, one mechanism at play in determining whether children develop adaptive psychological functioning is children’s attachment to their primary caregivers (Ainsworth et al., 1978; Bornstein, 1985; Bowlby, 1969, 1980).

Parent-Child Interaction
Positive interaction between parent and child is often described by trained observers as a flowing, “coordinated interaction” (Kerns, 1994). Harrist and Waugh (2002) further explain that it is possible for two people who are closely attached, such as parent and child, to show and perceive in each other the following characteristics: shared sustained foci of attention, shared understanding, mutually high positive affect, mutually positive appropriate bids and responses, mutually respectful deference and receptivity, mutually enjoyable interactions, shared relatively moderate intensities of arousal, and high levels of positive, contingent, sensitive responsiveness and attunement. Thus, when optimal parent-child interaction occurs, both partners coregulate each other and appear to be operating as one dyad rather than two individuals involved in turn-taking or noncontingent behaviors (Fogel, 1993). According to theoretical premises, the degree and quality of the interaction (i.e., parents sensitively responding to children’s bids) is a key component in the transmission of the IWM from parent to child (Bowlby, 1980). Therefore, examining parents’ responses to their children’s bids may provide a window into their attachment dynamic.

Gaps in Literature
Though research clearly supports a direct link between a caregiver’s IWM, parenting behavior, and child attachment, very little research has succeeded in supporting the hypothesis that parenting behavior is the mediating factor between caregiver IWM and child attachment (Cassidy et al., 2005). This may be in part due to the fact that most research has used global measures of
parent-child interaction which can potentially cause researchers to miss some important yet subtle aspects of parent-child interaction. Fortunately, new methodological advances permit more micro-level observation of parent-child dyads.

Furthermore, little attachment research has specifically examined Hispanic mother-child dyads, yet research has revealed differences in parenting and relational aspects between various cultures. Research on Hispanic populations is especially important considering the rapid growth rate of this population in the U.S. According to the U.S. Census (2005), the Hispanic population grew by 21% between the years of 2000 and 2004, making them the largest and fastest growing population in the United States. This population appears to have a greater risk for developing psychopathology, due to their lower socioeconomic status, experiences of discrimination, and linguistic challenges experienced in this country (Canino & Spurlock, 2000). Therefore, the need for research with this population is of increasing importance. Few studies have investigated the parental influence on child psychopathology specifically within these Hispanic families, despite the fact that different cultures have distinct child-rearing practices (Ferrari, 2002).

The Current Study
This study sought to address the empirical gaps outlined in this paper in order to facilitate more efficacious prevention and intervention efforts, specifically those in this paper in order to facilitate more efficacious practices (Ferrari, 2002).

Participants
Data for this study were collected as part of an on-going study, The Child Development and Family Enrichment Project, at the Youth and Family Development Program (YFDP) in the department of psychology at a large southern university. While other ethnicities participated, only the 24 Hispanic mother-child dyads were used for analyses. Children’s ages ranged from 6 to 12 years (M = 8.06; SD = 2.06). Nineteen (approximately 80%) of the children were boys and 5 (approximately 20%) were girls. Mothers’ ages ranged from 21 to 52 with a mean age of 35.18. Thirty (75%) of the mothers were married, six (15%) were divorced, two (5%) were separated, one (2.5%) was single, and one (2.5%) did not report her marital status. Two (5%) of the mothers had completed some high school, five (12.5%) had completed high school, 13 (32.5%) had completed some college, 16 (40%) had attained bachelor degrees, two (5%) had attained advanced degrees, and two (5%) did not report their education levels.

Procedure
Parents who contacted YFDP with questions based on curiosity, or concerns about their child’s development (i.e., school readiness, divorce adjustment, age-appropriate behavior), were given a description of the services provided by YFDP, including the Developmental Assessment and Feedback Session—a service offered by counseling psychology practicum/internship students at YFDP. Parents were then screened for eligibility for participation in the study (i.e., target children were between the ages of 6 and 12 and did not meet criteria for certain disorders which were beyond the scope of YFDP). Families who did not qualify for these reasons were referred to psychology clinics at nearby universities. Parents who did qualify for the current study were offered the opportunity to obtain their Developmental Assessment at a reduced rate in exchange for their participation in the research.

Assessment Procedures
Prior to the start of the assessment, mothers received an explanation of the research and signed informed consent forms, which included consent to be videotaped during the play task. A play task assessment was then conducted with each parent-child dyad during their first visit. This play task consisted of four 5-min tasks, both structured and unstructured, which created a close approximation of play behaviors in the natural environment. Specifically, there was a puppet task, a Lincoln Log task, a ball and trash can task, and a snack and clean-up task. After the play task assessment, the child completed routine age-appropriate assessments with a therapist while the parent completed self-report questionnaires.

Measures
Background questionnaire. The questionnaire contained questions about the mother’s age and ethnicity as well as about the sex, age, and ethnicity of her participating child. The questionnaire also included questions about education and family income.

The Semistructured Clinical Interview for Children and Adolescents. Counseling psychology practicum/internship students at YFDP used the Semistructured Clinical Interview for Children and Adolescents (SCICA; McConaughy & Achenbach, 2001) to assess
child psychological adjustment. The SCICA is a paper-and-pencil measure containing 247 questions that measure a child’s self-report as well as a therapist’s perception of a 6- to 18-year-old child’s behavior problems. After the interview, the therapist fills out the observation form indicating both behaviors observed by the therapist and those reported by the child. For example, the questionnaire asks the therapist questions such as whether the child “reports being self-conscious or easily embarrassed” on a scale of zero to three (0 = no occurrence, 3 = definite occurrence with severe intensity of 3 or more minutes duration). The current study used the Aggression/Rule Breaking Behavior, Self-Control Problems, DSM Affective Problems, DSM Oppositional Defiant Problems, DSM Conduct Problems, as well as the Externalizing Problems and Total Self-Report Problems scales. Higher scores on these scales indicate more child adjustment problems.

The SCICA has been reported to be reliable ($r = .78, p < .01$; McConaughy & Achenbach, 2001) and to be highly correlated with the Child Behavior Checklist, which has a strong empirical base with good validity and reliability (Achenbach & Edelbrock, 1983; Biederman et al., 2001; Sheeber & Johnson, 1994). A computer scoring program, Assessment Data Manager (ADM), manufactured by Achenbach System of Empirically Based Assessments (ASEBA), was used to determine age-normed subscale z-scores for the scales and subscales.

### Data Coding of Parent Responsiveness

We coded observational ratings of parent-child interaction during these play tasks using a computer software package, the Noldus Observer XT 7.0, by viewing the 20-min play tasks, which were videotaped through a one-way mirror. We coded child bids as one of the following: direct request, indirect request, intentional touch, join/intervene, or gesture. Mothers’ responses to these bids were evaluated for contextual appropriateness and rated as accept-engage, accept-acknowledge, ignore, or reject. Mothers’ responses, verbal or nonverbal, of accepting and engaging were assigned a value of 3. Mothers’ responses of accepting minimally simply by acknowledging were assigned a value of 2. Mothers who responded to their child’s bid by ignoring were assigned a value of 1 and mothers’ rejecting responses were assigned a value of 0. Following conventions established by Biringen (1994), mean parent responsiveness to child bids was calculated to determine how responsive, overall, a mother was to the bids of her child. Additionally, we calculated counts of each type of child bid and parent response.

Two extensively-trained undergraduate raters coded the videos together with a detailed coding manual to reference. Any disagreement was discussed with an arbitrator to reach consensus. Additionally, 20%

### Table 1

Means, Standard Deviations, and Ranges for Study Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>$M$</th>
<th>$SD$</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Child Bids</td>
<td>3.29</td>
<td>2.53</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Mean Mother Response</td>
<td>2.35</td>
<td>0.55</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Number of Reject Responses</td>
<td>0.21</td>
<td>0.66</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Number of Ignore Responses</td>
<td>0.46</td>
<td>0.72</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Number of Accept-Engage Responses</td>
<td>1.46</td>
<td>1.38</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

**Note.** $N = 24.$
of the tapes rated each week were randomly chosen to be independently rated by the investigator, in order to ascertain integrity of the coding scheme as applied by the raters and prevent rater drift. Percent agreement between the coding team and the investigator was required to remain above 80%. All coding met this criterion with a percent agreement ranging from 81.4 to 100%.

Results
Preliminary analyses included the calculation of descriptive statistics, including means, standard deviations, and skewness and kurtosis levels for all study variables and measures of central tendency where appropriate (See Table 1). There were no missing data and continuous variables were approximately normally distributed. Child age and gender were assessed for appropriateness for inclusion as covariates; however, they were not significantly associated with any study variables and were therefore not included in subsequent analyses.

One-tailed Pearson correlations were run to test the hypothesis that Hispanic children whose mothers are more responsive during play will have children with lower scores on measures of psychological adjustment as measured by the Semistructured Clinical Interview for Children and Adolescents (SCICA). Table 1 shows the mean, standard deviation, and range for each of the study variables.

Table 2 shows the correlations between mother-child interaction and child symptomatic problems. An analysis of the data revealed significant negative correla-

<table>
<thead>
<tr>
<th>CBCL competence scores</th>
<th>Mean mother response</th>
<th>Number of reject responses</th>
<th>Number of ignore responses</th>
<th>Number of accept-engage responses</th>
<th>Number of child bids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive/rule breaking behavior</td>
<td>-.47**</td>
<td>.23</td>
<td>.06</td>
<td>-.41**</td>
<td>.06</td>
</tr>
<tr>
<td>Self-control Problems</td>
<td>-.17</td>
<td>.05</td>
<td>.39**</td>
<td>.26</td>
<td>.57***</td>
</tr>
<tr>
<td>Externalizing Problems</td>
<td>-.21</td>
<td>.02</td>
<td>.27*</td>
<td>-.13</td>
<td>.21</td>
</tr>
<tr>
<td>Self-report Problems</td>
<td>-.39*</td>
<td>.26</td>
<td>.11</td>
<td>-.27</td>
<td>.14</td>
</tr>
</tbody>
</table>

Note. $N = 24$.
* = Cannot be computed because at least one of the variables is constant.
* = NS Correlation at the 0.05 level (1-tailed) approached significance.
** = Correlation is significant at the 0.05 level (1-tailed).
*** = Correlation is significant at the 0.01 level (1-tailed).

## Table 3

<table>
<thead>
<tr>
<th>CBCL scores on DSM subscales</th>
<th>Mean mother response</th>
<th>Number of reject responses</th>
<th>Number of ignore responses</th>
<th>Number of accept-engage responses</th>
<th>Number of child bids</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSM scales Affective Problems</td>
<td>-.03</td>
<td>-.14</td>
<td>.27*</td>
<td>.13</td>
<td>.36*</td>
</tr>
<tr>
<td>DSM scales Oppositional Defiant Problems</td>
<td>-.67***</td>
<td>.67***</td>
<td>.15</td>
<td>-.34**</td>
<td>.19</td>
</tr>
<tr>
<td>DSM scales Conduct Problems</td>
<td>-.33*</td>
<td>.21</td>
<td>.27</td>
<td>-.10</td>
<td>.41*</td>
</tr>
</tbody>
</table>

Note. $N = 24$.
* = NS Correlation at the 0.05 level (1-tailed) approached significance.
** = Correlation is significant at the 0.05 level (1-tailed).
*** = Correlation is significant at the 0.01 level (1-tailed).
tions between scores on the Aggressive/Rule Breaking Behavior subscale and mean mother response, \( r(24) = -.47, p = .02 \), and the number of accept-engage responses to child bids, \( r(24) = -.41, p = .05 \). Scores on the Self-Control Problems subscale were positively correlated with the number of ignore responses to child bids, \( r(24) = .39, p = .02 \), and the total number of child bids during interaction \( r(24) = .57, p = .04 \). Additionally, scores on the Total Self-Report Problems scale were negatively correlated with the mean mother response to child bids, \( r(24) = -.39, p = .04 \).

Table 3 shows the correlations between mother-child interaction and child problems on the DSM scales of the SCICA. As expected, scores on the DSM Oppositional Defiant Problems scale were positively correlated with the number of reject responses to child bids, \( r(24) = .67, p = .001 \), and negatively correlated with mean mother responses to child bids \( r(24) = -.67, p = .001 \), and the number of accept-engage responses to child bids, \( r(24) = -.34, p = .05 \).

Additionally, there were several trends in the data that were directionally consistent with the hypotheses, although the correlations were not statistically significant. Scores on the Total Externalizing Problems scale were associated with the number of ignore responses to child bids (see Table 2), as indicated by a \( p \) value that approached significance, \( r(24) = .27, p = .09 \). As shown in Table 3, scores on the DSM Affective Problems subscale were associated with the number of ignore responses to child bids \( r(24) = .27, p = .08 \), and the total number of child bids during interaction, \( r(24) = .36, p = .07 \). Finally, scores on the DSM Conduct Problems subscale were associated with the number of child bids during interaction, \( r(24) = .41, p = .05 \), and negatively associated with the mean mother response to child bids, \( r(24) = -.33, p = .07 \).

**Discussion**

This study examined the association between mother responsiveness to child bids for interaction during play and child psychological adjustment. In light of prior research (e.g., Cumberland-Li, Eisenberg, Champion, Gershoff, & Fabes, 2003; Eisenberg et al., 2001; Eisenberg et al., 2003; Landry, Smith, Swank, Assel, & Vellet, 2001), we hypothesized that children whose mothers were more responsive to their bids for interaction would have children with lower scores on measures of psychological problems as measured by the Semistructured Clinical Interview for Children and Adolescents (SCICA). This hypothesis was tested using a microbehavioral level coding of mother-child interaction and individual subscales of the SCICA. The hypothesis was partially supported. We found that children who make more bids for interaction with their mothers or whose mothers are more responsive to their bids (i.e., engaging with their children in response to their bids for interaction) had less problematic behavior in the areas of aggression and rule breaking behavior, self-control problems, attention problems, externalizing problems, and total problems in general. In our interpretation of these results, we follow child clinical literature which interprets fewer behavioral problems or psychological symptoms implies better adjustment (Achenbach & Edelbrock, 1983).

The mothers who showed more engaged and responsive behavior in response to their children’s bids for interaction had children who exhibited less aggressive/rule-breaking behavior. This finding is consistent with Roelofs et al. (2006), who found that children who were insecurely attached to their primary caregivers had more symptoms of aggression. The increased level of rule-breaking behavior seen in the children of less responsive mothers may be a sign that their needs for parental responsiveness are not being met and their misbehavior is simply their way of eliciting some kind of response (Oxford, Cavell, & Hughes, 2003).

Mothers who ignored their children’s bids for interaction had children who exhibited more self-control problems and affective problems. Children with more affective problems were also found to have made more bids for interaction. The higher frequencies of bids in these dyads could be due to the elevated number of ignore responses they received from their mothers; children made increased attempts in an effort to elicit a responsive reply. Consistent with Jones et al. (2008) who found the positive emotional expressivity of a parent to be negatively correlated with child externalizing problems, mothers who ignored their children’s bids for interaction had children who displayed more aggressive/rule-breaking behavior, attention problems, and self-control problems. Jones et al. (2008) suggested this could be because such children were seeking attention, even negative attention, from their parents, who continually ignored their bids for interaction.

Mothers who responded more frequently to their children’s bids also displayed a poorer quality of responsiveness (i.e., lower mean responsive type). These children also tended to make more bids for interaction. This may be due to the fact that although these parents responded to their children frequently, they did so in a negative way. The mothers of these children were also less likely to engage with them in play, meaning that their responses to their children’s bids were less than optimal.

Children who displayed more conduct problems on the DSM scale also made more bids for interaction, which may be due to the child attempting to attain an optimal response from his or her mother. The mothers of these children were less responsive overall, mean-
ing that the mother never responded optimally to her child’s bids.

Mothers with more instances of “reject” responses to their children’s bids for interaction and who were less responsive overall were found to have children with higher scores of oppositional defiance on the DSM scale. Similarly, mothers with more instances of “reject” responses were also found to have children with more adjustment problems overall.

The results are consistent with the premises of attachment theory, which posit that early interaction between a child and his or her primary caregiver leads to the construction of an IWM that shapes future interactions (Bowlby, 1980). According to attachment theory, maternal responsiveness during interaction should predict secure attachment and ultimately healthy psychological functioning. The degree and quality of the interaction is a key component in the transmission of the IWM from parent to child. Furthermore, during optimal parent-child interaction, both partners coregulate each other and appear to be operating as one dyad, with attunement and responsiveness to each other’s bids (Fogel, 1993). In this study, Hispanic mothers who interacted responsively to their children’s bids had children who were better adjusted than mothers who were less optimally responsive.

Limitations
The current study had several limitations. The small sample size we used was one significant limitation. However, the fact that we detected significant associations between mother responsiveness and child psychological adjustment in such a small sample size suggests that the associations warrant further evaluation to see if they can be replicated in a larger sample. The current study also only examines mother-child dyads. Future studies should examine father-child dyads as well. Additionally, this sample included both mothers who were curious about their child’s development and mothers who had behavioral concerns, so ranges of child adjustment may have been skewed somewhat negatively. Finally, the current study relied on correlational findings and cannot determine causality between the variables. Follow-up studies should be done to tease out causal sequencing.

Implications
The present study contributes to the accumulation of literature on parent-child interaction, and specifically parental responsiveness and its association with child outcomes by shedding light on specific parental behaviors and parent-child interactive qualities which are linked to child psychological adjustment. The results of this study offer evidence of the importance of engaged parental responses to children’s bids for interaction as well as overall responsiveness, and how they might relate to child adjustment problems.

Furthermore, the results of this study suggest promising areas for early interventions. Specifically, if contributing factors for child adjustment problems can be pinpointed, early parental education and family interventions may target their change and thus help prevent, or reduce the severity of, these child problems. Parents might be trained to be more responsive to their children in the most important ways. Future studies should investigate this possibility. Because ethnic minorities may be particularly at risk for psychopathology due to factors associated with their ethnic standing, socio-economic status, and discrimination, which are known to increase child and family stress and adjustment (Canino & Spurlock, 2000; Yamamoto, Arturo-Silva, Ferrari, & Nukariya, 1997), research and intervention with this population could prove especially efficacious.

References


