TORRES, YASMIN L. M.A. Effects of Economic Pressure and Social Support on Parental Depression and Head Start Children's Behavioral Problems. (2024)
Directed by Dr. Julia Mendez-Smith. 48 pp.

The importance of Head Start cannot be understated. This federal program, created out of necessity to address the disparities found in low-income families, has greatly expanded their focus to include the families of the attending children. As low-income families face many stressors, this study seeks to examine how social support could buffer parents from experiencing depression and how it may buffer children from experiencing externalizing behavioral problems. This study aimed to look at the association between parental depression and the interaction of economic pressure by total social support. I hypothesized that parents who live under conditions of high economic pressure and experience higher levels of social support will report lower levels of depressive symptoms. I further expect that children living in the same conditions will experience lower levels of externalizing behavioral problems. This study was conducted as a secondary analysis using a sample (n = 156) children attending Head Start and (n = 134) of their caregivers. Pearson correlations and linear regression models were used in order to test the hypothesis. I created an interaction variable of economic pressure and total social support to test our hypothesis. Results indicated that high economic pressure is associated with higher parental depression, while higher social support was associated with lower parental depression. The interaction between economic pressure and social support, unexpectedly, was not significant. Additionally, child externalizing behavioral problems was not predicted by economic pressure or social support or their interaction. These results highlight the importance of social support and further contributes to the growing literature on Head Start families.

EFFECTS OF ECONOMIC PRESSURE AND SOCIAL SUPPORT ON PARENT DEPRESSION AND HEAD START CHILDREN'S BEHAVIORAL PROBLEMS

by

Yasmin L. Torres

A Thesis
Submitted to
the Faculty of The Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Master of Arts

Greensboro

2024

Approved by

Dr. Julia Mendez-Smith
Committee Chair

APPROVAL PAGE

This thesis written by Yasmin L. Torres has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

Committee Chair

Dr. Julia Mendez-Smith

Committee Members

Dr. Danielle Crosby

Dr. Margaret Fields-Olivieri

April 16, 2024

Date of Acceptance by Committee

April 16, 2024

Date of Final Oral Examination

ACKNOWLEDGEMENTS

I would like to thank my advisor, Dr. Julia Mendez-Smith for her unwavering support and guidance throughout this process. I want to thank my committee for their willingness to meet with me to discuss any uncertainties that I had and for their helpful advice. I also want to thank Anyela and Kaitlin, both lab members of the Parenting and School Readiness lab, who have been nothing short of encouraging and supportive.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I: INTRODUCTION

The 'War on Poverty', initiated by President Lyndon B. Johnson during his State of the Union address on January 8, 1964. According to the Office of Head Start (2023), it was transformative in addressing the effects poverty has inflicted on low-income children. Experts on childhood development, which included Dr. Robert Cooke and Dr. Edward Zigler, were consulted in the creation of a federal program that would address the social, emotional, and educational needs of preschool-aged children who were economically disadvantaged (Office of Head Start, 2023). The offices of both Head Start and the later formed Early Head Start remain currently housed within the U.S. Department of Health and Human Services.

Over 60 years later, Head Start serves families year-round and has expanded to a full-length school day for children aged three to five, serving close to 1 million children each year (Early Childhood Learning and Knowledge Center, 2022). Head Start programs aim to increase children's school readiness by providing high quality learning environments. School success for low-income children is driven by parent involvement (U.S. Department of Health and Human Services, 2000, as cited in Waanders et al., 2007). Parent Involvement has been identified as a core component of Head Start programming and can also serve as a protective factor against stressors associated with poverty (Waanders et al., 2007). Head Start attendees demonstrate remarkable change in their progress regarding their academics and social abilities and are more likely to be ready to learn by the time they enter kindergarten (Danley, 2020).

To maximize the benefit of Head Start intervention, research on their families and supportive influences continues to be an important priority for early education researchers. This study seeks to examine economic pressures that low-income families encounter and how social support could buffer parents from experiencing depression, as well as how social support helps

reduce the negative impacts of economic pressure on children's externalizing behaviors. The Family Stress Model offers a theoretical framework for examining economic disadvantages and stress that results in negative impacts on low-income families and their children (K.J. Conger et al., 2000, as cited in Conger et al., 2002; McLoyd, 1998). The family stress model of economic hardship posits that parental depression and children's behavioral problems are impacted by economic pressure, which is the stress that families experience during financial hardship, such as being unable to pay monthly bills. Economic pressure focuses on the psychological experiences of parents resulting from living with economic hardship (Conger et al., 1994, 1999, as cited in Conger et al., 2002). It has been shown that economic pressure is associated with parental distress, parental depression, and children's behavior problems in several studies (Conger et al., 2002; Garner & Toney, 2020; Saasa et al., 2021). Less is known about factors that may offset economic pressure among low-income families with young children, such as social support.

Prominent stressors such as exposure to violence, limited access to social services and family dependent resources, an increase in family instability, and an increase in caregiver distress have all been linked to growing up in low-income environments (Burchinal & Willoughby, 2013; Evans & English, 2002; McLoyd, 1998; Sandstrom & Huerta, 2013; Westerberg, 2015). In addition, researchers aim to better understand the role of the caregiver's influence on how children experience or cope with stress. Children who experience prolonged adversity without an adequate level of support from adults are eliciting a toxic stress response (Center on the Developing Child, n.d). When this stress response is activated for an extensive amount of time, as a result of children being unable to manage this type of stress by themselves, it can lead to permanent damages during the development of their brain (Office of Early Childhood Development, 2020). This study aims to fill this gap by studying the possible

protective influence of social support on parental and child well-being with a low-income sample of families whose children attend Head Start programs.

Defining Social Support

Social support serves as a mediating and moderating variable, especially in relation to stress. Social support has been thought to act as a buffer from stress, as a result of individuals using social support as a manner in which they can cope from negative effects that emanate from social stressors (Moskowitz et al., 2012). In addition to be being a psychological resource, social support has been associated with positive parenting practices (Taylor et al., 2015). Ozbay et al. (2007) operationalized social support to encompass support that, through social networks which may include their community and other individuals, can be accessed by individuals. Cohen and Wills (1985) proposed that there were two options in which the well-being of individuals could be affected in a positive way using social support. The first option focuses solely on individuals who are enduring current stress, indicating that social support can only be connected to their well-being (Cohen & Wills, 1985). This option is called the buffering model, due to the belief that social support serves as a guard from stress-causing events (Cohen & Wills, 1985). The other option, the main-effect model, is based on the belief that social support can be useful and helpful to individuals regardless of whether they are suffering from stress (Cohen & Wills, 1985). The current study will focus on the former, examining how social support helps parents guard against the impacts of economic pressure on child rearing, especially within stressful environments.

Moskowitz et al. (2012)'s 5-year longitudinal study of low-income individuals (n = 718), assessed the effects of specific stressors resulting from poverty and social support on health that was self-reported. Results from this study indicated that higher related poverty stressors

predicted poor health. They also found a buffering effect of social support against the negative health outcomes but in only groups that experienced the highest level of poverty-related stress. As the reported rate of stress decreased while receiving an increase in social support, the impact of stress being buffered diminished. Moskowitz et al. (2012) hypothesized that the social support networks that people with low income tend to have, include other individuals who also do not have a vast number of resources. This factor could reduce the impact of social support as a buffer to their health. In this study, researchers concluded that social support could buffer stress only when the individual is connected to a network of social support which will assist them in alleviating the negative effects stemming from social stressors.

Social support can offer many benefits which can then be used to provide relief in the individuals or families lives. As Briggs (1998) and Henly et al. (2005) note, social support networks can serve two purposes, leverage or coping. Leverage functioning serves as obtaining resources – such as financial and informational –that will increase the probability of social mobility while also bettering their socioeconomic status. In contrast, coping aids in providing similar resources with the addition of emotional guidance and in-kind assistance. The function of this form of social support is to provide a buffer from everyday stressors, reduce hardship and to assist individuals from falling further into poverty. Networks of social support can vary in the ratio between support that serves as an opportunity of leverage and support that can provide instant relief from their predicament (Henly et al., 2005).

The study conducted by Heberle et al. (2014), assessed whether the social support that mothers received served as a protective factor for their children and/or themselves. Forms of social support that were analyzed included both functional emotional and/or instrumental support. Functional emotional support is categorized as help that can serve as emotional coping

by providing useful advice and comfort and instrumental support is categorized as assistance that can ease the financial and everyday burden. This same study found that the effects of psychological distress of parents on substandard parenting behaviors were moderated by social support. This indicated that when presented with elevated levels of social support, mothers were shielded from psychological distress affecting their parenting approach. Low-income parents, if given quality social support, would have access to coping skills that would minimize the development of depression within the mothers and would increase the child's ability to cope with stressful situations.

Pourmand et al. (2021) identified additional forms of social support such as perceived social support which assesses the perceptions that the recipient shares concerning the quality of social support that is available. It has been shown that individuals living in poverty perceive the social support they receive to be subpar and therefore, obtain less benefit from interacting with other individuals (Antonucci, 2001, as cited in Lee & Rispoli, 2017). Within perceived social support, differences in individuals' race and socioeconomic status must also be considered (Lee & Rispoli, 2017). For example, it was found that Hispanic mothers were likely to become more vulnerable to the negative effects, resulting from having lower social support, which in turn impacted their mental health (Lee & Rispoli, 2017). Radey (2015) found that black and non-Hispanic white mothers reported greater levels of perceived social support than Hispanic mothers. Using data from the Head Start Impact Study, researchers examined the mothers' perceptions of social support and of being a recipient of social services and their relation to depression (Lee & Rispoli, 2017). These researchers found that for Hispanic caregivers, the difficulties accessing social support is connected to federal policies that complicate the process of obtaining assistance for which the caregivers become concerned that it may affect their future

ability to be naturalized. Families that face difficulties in accessing resources through the government may find themselves looking toward their community for assistance. Families are able to exchange resources and connect with other families and individuals through an access point which can be found in neighborhood institutions which can include centers for childcare and churches (Small, 2006). Through this action, neighborhood institutions have the ability to serve as resource brokers, as they have established relationships with neighboring resources, and allows them to serve as a connection between the individuals and the institutions (Chaskin et al., 2001, as cited in Small, 2006).

Social Support and Family and Child Outcomes

Quality social support for both the caregivers and children is vital in reducing the risk of developing children's internalizing and externalizing behaviors. When members of a community of caregivers report high levels of social support, children are more likely to be exposed to individuals who can demonstrate strategies of successful interactions among others, which can result in their improved functioning and better mental health (Lee & Rispoli, 2017). A research brief written by Doran et al. (2021), analyzed varying economic conditions of Head Start families and found that caregivers who reported living with lower incomes indicated that they experienced hopelessness which is a symptom of depression. Parents who are exposed to higher levels of distress are less sensitive (Ayoub et al., 2011) and have increased inconsistency with their children (Del Vecchio & O'Leary, 2006), and utilize more discipline in their approach to parenting, in comparison to parents who aren't as stressed (Moore et al., 2004). Additionally, the quantity of parent depressive symptoms tends to be lower when related to greater levels of social support (Doran et al., 2021). Financial strain and material hardships are a few of the relationships that social support has been found to weaken (Doran et al., 2021). This research suggests that

parental stress could be buffered by social support, leading to better child outcomes and lower parental depression.

The Present Study: Extending and Modifying the Family Stress Model

Less is known about protective factors such as social support. The Family Stress Model of economic hardship (Conger et al., 1994; Conger et al., 2002) was initially proposed as a way to account for economic stress of farm workers and their families in rural Iowa. First conducted in 1989, this study solely included European American families as there were few minority families. Researchers sought out to create a theoretical model that that would encapsulate the role of coercive family processes and how this might influence the relationship between economic stress and troubling adolescent development. More specifically, they hypothesized that unfortunate financial conditions would influence the emotional state of parents and the quality of the interactions with other family members through their cognitions, emotions and behaviors. They posited that the parents' cognitions, emotions, and behaviors would reflect how the parents reacted to the change in finances and their awareness to the situation. The model is fairly deficit oriented and showcases how parental depression predicts child behavioral problems, but it does not discuss any protective factors such as social support. This model has become the prevalent explanation for the links between parental depression and children's behavioral problems via economic pressure.

We sought to expand the Family Stress Model (Conger et al., 1994; Conger et al., 2002) as it serves as a theoretical framework that examines the negative impact of economic disadvantage and stress on low-income families and their children. Less is known about how factors such as social support may help in alleviating economic pressure among families of low-income. In the context of economic pressure, we seek to explore if Head Start parents with varied

levels of social support would have less risk for depression and their children would be less prone to externalizing behavior problems. Children who develop externalizing behaviors, such as aggression and hyperactivity, decrease their chance in participating in typical developmental activities, which include learning to socialize with other children. Therefore, it is important to understand protective factors in the family and community that might reduce the risk of children's behavioral difficulties during the preschool period. The outcome of children's behavioral problems in preschool was selected because these difficulties typically involve defiant and aggressive behaviors that are bothersome to other adults and children, and that are linked to future adjustment problems (Calkins & Keane, 2009; Mendez et al., 2009). Overall, literature on social support has shown how the quality of social support is a key component in buffering or amplifying stress onto the parents. Parents fulfilled with their social support are less likely to develop parental depression, reducing their child's chance of developing an externalizing or internalizing disorder. Social support may help to explain why some parents do not experience depression or why children may not manifest behavioral problems.

Project Goals and Hypotheses

For families who attend Head Start, they may be able to access social support from other Head Start parents, teachers, and staff in the program, as well as their own social networks, which could potentially offset the harmful effects of economic pressure. The present study seeks to answer two research questions: 1) how does social support moderate negative impacts of economic pressures on parental depression and 2) how does social support moderate the negative impacts of economic pressure on children's externalizing behavioral problems? Using a sample of low-income parents with children enrolled in Head Start, we will examine how social support serves as a moderator on the effects of economic pressure on parent and child outcomes. I expect

that social support will buffer parents against the negative effects of economic pressure on depressive symptoms. Specifically, at low levels of social support, higher economic pressure will be associated with higher levels of depression. However, at high levels of social support the effects of economic pressure on depression will be attenuated or not significant. As for the second research question, I expect that social support will buffer children against the negative effects of economic pressure on externalizing behavioral problems. Specifically, at low levels of social support, higher economic pressure will be associated with higher levels of children's externalizing behavioral problems. However, at high levels of social support, the effects of economic pressure on children's externalizing behavioral problems will be attenuated or not significant.

Conducting research on social support is important because we need more information about protective factors that Head Start programs can promote for families with children attending Head Start and who experience high economic pressure while raising young children. This study will contribute new knowledge to the literature on economic pressure because we know less about how social support (especially support from Head Start teachers, parents, and staff) can help offset the risk for young children living in high poverty environments (Waanders et al., 2007).

CHAPTER II: METHODS

Sample

The present study is a secondary data analysis conducted on a sample of families with children enrolled in Head Start programs (Westerberg, 2015). Data was collected in 2015 as part of a larger project on children's stress and parenting with Head Start families. Participants were recruited from 25 three- and four-year-old Head Start classrooms. The 25 classrooms were identified across eight Head Start centers in one suburban county, located in the Southeastern United States.

To be eligible to participate in this study, children could not be older than 6 years old and had to be enrolled at their selected Head Start Center. The children's families also had to be of low-income, which is determined through the poverty guidelines published by the federal government. There were no exclusionary criteria, as the participants were recruited within the Head Start centers of a southeastern region. The study was funded by the Administration on Children, Youth and Families conducted by the UNCG Parenting and School Readiness lab directed by Dr. Julia Mendez Smith.

Child Demographics

For this study, 156 children (56.4% female, M_{age} = 57.21 months, SD = 4.42) and their primary caregivers were recruited from 25 three and four-year-old Head Start classrooms. There were variations in the quantity of first-time Head Start participants and continuing participants. For a large majority of the children (70.2%), this was their first time being enrolled in a Head Start program and of those select children, 46.8% had been previously enrolled in daycare or preschool. The children who were continuing Head Start (29.8%), averaged 2.14 years of prior enrollment in the program. The sample was diverse in terms of racial and ethnic identity, with

more than half of the children being Black (60.8%), 18.9% identified as Latinx, 8.8% as African, 5.4% as biracial, 2.7% as Asian, 2.7% as White, and 0.7% as American Indian, representing the remaining identities.

Primary Caregiver Demographics

Much of the sample of caregivers were female and the biological mother of the child enrolled in the study (91%). The remaining caregivers were represented as follows: biological fathers (5%), grandmothers (3%), and foster mothers (1%). Caregivers who completed the demographic measure (n = 134) showed 68% were U.S. born citizens. Among those born outside of the U.S., the caregivers' country of origin varied with 42.9% of them being from Mexico, 28.6% being from Africa, 11.9% being from Asia, 4.8% from the Caribbean, 4.8% being from Central America, 4.8% being from South America and 2.4% being from Europe. The caregivers that reported being the primary caregiver were 96.4%, while 3.6% reported that another individual took over the role of caregiver for an unspecified amount of time as a result of interpersonal violence, parental separation, and there being an illness in the family. Caregivers' marital status varied from 61.9% being single, 27.6% being married, 9.7% being separated or divorced, and 0.7% were widowed. When asked their highest educational attainment, 30.8% completed some high school, 23.8% had received high school diplomas or completed a GED program, 23.8% completed some college, 11.5% received a college degree, 3.8% reported completing some middle school, 3.8% completed vocational training, and 2.3% had a graduate degree. Nearly half of the caregivers (47% of the sample) reported being unemployed or looking for work, 22% were employed full-time, 17.4% were employed part-time, 11.4% did not work outside the home, and 2.3% reported receiving disability benefits. The average family in our sample consisted of 2.68 children (SD = 1.38), and an average of 1.68 adults (SD = .75) with a

reported average monthly family income of $985.99 and average monthly income per capita of $288.71. Income per capita was calculated by dividing monthly reported income by the number of individuals supported by this income. These average income levels were 40.5% below the 2012 federal poverty threshold (M = $23,283 for a family of four) (United States Census Bureau, 2013).

Procedures

All study procedures were approved by the Institutional Review Board at the University of North Carolina at Greensboro for the primary study and were reviewed and approved by the local Head Start program leadership. Data were collected over two years each fall and winter. Seventy children participated in Fall 2012 through January 2013 and 94 children participated in Fall 2013 through January 2014, resulting in a total sample for this study of 164. For each recruitment year, announcements were made at teacher trainings and by center directors for the purpose of recruiting teachers. Teacher participants signed informed consent forms and sent the children home with informed consent forms, for the purpose of having their parents (caregivers) sign them. Parents returned completed consents to their teacher, and research assistants collected them from Head Start centers. Once recruited by classroom teachers, caregivers were given the option to complete the survey measures. Additional measures, not used in the present analysis, on child stress levels were taken in school (see Westerberg, 2015, for more information). The caregivers consented to participate in the study either by phone, in person, or via packets sent home with children. If caregivers were unable to be reached, their children were sent home with an interview packet, which were to be returned via mail. There is a discrepancy between the number of children (n = 156) and parents (n = 134) participating. Some parents signed a consent form for the study but did not return their interview packet, thereby removing their own data. As

a token for their participation in the study, children received two small toys and their caregivers were mailed a $10 gift card for completing the interview.

Power Analysis

A power analysis was conducted to determine the appropriate sample sizes required to ascertain sufficient statistical power for the chosen data analyses. Power analysis for this study was conducted using R and the standard alpha level of .05. The power level that I was looking for was at least .80. According to Cohen (1992), it is recommended that a regression with five independent variables should have a sample size of at least 91 to detect a medium effect. Additionally, that is the standard in which researchers agree that is an appropriately powered study. The independent variables that I used were number of adults in the household, number of children in the household, employment, economic pressure and social support. The dependent variables used were caregiver depression and child externalizing behavioral problems.

Measures

See Appendix A for a copy of the demographic survey; other study measures are available from the author. Below, each measure is described in detail. All study measures have been used previously with low-income samples.

Economic Pressure (Conger et al., 1994); Conger et al., 2002)

Conger et al. (2002) created the construct of economic pressure, which includes three indicators: unmet material needs, financial cutbacks, and the inability to make ends meet. This study utilized two indicators. The indicator associated with the inability to make ends meet was comprised of the question "how much money do you have left at the end of the week?" The responses on that subscale ranged from 1 (no difficulty at all) to 5 (a great deal of difficulty). The second indicator assessed the amount of money families through the question of "how much

difficulty [do you have] paying bills?", with a rating ranging from 1 (more than enough money left over) to 5 (not enough to make ends meet).These two variables were added together to create a composite variable, that was labeled economic pressure. A total score is calculated to indicate economic pressure, with higher scores indicating more economic pressure. This scale is used frequently in the literature and with Head Start samples shows good reliability (Waanders et al., 2007).

Social Support (Waanders et al., 2007)

The Local Social Networks subscale of the Neighborhood Characteristics Questionnaire ask parents to report the number of people parents know in their neighborhoods, the number of friends they have within their neighborhood, and the number of people they have a relationship with at Head Start programs, including teachers, staff, and other parents (Waanders et al., 2007). Then, the items are added to produce a total score with higher scores indicating more support. This measure was created to be utilized by parents of young children and prior research validating this measure with a sample of 150 Head Start parents found that quality of social network was associated with higher quality neighborhoods while lower social networks associated with social disorder in neighborhoods (Waanders et al., 2007).

Caregiver Depressive Symptoms (CES-D; Radloff, 1977)

Caregiver's current parental depression was evaluated using the Center for Epidemiological Studies−Depression Scale (CES-D; Radloff, 1977). This measure is comprised of a 20-item scale asking the caregivers how often they have experienced symptoms of depression during the last week ("could not shake off the blues," "bothered by things that don't usually bother you," "didn't feel like eating"). The response options provided were rarely or none of the time (less than 1 day), some or little of the time (1-2 days), occasionally or a

moderate amount of time (3-4 days) and most or all of the time (5-7 days). Higher scores were indicative of higher levels of depressive symptoms, with a threshold score of 16 or greater suggesting clinical level symptoms. This measure has been used and validated with minority populations of lower-income and Head Start parent samples and has shown to have 95% sensitivity and 70% specificity to identify individuals who have been diagnosed with depression through clinical interviews and good internal consistency ($\alpha = .80$) (LaForett & Mendez, 2010; Thomas & Brantley, 2004, as cited in Westerberg, 2015).

Caregiver-Teacher Report Form (C-TRF; Achenbach, 2020)

The Child Behavioral Checklist (CBCL) is a questionnaire that is widely used to evaluate emotional and behavioral problems. The Caregiver-Teacher Report Form (C-TRF) is a parallel measure developed for teachers to assess children's behaviors in the classroom setting. For this study, the C-TRF was employed. The scale includes responses from 0 (not true), 1 (somewhat or sometimes true), and 2 (very true or often true). In responding to the C-TRF, teachers are to base their responses on a 2-month period (Achenbach, 2020). This is a well-established measure of children's behavioral difficulties and has been validated extensively with diverse samples as well as with cross cultural samples (Achenbach, 2020). For this study, we will use the total score for children's externalizing behavior. Children's gender and externalizing behavioral problems were tested to assess their correlation to one another. Results indicate that there was a significant negative correlation between gender and externalizing behavioral problems among children, $r(163) = -.26$, $p < .004$. This indicates that as the number of girls becomes greater in the classroom, the level of externalizing behavioral problems lowers.

Demographics

Caregivers completed a demographic survey including questions about their ethnicity, marital status, employment status, social support, education level, monthly income, the number of adults and children in the household, and their relationship to the student attending Head Start. The caregivers' income per capita was calculated by dividing their reported monthly income by the number of people supported by this income.

We computed the mean, standard deviation, skew, and kurtosis for all study variables. We also conducted Pearson correlations between study variables. To test both hypotheses, we ran two linear regression models to determine how much variance in parental depression and children's externalizing behavioral problems was associated with the number of adults and children in the home, caregivers' employment status, economic pressure and total social support. An interaction term was created from the composite variables of economic pressure and total social support and were entered into the regression model to determine how much variance in parent depression and children's behavioral problems was accounted for by the interaction variable.

For each analysis, I included several covariates and main effects prior to testing the interaction term. These include the following demographic variables: Number of adults in the household, number of children in the household, and caregiver employment status. Demographic variables that are associated with the outcome variables will be examined to determine if additional covariates are needed. Below is an example of a regression model including some covariates and testing for the interaction effect for research goal 1 after controlling for covariates.

Figure 1. Model of Hypothesis 1

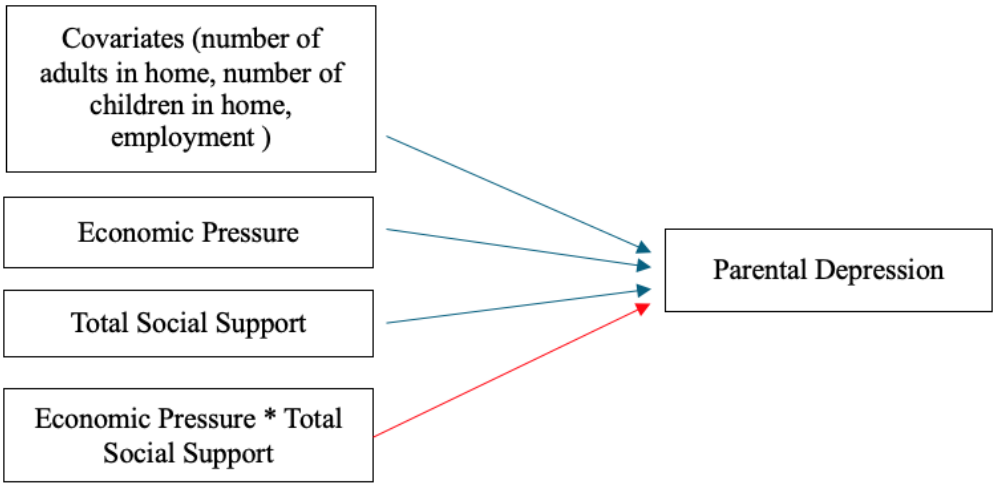
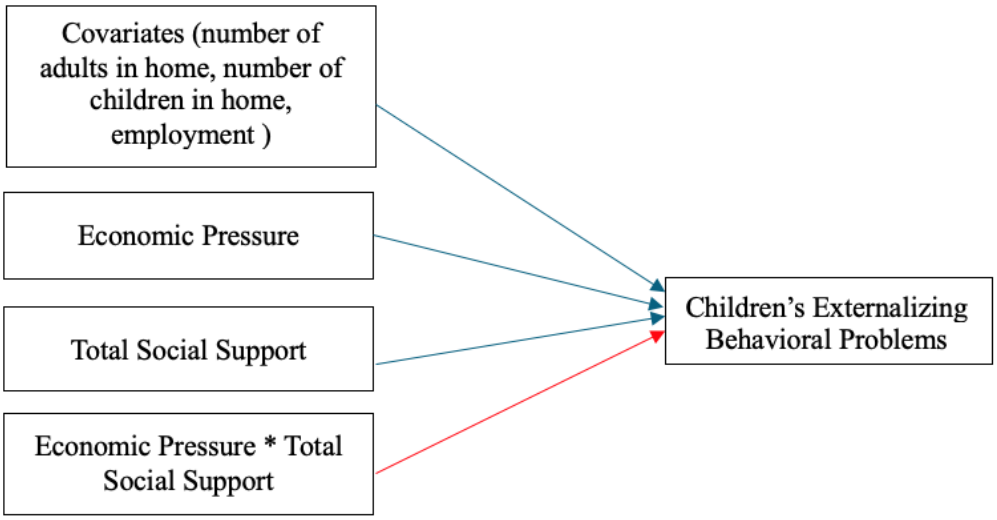


Figure 2. Model of Hypothesis 2



CHAPTER III: RESULTS

Preliminary Analyses

Table 1 shows the percentages of respondents answering yes for different categories of social support. Results show that the most frequently endorsed categories were mother, sister, and spouse. Across the different sources, each category was endorsed by at least several respondents. Results showed that mothers of the caregivers were the greatest source of social support with 53.2 percent of the participating caregivers selecting them. The second greatest source of social support came from the support of the caregivers' sisters, with 28.4 percent of the participants selecting them. The third highest group that is sought out for social support are the spouses of the caregivers, with 27.7 percent of the participants choosing them. On the other end, caregivers were least likely to report religious leaders, their faith community, and teachers as a source of social support. Only 7.8 percent of the participants selected religious leaders and teachers as a form of social support. The faith community was found to be the lowest source of social support with only 6.4 percent of caregivers selecting them.

Table 2 reports the descriptive statistics (mean, standard deviation, minimum/maximum, skew, and kurtosis) computed for the study variables. The overall mean for economic pressure was 5.66 (*SD* = 1.36) with a range of 3-8. The mean for total social support was 2.56 (*SD* = 2.59) with a range of 0-12. The number of adults in the home has a mean of 1.67 (*SD* = .76) and a range of 1-4. The number of children in the home has a mean of 2.66 (*SD* = 1.39) and a range of 1-8. Employment, recoded as 1 = unemployment, 2 = part time and 3 = full time, had a mean of 1.65 (*SD* = 0.84) and a range of 1-3. The mean of the interaction of economic pressure by total social support was -0.73 with a standard deviation of 3.28, and with a range of -15.66-8.63. Parental depression had a mean of 12.62, standard deviation of 9.34, and a range of 0-43. Lastly,

children's externalizing behavioral problems reported a mean of 5.94, standard deviation of 10.18, and a range of 0-52.

Finally, the correlations among study variables were interesting and generally in the expected patterns. For example, in support of the study's hypothesis, there was a significant positive correlation between caregivers who reported higher economic pressure and greater caregiver depression, indicating that as parents experience higher rates of economic pressure, their depression is also higher. Caregiver depression was also negatively associated with the number of adults in the home, indicating that as the number of adults becomes greater, the depression lowers. Caregiver depression was negatively associated with total social support, indicating that as caregivers receive greater social support their depressive symptoms lower. There was also a significant negative between total social support and economic pressure, which indicates that parents who have higher economic pressure experience lower support. Children's externalizing symptoms were negatively correlated with number of children in the home, indicating that as the number of children in the home becomes greater, the levels of externalizing behavior become lower. Additionally, the number of children in the home and economic pressure were negatively associated, indicating that as the number of children gets higher in the home, economic pressure also becomes greater.

To prepare for the regression analysis, we reduced the number of social support categories, and a composite variable was created called total social support. The mean amount of social support endorsed was 2.56 with a standard deviation of 2.59, and with a range of 0-12. To measure economic pressure, a composite variable was created that was comprised of the questions "How much difficulty [do you have] paying bills?" and "How much money do you have left at the end of the week?" The mean economic pressure that the respondents endorsed

was 5.66 with a standard deviation of 1.36, and a range of 3-8. The employment variable, which assesses the caregiver's employment status was recoded. Part-time employment was originally coded as 1, full-time as 2, unemployed or looking for work as 3, not working outside of the home as 4, and disability as 5. The variable was recoded to contain just three categories: unemployed as 1, part-time as 2, and full-time as 3. Caregivers who identified as either unemployed, not working and/or disabled were combined and categorized as unemployed. Nearly half of the caregivers reported being unemployed (49.7%), while 14.5% reported being employed part-time and 20% reported that they were working full-time.

Economic pressure and social support a were centered in order to conduct the multiple linear regressions. To complete this, I subtracted the mean from these study variables therefore making the new mean for both the independent and moderator variables set to 0. Then I created the interaction variable by multiplying the centered total social support and economic pressure variables.

Primary Analyses

Two multiple linear regression models were conducted for this study. The first model examined the effects of the number of adults in the household, number of children in the household, employment, economic pressure, total social support, and the interaction between economic pressure by social support on parental reports of depression. The second model examined the effects of the number of adults in the household, number of children in the household, employment, economic pressure, total social support, and the interaction between economic pressure by social support on children's externalizing behavior. The following hypotheses were tested:

H_1: How does social support moderate the negative impacts of economic pressures on parental depression?

H_2: How does social support moderate the negative impacts of economic pressure on children's behavioral problems?

Parental depression, which served as a dependent variable, was regressed on predicting variables: number of adults in the home, number of children in the home, employment, economic pressure, total social support, and the interaction between economic pressure and social support. Total social support and economic pressure significantly predicted parental depression, $F(6, 122) = 5.425$, $p < .001$ (see Table 4). Moreover, $R^2 = .211$ depicts that the model explains 21.1% of the variance in parental depression. Additionally, coefficients were assessed to ascertain the influence of each of the factors on the criterion variable of parental depression. Results indicate that total social support has a significant impact on parental depression ($\beta = -.258$, $p = .003$), so as total social support is higher, parental depression is lower. Economic pressure also has a significant impact on parental depression ($\beta = .244$, $p = .005$), so as economic pressure is higher reports of parental depression are also higher. The interaction between economic pressure and social support was not significant.

Next, the dependent variable of children's externalizing behavior problems was regressed on the predicting variables of number of adults in the household, number of children in the household, employment, total social support, economic pressure, and interaction between economic pressure by total social support. The number of children was the only predictor of children's externalizing behavioral problems, $F(6, 124) = 2.083$, $p = .060$, which indicates that the number of children in the family has a significant impact on their externalizing behavioral problems. Moreover, $R^2 = .092$ depicts that the model explains 9.2% of the variance in children's

externalizing behavioral problems. Results indicate that the number of children has a significant impact on children's behavioral problems, such that as the number of children is greater, children's externalizing behavior is reported as lower by teachers (β= -2.54, p = .005). No other predictors were found to be significant.

Table 1. Social Support Endorsed by Parent Respondents

	Yes (Raw Count)	Yes (Percentage)	*M*	*SD*
Spouse	39	27.7	0.28	0.45
Mother	75	53.2	0.53	0.50
Father	36	25.5	0.26	0.44
Aunt	20	14.2	0.14	0.35
Cousin	12	8.5	0.09	0.28
Sister	40	28.4	0.29	0.45
Brother	35	24.8	0.25	0.43
Friend	31	22.0	0.22	0.42
Uncle	12	8.5	0.09	0.28
Teacher	11	7.8	0.08	0.27
Grandparents	30	21.3	0.21	0.41
Religious Leader	9	6.4	0.06	0.25
Faith Community	11	7.8	0.08	0.27

Note. N = 141

Table 2. Descriptive Statistics

Variable	*n*	*M*	*SD*	Min/Max	Skew	Kurtosis
1. Economic pressure	138	5.66	1.36	3/8	-0.00	-0.84
2. Total social support	141	2.56	2.59	0/12	1.54	2.52
3. Number of adults in the household	138	1.67	0.76	1/4	0.93	0.40
4. Number of children in the household	140	2.66	1.39	1/8	0.92	1.03
5. Employment	139	1.65	0.84	1/3	0.75	-1.18
6. Economic pressure*Total social support	138	-0.73	3.28	-15.66/8.63	-1.08	5.14
7. Caregiver Depression	137	12.62	9.34	0.00/43.00	0.90	0.13
8. Children's externalizing behavioral problems	163	5.94	10.18	0.00/52.00	2.50	6.47

Note. N = ranges from 137-163

Table 3. Correlations for Study Variables

Variable	1	2	3	4	5	6	7	8
1. Number of adults in the household	1.0							
2. Number of children in the household	.03	1.0						
3. Caregiver employment status	-.01	-.11	1.0					
4. Economic pressure	-.08	.23*	-.07	1.0				
5. Total social support	.06	-.12	.05	-.21*	1.0			
6. Economic pressure*Total social support	-.06	-.09	-.11	.01	-.08	1.0		
7. Caregiver depression	-.18*	-.01	-.11	.31**	-.30**	-.08	1.0	
8. Children's externalizing behavioral problems	-.09	-.24**	-.06	-.06	-.06	.12	.16	1.0

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed)

Table 4. Hierarchical Regression Analysis Predicting Parental Depression and Children's Externalizing Behavioral Problems

Variable	Parental Depression				Children's Externalizing Behavioral Problems			
	B	β	*SE B*	*p*	*B*	β	*SE B*	*p*
Covariates								
Number of adults in the home	-1.62	-.14	.97	.095	-1.08	-.08	1.20	.37
Number of children in the home	-0.78	-.12	.57	.170	-1.92	-0.25	0.67	.005**
Caregiver Employment	-1.66	-.15	.90	.066	-1.12	-.09	1.10	.31
Main Effects								
Economic pressure	1.62	.24	.56	.005**	-0.15	-.02	0.70	.83
Total social support	-0.94	-.26	.30	.003**	-0.27	-.06	0.37	.48
Interaction Effects								
Economic Pressure * Total Social Support	-0.31	-.11	.22	.170	0.27	.08	0.28	.34

Model Statistics		
R^2	.211	.092
Adj. R^2	.172	.048
F	5.425***	2.083

*p < .05 **p < .01 ***p < .001

CHAPTER IV: DISCUSSION

The importance of social support has been acknowledged by social scientists as an essential factor in supporting and protecting psychological health (Ozbay et al., 2007). The present study aimed to examine how social support serves as a moderator of the effects of economic pressure on parental depression and children's externalizing behavioral problems. Social support is important as it serves to maximize and support parental involvement, especially with marginalized and low-income populations.

This present study sought to answer two hypotheses. The first hypothesis aimed to understand how social support could possibly reduce the negative impacts of economic pressure on parental depression. The second hypothesis aimed to understand how social support could possibly reduce the negative impacts of economic pressure on children's externalizing behavioral problems. Regarding the hypotheses, mixed results were obtained. First, it was found that economic pressure and total social support were the only predictors that had a significant impact on parental depression. The study hypothesis was partially supported as economic pressure and total social support are operating independently rather than as an interaction. In contrast, total social support and economic pressure did not have a significant impact on children's externalizing behavioral problems. Rather the number of children in the household was the only predictor that had a significant impact on externalizing behavior. The other predictors of employment, number of adults in the household, total social support, economic pressure, and the interaction of economic pressure by total social support did not have an effect on the externalizing behavior of children. This is interesting that none of the predictors aside from the number of children in the household are directly impacting the children.

There may be several different reasons to explain these results. Masten and Barnes (2018) stated that resiliency, which is defined as the ability to adapt to threats that challenge an individual's ability to survive and develop, has the ability to help a child adapt to their environment but is reliant on their relationships to others. Additionally, they acknowledged that resilience research aims to identify and understand what variables produce a difference and how they may account for an individual's ability to adapt to their environmental challenges. Through the identification of protective factors, this may shed light as to why the children's behavioral problems were only affected by the number of children in the household. It could be that with an increase in the number of children in the household, it provided additional emotional and physical support to the children which may have minimized their need to act out. As there are more children in the home, it may provide the caregiver with much needed time to regroup as their children may not be as dependent on them for interaction and play, which in turn may positively affect their parenting. For example, having additional children in the household may provide protective benefits such as the children helping each other with their homework and older adolescent children may assist with after school care. According to the Early Childhood Learning and Knowledge Center (2020), Head Start programs play a crucial role in buffering the effects of trauma through the promotion of resilience for children, their families, and the Head Start center's staff.

According to Masten (2001) and Masten and Barnes (2018), effective parenting appeared to serve as a protective factor against behavior deemed disruptive and aggressive. Though the families may face economic pressure, it is the supportive interaction between the children and their caregivers that acts as an important factor in resilience through their lifetime. According to the Early Childhood Learning and Knowledge Center (2020), protective factors such as strong

parent-child relationships have been shown to weaken the effects of trauma that children experience. It is through these supportive relationships with their caregivers, in conjunction with their effective parenting that provides children with protection in various ways. Masten and Barnes (2018) described how humans are able to adapt to hardship:

> Human individuals have so much capacity for adaptation to adversity in part because their resilience depends on many interacting systems that co-evolved in biological and cultural evolution, conferring adaptive advantages. Moreover, children are often protected by multiple "back-up" systems, particularly embedded in their relationships with other people in their homes and communities. (p. 2)

Overall, the relation between family size and child behavioral difficulties can be seen as a protective influence as there are more people to influence the children in a positive way.

The results of the first regression model, that tested the research question regarding parental depression, found that economic pressure and total social support were the only predictors that had a significant impact on parental depression. As the interaction of economic pressure by total social support was not significant, it could be that the results of economic pressure was strong in the sample which made it difficult for social support to be an attenuating factor. Additionally, the mean of economic pressure was 5.66 which is relatively high as the range was 0-8. This may indicate that families may be struggling greatly and as a result, social support did not appear to be an attenuating factor. Social support did affect parental depression, but it may not alleviate any other factors that would cause depression. Individual differences as to who is at risk for developing depression may have played a part in this study. Factors such as biochemistry, which is based on the difference in certain chemicals that are located in the brain, and environmental, which is exacerbated by the continuous exposure to poverty, many forms of

abuse, neglect, and violence may increase one's risk to develop depression (American Psychiatric Association, n.d.). The interaction may not have been significant, as we thought it would be, and this may be that the social support that the caregivers in our sample endorse also may not have extensive resources to make a difference in their lives. As Moskowitz et al. (2012) found, social support could act as a buffer only in circumstances where the individual is connected to a network of social support that will assist them in alleviating the negative effects stemming from social stressors. Additionally, there may be a difference in the categories of social support that were endorsed versus the actual quantity of social support that they see in their lives. Another possible explanation for the lack of significance in the interaction may be that economic pressure was stubbornly high which led to social support having a smaller difference than expected.

We sought to expand the Family Stress Model (Conger et al., 2002) as it serves as a theoretical framework that examines the negative impact of economic disadvantage and stress on low-income families and their children. This model posits that children's behavioral problems and parental depression are influenced by economic pressure. It has been found that economic pressure is linked to parental distress, parental depression, and behavioral problems in children (Conger et al., 2002; Garner & Toney, 2020; Saasa et al., 2021). Less was known about how factors such as social support may help in alleviating economic pressure among families of low-income. In this study, we added new knowledge by showing that social support acts as a main effect on parental depression. It was found that higher social support was associated with lower parental depression. Economic pressure also served as a main effect on parental depression. It was found that parents with higher economic pressure were shown to have higher parental

depression. To conclude, the family stress model is incomplete without considering the role social support may play on parental depression.

Study Limitations

The present study contains strengths, but it also contains weaknesses that could explain the results obtained. For example, this study utilized a somewhat small sample size (n = 156 children; n = 134 adults). In addition to the sample size, the data that comprises the study variables and that were used for this present study, were obtained through self-report measures. With exception to the teacher-report, all other measures were completed by the caregivers. A limitation of self-reports is that there isn't an ability to independently verify the information that is provided. A third limitation is that caregivers reported the number of individuals that they would consider to be a part of their social support, but the activities that the individuals partake in to support the family and the caregivers are unknown. Although the caregivers selected who is in their support network, we don't know what the caregivers would find to be helpful. Additionally, the scale used in this study to measure social support did not provide the caregivers the opportunity to elaborate whether they received the support or whether it was their child that was supported. This scale also provided the caregivers the opportunity to write-in any additional sources of support but when analyzed, they were only given one point for responding with an answer regardless of how many individuals they identified. In reanalyzing the data, there were a handful of instances where caregivers identified an individual that may have been supportive but not necessarily counted in the overall score. Additionally, the answers provided may have been biased as they may have misunderstood the question and they may have been influenced by social desirability (Rosenman et al., 2011). Moreover, this study was not longitudinal in nature, and we cannot conclude that the results would have changed over time.

The major limitation of this study is the nature of the social support scale. Other measures of social support have may captured the construct in a deeper way. The present study could have used the Perceived Support Network Inventory (PSNI), which is a self-report measure that assess perceived social support (Oritt et al., 1985). This measure inquires the respondents to report the initials of the individuals that they may go to for support and who they seek in times of stress (The Center of Excellence for Health Disparities Research: El Centro, n.d.). They are also asked to select their relationship to each individual that is identified (The Center of Excellence for Health Disparities Research: El Centro, n.d.). In this scale, the respondents are given the opportunity to identify support from professionals such as doctors and counselors. This scale also incorporates self-help group-members that weren't included in the Local social network scale. The PSNI is split into two parts, which is described above. As for part two, the respondents are asked to go down the list of previously identified support and report the type of support that they may receive from them during stressful times (Oritt et al., 1985).

An additional scale that could have provided greater information is the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988). The MSPSS is a self-report measure that assesses the adequacy of perceived social support using a 5-point Likert scale (0 = strongly disagree, 5 = strongly agree) (The Center of Excellence for Health Disparities Research: El Centro, n.d.). After answering the 12-items, the respondents are then asked to identify an important person in their life and their relationship to them. In the future, measures of social support should include types of activities to show support, the areas of social support, or perceptions of how good their social support network is to their families.

Future Directions

Reflecting on the family stress model, social support, and economic pressure is important as parents are impacted. For the present study, social support was operationalized as the total social support that the caregiver's have received. Social support was found to have a significant impact on parental depression, as parents who were higher in social support had lower depression scores. As a result, we must expand what social support currently means and how we can support the relationship between Head Start and the attending children's families. One of the most valuable and important environments outside of the family that foster development in young children are their early childhood education program and their residence (Halgunseth, 2009). There may be several reasons why family engagement may be low in Head Start such as differences in spoken language, differences in culture, and the approach the center may take to family engagement (Halgunseth, 2009).

The National Head Start Association (NHSA, 2022) conducted an interview with parents, program leadership, and frontline staff, which found that there were several barriers to access. According to the NHSA (2022), the greatest significant barrier to access is transportation as many programs have reduced the budget for transportation, in order to provide additional resources to compensate staff. Head Start centers can provide communication between the families and centers that cater to the spoken languages of the families and may exist in multiple forms (Halgunseth, 2009). Head Start centers should also be willing to include parents who may not work the typical hours of 9am to 5pm, by perhaps hosting family engagement events later in the afternoon or on the weekend. According to NHSA (2022), many of the Head Start centers are full-day but there are plenty that still operate on a part-day basis. Though part-day centers are useful, they do not serve as adequate sources of educational support for families. Parents

remarked that “the only barriers I have witnessed are for the working parents. The school hours are not early enough” (NHSA, 2022, Inadequate hours of services for some Head Start families section). Lastly, it was identified that awareness for school-based services can be convoluted by things such as the program being income-based which may create hesitancy from the parents who are required to prove that they are qualified (NHSA, 2022). This present study focused on economic pressure but that is not the only form of stress that may impact the well-being of the parents. Head Start centers should present information regarding familial services and general health (Halgunseth, 2009).

Teachers, the faith community, and religious leaders were found to be the least supportive toward the caregivers. To strengthen the relationship between teachers and caregivers, the Head Start program should incorporate the Parent, Family, and Community Engagement (PFCE) Framework. According to the Early Childhood Learning and Knowledge Center (2018), the PFCE is a visual tool that may be utilized by the caregivers, families, and the Head Start program to construct efficacious partnerships. This framework details how the vital sources of support for a child such as their families, parents, Head Start program, and their community can collectively work to promote the healthy development and learning of children and the well-being of the caregivers. This framework includes program foundations and its’ impact areas, which are the services and systems within the Head Start programs that support both children and families. This framework aims to create positive and goal-oriented relationships that will strong relationships among the staff, families, and children. This type of relationships is vital for both the child’s and families’ success. This framework also assesses family and child outcomes, which serve as indicators as to whether the relationships are working cohesively. The faith community and religious leaders should assess how they are supporting their members of the

community. According to the Shared Humanity Project (n.d.), there are several ways in which they may be able to increase their support of their members. For example, the faith community could implement childcare services. They may do so by providing affordable and accessible childcare. They may also choose to partner with their local daycare or childcare centers and provide discounted services or create a program the centers the community's need. Religious leaders and the faith community may choose to partner with local businesses to create trainings for jobs and placement opportunities for the community members (Shared humanity). Providing financial stability through incorporating financial literacy education and teaching members how to save and budget their money.

Conclusion

In sum, this study offered a new perspective on the importance of social support and families who attend Head start. Given the high rates of depression and economic pressure, social support should be considered as a way to alleviate some of the stress on families. In particular, the benefits of social support should be shared with families and staff at Head Start, such that they can consider ways to foster resilience resources within their programs.

REFERENCES

Achenbach, T. M. (2020, May). Bottom-up and top-down paradigms for psychopathology: A Half-Century Odyssey. *Annual Review of Clinical Psychology,16*, 1–24. https://doi.org/10.1146/annurev-clinpsy-071119-115831

American Psychiatric Association. (n.d.). *What is depression?* https://www.psychiatry.org/patients-families/depression/what-is-depression#section_1

Ayoub, C., Vallotton, C. D., & Mastergeorge, A. M. (2011). Developmental Pathways to Integrated Social Skills: The Roles of Parenting and Early Intervention. *Child Development, 82*(2), 583-600. https://doi.org/10.1111/j.1467-8624.2010.01549.x

Briggs, X. S. (1998, January). Brown Kids in White Suburbs: Housing Mobility and the Many Faces of Social Capital. *Housing Policy Debate, 9*(1), 177-221. https://doi.org/10.1080/10511482.1998.9521290

Burchinal, M., & Willoughby, M. (2013). Poverty and associated social risks: Toward a cumulative risk framework. *Monographs of the Society for Research in Child Development, 78*(5), 53–65. https://doi.org/10.1111/mono.12050

Calkins, S. D., & Keane, S. P. (2009). Developmental origins of early antisocial behavior. *Development and Psychopathology, 21*(4), 1095–1109. https://doi.org/10.1017/s095457940999006x

Center on the Developing Child. (n.d.). *Toxic Stress*. Harvard University. Retrieved March 03, 2024, from https://developingchild.harvard.edu/science/key-concepts/toxic-stress/

Cohen, J. (1992). A power primer. *Quantitative Methods in Psychology*, *112*(1), 155-159. https://doi.org/10.1037/0033-2909.112.1.155

Cohen, S., & Wills, T. A. (1985). Stress, Social Support, and the Buffering Hypothesis. *Psychological Bulletin, 98*(2), 310-357. https://doi.org/10.1037/0033-2909.98.2.310

Conger, R. D., Ge, X., Elder, G. H., Jr, Lorenz, F. O., & Simons, R. L. (1994). Economic stress, coercive family process, and developmental problems of adolescents. *Child Development, 65*(2), 541-561. https://doi.org/10.1111/j.1467-8624.1994.tb00768.x

Conger, R. D., Wallace, L. E., Sun, Y., Simons, R. L., McLoyd, V. C., & Brody, G. H. (2002). Economic pressure in African American families: A replication and extension of the family stress model. *Developmental Psychology, 38*(2), 179–193. https://doi.org/10.1037/0012-1649.38.2.179

Danley, L. (2020, October 16). *A Brief History and Overview of the Head Start Program*. First Five Years Fund. Retrieved March 15, 2024, from https://www.ffyf.org/resources/2020/10/a-brief-history-and-overview-of-the-head-start-program/

Del Vecchio, T., & O'Leary, S. G. (2006). Antecedents of Toddler Aggression: Dysfunctional Parenting in Mother-Toddler Dyads. *Journal of Clinical Child and Adolescent Psychology, 35*(2), 194-202. https://doi.org/10.1207/s15374424jccp3502_3

Doran, E., Aikens, N., Malone, L., Harrington, J., & Cannon, J. (2021). *Economic Conditions of Head Start Families: Connections with Social Supports and Child and Family Well-Being*. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation. https://www.acf.hhs.gov/sites/default/files/documents/opre/FACES2019_Hardship%20Brief.pdf

Early Childhood Learning and Knowledge Center. (2018). *Head Start Parent, Family, and Community Engagement Framework*. U.S. Department of Health and Human Services. https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/pfce-framework.pdf

Early Childhood Learning and Knowledge Center. (2020). *Attachment B: Office of Head Start Guidance on Implementing a Trauma-Informed Approach*. U.S. Department of Health and Human Services. https://eclkc.ohs.acf.hhs.gov/publication/attachment-b-office-head-start-guidance-implementing-trauma-informed-approach#:~:text=Head%20Start%20and%20Early%20Head,children%2C%20families%2C%20and%20staff

Early Childhood Learning and Knowledge Center. (2022, September 30). *Head Start Program Facts: Fiscal Year 2017*. U.S. Department of Health and Human Services. https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/hs-program-fact-sheet-2017_0.pdf

Evans, G. W., & English, K. (2002). The Environment of Poverty: Multiple Stressor Exposure, Psychophysiological Stress, and Socioemotional Adjustment. *Child Development, 73*(4), 1238–1248. https://doi.org/10.1111/1467-8624.00469

Garner, P. W., & Toney, T. D. (2020). Financial strain, maternal attributions, emotion knowledge and children's behavioral readiness for school. *Journal of Applied Developmental Psychology, 67*, 1-10. https://doi.org/10.1016/j.appdev.2020.101122

Halgunseth, L. (2009). Family Engagement, Diverse Families, and Early Childhood Education Programs: An Integrated Review of the Literature. *YC Young Children, 64*(5), 56-58.

Heberle, A. E., Krill, S. C., Briggs-Gowan, M. J., & Carter, A. S. (2014, April). Predicting Externalizing and Internalizing Behavior in Kindergarten: Examining the Buffering Role

of Early Social Support. *Journal of Clinical Child and Adolescent Psychology, 44*(4), 640-654. https://doi.org/10.1080/15374416.2014.886254

Henly, J. R., Danziger, S. K., & Offer, S. (2005, February). The Contribution of Social Support to the Material Well-Being of Low-Income Families. *Journal of Marriage and Family, 67*(1), 122-140. https://doi.org/10.1111/j.0022-2445.2005.00010.x

Laforett, D. R., & Mendez, J. L. (2010). Parent involvement, parental depression, and program satisfaction among low-*income parents participating in a two-generation early childhood education program*. *Early Education & Development, 21*(4), 517-535. https://doi.org/10.1080/10409280902927767

Lee, K., & Rispoli, K. (2017, August). Racial disparities in perceived social support and social service use: Associations with maternal depression and head start participation. *Journal of Community Psychology, 45*(8), 1080-1093. https://doi.org/10.1002/jcop.21912

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227-238. https://doi.org/10.1037/0003-066X.56.3.227

Masten, A. S., & Barnes, A. J. (2018, July). Resilience in Children: Developmental Perspectives. *Children (Basel), 5*(7), 98. https://doi.org/10.3390/children5070098

Mcloyd, V. C. (1998). Socioeconomic disadvantage and child development. *American Psychologist, 53*(2), 185–204. https://doi.org/10.1037/0003-066X.53.2.185

Mendez, J. L., Carpenter, J. L., LaForett, D. R., & Cohen, J. S. (2009, July). Parental engagement and barriers to participation in a community-based preventive intervention. *American Journal of Community Psychology, 44*(1-2), 1–14. https://doi.org/10.1007/s10464-009-9252-x

Moore, P. S., Whaley, S. E., & Sigman, M. (2004). Interactions between Mothers and Children: Impacts of Maternal and Child Anxiety. *Journal of Abnormal Psychology, 113*(3), 471-476. https://doi.org/10.1037/0021-843X.113.3.471

Moskowitz, D., Vittinghoff, E., & Schmidt, L. (2012). Reconsidering the Effects of Poverty and social Support on Health: A 5-Year Longitudinal Test of the Stress-Buffering Hypothesis. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 90*(1), 175-184. https://doi.org/10.1007/s11524-012-9757-8

National Head Start Association. (2022, April*). Head Start United: Removing Barriers to Access for Children and Families.* https://nhsa.org/wp-content/uploads/2022/04/Head-Start-United-Removing-Barriers-to-Access-for-Children-and-Families-1.pdf

Office of Early Childhood Development. (2020, November 4). *Early Childhood Adversity*. The Administration for Children and Families. Retrieved March 03, 2024, from https://www.acf.hhs.gov/ecd/child-health-development/early-adversity#:~:text=A%20toxic%20stress%20response%20can,a%20prolonged%20amount%20of%20time.

Office of Head Start. (2023, June 30). *Head Start History*. The Administration for Children and Families. Retrieved March 15, 2024, from https://www.acf.hhs.gov/ohs/about/history-head-start

Oritt, E. J., Paul, S. C., & Behrman, J. A. (1985, October). The Perceived Support Network Inventory. *American Journal of Community Psychology, 13*(5), 565-582. https://doi.org/10.1007/BF00923268

Ozbay, F., Johnson, D. C., Dimoulas, E., Morgan, C. A. III, Charney, D., & Southwick, S. (2007). Social support and Resilience to Stress: From neurobiology to clinical practice. *Psychiatry, 4*(5), 35-40.

Pourmand, V., Lawley, K. A., & Lehman, B. J. (2021). Cultural differences in stress and affection following social support receipt. *PloS one, 16*(9), 1-17. https://doi.org/10.1371/journal.pone.0256859

Radey, M. (2015, December). The Role of Race/Ethnicity and Acculturation in the Functioning of Disadvantaged Mothers' Social Support Networks. *Family Relations, 64*(5), 592-605. https://doi.org/10.1111/fare.12167

Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measures, 1*(3), 385–401. https://doi.org/10.1177/014662167700100306

Rosenman, R., Tennekoon, V., & Hill, L. G. (2011, October). Measuring bias in self-reported data. *International Journal of Behavioural and Healthcare Research, 2*(4), 320-332. https://doi.org/10.1504/IJBHR.2011.043414

Saasa, S., Ward, K. P., Sandberg, S., & Jacobson, J. (2021). Financial hardship, neighborhood cohesion and child externalizing behaviors: An extension of the family stress model among immigrant mothers. *Children and Youth Services Review, 128*, 106-153. https://doi.org/10.1016/j.childyouth.2021.106153

Sameroff, A. J. (2009). The transactional model of development: How children and contexts shape each other. Washington, DC: American Psychological Association. https://doi:10.1037/11877-000

Sandstrom, H., & Huerta, S. (2013). The Negative Effects of Instability on Child Development: A Research Synthesis. Urban Institute. Retrieved March 01, 2024, from https://www.urban.org/sites/default/files/publication/32706/412899-The-Negative-Effects-of-Instability-on-Child-Development-A-Research-Synthesis.PDF

Small, M. L. (2006). Neighborhood Institutions as Resource Brokers: Childcare Centers, Interorganizational Ties, and Resource Access among the poor. *Social Problems, 53*(2), 274–292. https://doi.org/10.1525/sp.2006.53.2.274

Taylor, Z. E., Conger, R. D., Robins, R. W., & Widaman, K. F. (2015). Parenting Practices and Perceived Social Support: Longitudinal Relations with the Social Competence of Mexican-Origin Children. *Journal of Latina/o Psychology, 3*(4), 193-208. https://doi.org/10.1037/lat0000038

The Center of Excellence for Health Disparities Research: El Centro. (n.d.). *Multidimensional Scale of Perceived Social Support (MSPSS).* University of Miami. https://elcentro.sonhs.miami.edu/research/measures-library/mspss/index.html

The Center of Excellence for Health Disparities Research: El Centro. (n.d.). *Perceived Support Network Inventory (PSNI).* University of Miami. https://elcentro.sonhs.miami.edu/research/measures-library/psni/index.html

The Shared Humanity Project. (n.d.). *Faith in Action: 10 Strategies for Faith Communities to Alleviate Poverty and Empower Individuals*. The Shared Humanity Project. https://sharedhumanityproject.org/blog/faith-in-action-10-strategies-for-faith-communities-to-alleviate-poverty-and-empower-individuals#:~:text=Prioritize%20health%20and%20wellness%20within,Housing.

Thomas, J. L., & Brantley, P. J. (2004). Factor structure of the Center for Epidemiologic Studies Depression Scale in low-income women attending primary care clinics. *European Journal of Psychological Assessment, 20*(2), 106–115. https://doi.org/10.1027/1015-5759.20.2.106

United States Census Bureau. (2013). *Poverty Thresholds by Size of Family and Number of Children*. Poverty Thresholds. https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

US Census Bureau. (2015). U.S. Census Bureau: State and county QuickFacts: North Carolina.

Waanders, C., Mendez, J. L., & Downer, J. T. (2007, July 2). Parent characteristics, economic stress and neighborhood context as predictors of parent involvement in preschool children's education. *Journal of School Psychology*, 45(6), 619–636. https://doi.org/10.1016/j.jsp.2007.07.003

Westerberg, D. (2015). *Patterns of physiological stress response and family climate of stress in children attending Head Start* [Doctoral Dissertation, University of North Carolina at Greensboro]. WorldCat. http://libres.uncg.edu/ir/uncg/f/Westerberg_uncg_0154D_11730.pdf

Zimet, G. D., Powell, S. S., Farley, G. K., Werkman, S., & Berkoff, K. A. (1990). Psychometric characteristics of the Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment, 55*(3-4), 610-617. https://doi.org/10.1080/00223891.1990.9674095

Figure A3. Family Information Questionnaire

FAMILY INFORMATION QUESTIONNAIRE

We would like to learn about your child and your family. Please answer the following questions.

Has your child taken any medication in the past month? (i.e. inhalers, allergy medication, cold medicine, etc.)
Yes_____ No_____
If yes, what kind?_____

1. What is your relationship to (the Head Start child)? [INSERT CHILD'S NAME]

___ Mother ___ Stepmother ___ Adoptive mother ___ Grandmother

___ Father ___ Stepfather ___ Adoptive father ___ Grandfather

___ Aunt ___ Uncle ___ Other: _____

2. What is your marital status?

___ Single
___ Married/Living together
___ Divorced
___ Separated
___ Widowed

3a. Which best describes the ethnicity of the child's biological parents? [Check all that Apply]

___ Asian ___ Black/ African-American ___ White Non-Hispanic
___ Native American ___ Latino ___ Other:_____

3c. If respondent is not the mother or father, ask for the ethnicity of respondent.
_____

3.2. Sometimes people share the responsibility of caring for a child when they are unable to do so themselves (Ex. during a hospitalization/health crisis, working out of state, etc.). Have you always been the primary caregiver for this child?

YES NO

If No, please describe:

3.2a. Who was the primary caregiver?_____

3.2b. Thinking about the child's age, from what age to what age was this person the primary caregiver? _____
3.2c. What was the reason for the change?

_____
_____

4. How many adults and how many children live in your household?
___ Adults ___Children

5. Were you born in the United States? _____Yes _____No

5a. If no, in what country were you born?_____

5b. When did you come to the United States? _____

5c. In what country was [the Head Start child] born? _____

5d. How old was the child when s/he first came to the US? [Omit if born in US] ____

5e. Where did you live prior to coming to the United States? [Omit if born in US] ___

Now I'm going to ask about your child's previous experience in daycare/Head Start.

5.2. Is this your child's first year of Head Start? YES NO
If yes, skip to 5b. If no complete 5a and 5b.

5.2a. How old was the child when s/he first attended Head Start/EHS?_____

How many years of Head Start/EHS has your child completed?_____
Notes:_____
_____

5.2b. Did your child attend preschool and/or daycare prior to Head Start? YES NO

How old was the child when s/he first attended daycare or preschool?_____

How many years of daycare/preschool has your child completed?_____
Notes:_____
_____

6a. What is your highest level of education?

___ 6th-8th grade __9th grade __10th grade __11th grade __12th grade (no diploma)

___High School graduate/ GED __Some college __College Degree
__Graduate School
___Job Training/ Vocational School (if yes, for what job _____)

7a. What is your employment status?

___ Employed part-time
___ Employed full-time
___ Unemployed or looking for work
___ Do not work outside the home
___ Disability

7b. What is your current job/profession? [If respondent is employed]

_____

8. How old is your child? _____ 8b.What is his/her birthdate?

_____

9. Is your child male or female? _____

Do you feel you have a good support network? ___YES ____NO

Who are the people in your support network? [check any that apply]
__Spouse or Partner __Sister(s)__Cousin __Religious Leader ___Mother __Brother(s)
__Child's teacher __Member of faith community __Father __Friend(s) __Aunt
__Grandparent(s) _____ [what faith?] __Uncles(s)
___Other (explain) _____

11. Overall, what is your monthly income? Your best guess is fine.

_____

11a. How many people are supported on this income?_____

11b. How much difficulty do you have paying bills each month? Would you say…

1	**2**	**3**	**4**
No difficulty at all	A little difficulty	Some difficulty	A great deal of difficulty

11c. In general, how much money do you have left over at the end of the month? Is it …

1	2	3	4
More than enough money left over	Some money left over	Just enough to make ends meet	Not enough to make ends meet

11d. How do you feel about your neighborhood as a place to raise children? Would you say it is

__Excellent __Good __Average or Just Fine __Bad __Very Bad

Thank you for sharing about your family. Let's continue on to the next section.