Coping in Context: Associations Between Resource Availability and Coping Effectiveness Among Emancipated Foster Youth

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Abstract

Emancipated foster youth face unique challenges in the context of few resources as they transition into adulthood. This investigation examined associations between resource availability and coping effectiveness in a sample of 172 emancipated foster youth (66.3% female; M_{age} = 19.63 years; 27.5% Hispanic, 24.0% African American, 15.8% Caucasian, and 32.7% multiracial). Regression analyses evaluated main and interactive relations between resource availability and coping as related to youths' depressive, anxiety, and substance use symptoms. Findings showed that the effectiveness of individual coping strategies was moderated by the availability of strategy-relevant resources. Youth reported increased depressive, anxiety, and/or substance use problems if they engaged specific coping strategies in the absence of strategy-specific resources. These findings suggest that the effectiveness of coping may be qualified by the availability of strategy-relevant resources. Implications for foster youth who are at heightened risk for resource deficits during emerging adulthood are discussed.

Youth who have emancipated from foster care face a unique set of challenges as they transition into adulthood. Many of these youth lack basic material resources, including access to housing, interpersonal supports, and/or education (Courtney, Dworsky, & Peters, 2009). The ability to cope in the face of challenge is particularly salient for understanding adjustment outcomes among emancipated foster youth, because they encounter many difficulties with relatively few resources despite their disproportionate needs (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). However, resource vulnerabilities among emancipated foster youth may qualify the meaning of specific coping strategies, including those that are traditionally conceptualized as positive. In these instances, vulnerable youth who engage in coping strategies that require particular resources to be effective may fare poorly if they do not have access to those resources. For example, youth who attempt to cope with challenges by seeking advice may only be able to do so successfully if they have someone who is safe and able to provide sound guidance as a resource. In this case, having a positive relationship with someone to whom one can turn for advice is a resource that may qualify the adaptive impact of actually seeking advice as a strategy for coping with challenge. The present study examined the associations of material and interpersonal resource availability (and vulnerability) with the adaptive significance of specific coping strategies among newly emancipated foster youth.

Emerging Adulthood Among Emancipated Foster Youth

Spanning the ages of 18 to 25, emerging adulthood is a distinct developmental period that is characterized by increased exploration (e.g., ethnic identity and work interests) and opportunity in the context of widening possibilities, but also instability and uncertainty (e.g., housing and finances) as youth navigate the transition from adolescence to adulthood (Arnett, 2004). The shift from dependence to interdependence is fraught with complexity and challenge as youth take on new and varied roles and responsibilities and begin to make decisions regarding their education, relationships, and employment. Although many youth revisit the safety and stability of family in search of material or emotional support when the challenges of emerging adulthood become difficult or overwhelming (Arnett, 2004; Pew Research Center, 2013), safe havens are few and far between for emancipated foster youth (Courtney et al., 2001).

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The inability to retreat to the safety of family is particularly detrimental for formerly fostered youth because they encounter greater barriers to success than their non-fostered counterparts, particularly in the areas of housing, social support, education, and health (Buehler, Orme, Post, & Patterson, 2000; Courtney, Terao, & Bost, 2004; Greeson, 2013). More than half (59%) of the nearly 500,000 youth in foster care will traverse seven or more distinct placements with accompanying disruptions in educational, interpersonal, and familial ties (Casey Family Programs, 2003; Child Welfare Information Gateway, 2011). More than 90% of foster youth have or will experience one or more forms of child maltreatment, and 50.6% meet criteria for one or more psychological disorders (Casey Family Programs, 2003). For the 11% of foster youth who are not returned home, adopted, or placed with kin, these risks are all the greater (Child Welfare Information Gateway, 2011).

Not surprisingly, the dual contributions of heightened challenge and reduced support contribute to elevated rates of maladjustment among emancipated foster youth. Relative to their non-fostered peers, emancipated youth experience elevated rates of homelessness (Casey Family Programs, 2003), reduced social support (Fowler, Toro, & Miles, 2011), and lower rates of high school graduation (Chapman, Laird, & KewalRamani, 2010). In addition, emancipated foster youth face higher rates of unemployment, poverty, and incarceration, as well as increased physical and mental health problems (Courtney et al., 2007; Naccarato, Brophy, & Courtney, 2010; Pecora et al., 2006).

Housing is a central concern for foster youth in the wake of system emancipation. According to recent studies, 22% of emancipated foster youth report being homeless for one or more nights within 1 year of exiting foster care versus 2.5–6.5% of 18- to 24-year olds in the general population (Ammerman et al., 2004; Casey Family Programs, 2003). Among those with housing, emancipated youth reside in lower quality housing (e.g., poor conditions and dangerous neighborhoods) and experience greater housing instability (e.g., lack of renter history, trouble saving for security deposits; Berzin, Rhodes, & Curtis, 2011).

Although current policies to support emancipated foster youth typically focus on housing concerns, familial and interpersonal supports are also vital to success and well-being during the transition to adulthood. In typically developing samples, 36% of young adults between the ages of 18 and 31 remain in or return to the familial home (Pew Research Center, 2013). In addition, 40% receive financial assistance from their families well into their late 20s (Schoeni & Ross, 2005). Social support from reliable and caring adults buffers non-fostered (Southwick, Morgan Iii, Vythilingam, & Charney, 2006) and fostered youth (Courtney et al., 2009) from risk during this precarious transition. Thus, familial estrangement, abrupt discontinuation of resources, and disconnection from prior supports (e.g., social workers, foster parents, and court-appointed special advocates) render emancipated youth at elevated risk for poor outcomes (Courtney et al., 2001).

Foster youth report less educational attainment relative to their non-fostered peers. Only 50% of emancipated foster youth

graduate from high school, whereas their non-fostered peers graduate at a rate of 89.9% (Chapman et al., 2010). Disparities in higher education are even more pronounced with only 15% of emancipated foster alumni enrolling in college versus 58% of non-fostered youth, and fewer than 5% successfully obtaining a 4-year degree by age 26 (Courtney et al., 2004) versus 30.6% of non-fostered emerging adults (Folger & Nam, 2012). Elevated rates of unemployment, poverty, and incarceration further exacerbate the deficits associated with low educational attainment (Courtney et al., 2007; Naccarato et al., 2010).

Formerly fostered youth report significantly higher rates of physical illness and psychopathology (Courtney et al., 2007; Pecora et al., 2006), which further limit their capacities to negotiate the developmental challenges of emerging adulthood. Rates of depression among formerly fostered youth (41.1%) are nearly double those found in the general population of adults aged 20–30 (21.0%; Pecora et al., 2005). More than 30% of former foster youth meet the criteria for post-traumatic stress disorder versus 7.6% of the general population (Pecora et al., 2005), and 11.4% meet criteria for panic disorder versus 3.6% of their non-fostered peers (Casey Family Programs, 2003). Substance use rates are similarly elevated with 3.6% of formerly fostered adults meeting criteria for drug dependence versus only 0.5% of the general population (Courtney et al., 2005).

Coping With the Challenges of Emerging Adulthood

Transition and change are central features of emerging adulthood and may contribute to elevations in pathology during this developmental period. As such, youths' ability to cope well under stress may have particular salience for promoting positive functioning and well-being during emerging adulthood. Coping entails efforts to change behavioral actions and/or cognitions to overcome internal and/or external stressors (Brown & Nicassio, 1987; Carver, Scheier, & Weintraub, 1989; Compas, Malcarne, & Fondacaro, 1988; Lazarus & Folkman, 1984).

Recent studies of emerging adults highlight the importance of coping, as well as the salience of contextual influences on the execution and impact of specific coping strategies. For example, Zambianchi and Bitti (2014) found that open family communication was positively associated with preventive and preparatory coping strategies, social well-being, present time perspective (i.e., a sense of order and coherence in the present), and future time perspective (i.e., planning for the future in various areas of life such as work, family, and social roles) in a sample of 232 emerging adults. Additional contextual factors, such as risk exposure, may qualify the developmental significance of specific coping strategies. In a study of 25 high-risk emerging adults who were selected for their depression and familial risk factors (e.g., family history of depression, substance use, health problems, family conflict, and/or violence), Carbonell, Reinherz, and Beardslee (2005) found that coping through avoidance, which is typically considered to be a

problematic coping method (Blalock & Joiner, 2000), was described as a useful, active, and planful strategy to evade harm in some contexts. Specifically, participants described using avoidance effectively when they felt threatened and the options for responding were limited.

These findings are consistent with suggestive evidence from prior adult research that indicates the meaning of specific coping strategies may vary by context. For example, while many studies find that active coping is associated with decreased depression and distress and increased optimism and general well-being (Blalock & Joiner, 2000; Recklitis & Noam, 1999), these benefits may be contingent on the individual's perceived ability to control the situation (Altshuler & Ruble, 1989; Carver et al., 1989; Folkman, Lazarus, Gruen, & DeLongis, 1986; Miller & Green, 1985), as well as on his or her evaluation of whether or not he or she has the necessary resources to cope with the challenge. Active coping may be optimal when confronting a controllable stressor, such as preparing for an exam, but the best approach for coping with an uncontrollable stressor, such as grieving the death of a loved one, may be avoidant or passive coping (Altshuler & Ruble, 1989; Carver et al., 1989; Folkman et al., 1986; Miller & Green, 1985). Given the significance of coping during emerging adulthood and the potential salience of contextual resources and vulnerabilities for understanding its impact, this investigation examined coping processes among formerly fostered youth during emerging adulthood.

Coping in the Context of Emancipation

Emancipated foster youth must engage coping strategies to negotiate the disproportionate challenges they face across the transition to adulthood. At the same time, however, their coping abilities may be compromised by disrupted or hostile early caregiving relationships, maltreatment, placement disruption, and loss (Berzin, 2008; Hyman, Paliwal, & Sinha, 2007). Contemporaneous stressors and constrained resources may further undermine their ability to cope with stress effectively (Compas et al., 1988; Galaif, Sussman, Chou, & Wills, 2003). Given the unique vulnerabilities of emancipated foster youth, it is important to specify conditions in which particular coping strategies may prove more or less effective during the period of emerging adulthood.

We hypothesized that engagement in coping strategies that tap specific resources youth do *not* have would be related to increased maladjustment in this population. Despite early recognition that the meaning of coping may vary by context (Lazarus & Folkman, 1984), the principle focus of extant research on coping has been to identify broadly effective or ineffective coping strategies. Effective strategies were thought to include problem-focused or active coping (e.g., taking an active role in removing the stressor; Brown & Nicassio, 1987), social support seeking (e.g., engaging assistance from others in problem solving via seeking advice or emotional support; Folkman et al., 1986), and cognitive reframing (e.g., changing one's beliefs about the stressor, such as believing in

one's ability to overcome the stressor; Compas et al., 1988). Less effective strategies were identified as avoidance (e.g., detachment and distancing from the stressor; Blalock & Joiner, 2000), excessive reliance on others (e.g., depending on others to deal with the stressor; Carver et al., 1989), and distraction (e.g., engaging in activities to take one's mind off the stressor; Lewis & Kliewer, 1996). However, as reviewed earlier, these strategies may take on different significance depending on the surrounding context of relative risk or protection (Altshuler & Ruble, 1989; Carbonell et al., 2005; Carver et al., 1989; Folkman et al., 1986; Miller & Green, 1985).

The goal of this investigation was to evaluate if and how the resource context of emancipated foster youth would moderate the effectiveness of particular coping strategies for youths' adaptive adjustment. It is important to note the difference between a resource and a coping strategy. Resources are assets or tools that people have available in times of need to facilitate their material, physical, and emotional well-being. Coping is the selection and utilization of available assets or tools that best fit the problem at hand. Although coping likely depends on available resources in typically developing populations as well, examining coping amid the relatively poor resource context of emancipated youth affords a unique opportunity to see this process more clearly, while providing important implications for intervention efforts aimed at supporting former foster youth. Similarly, relations between coping effectiveness and resource availability likely occur across development, but may be especially apparent during periods of developmental transition with particular implications for supporting positive youth development during emerging adulthood.

The Current Study

The present study sought to extend prior research on coping to examine if and how the nature of foster youths' resource context moderates the relation between coping strategy use and adjustment during emerging adulthood. Specifically, we evaluated the relation between coping strategy use and youth-reported symptoms of depression, anxiety, and substance use among emancipated foster youth as moderated by the availability of the specific resources upon which each strategy depends. Moreover, we conducted preliminary analyses to inform multivariate regression models and explore covariates that might influence youths' resource context, coping practices, and/or psychosocial adjustment, including youth gender, youth race–ethnicity, age since emancipation, and duration in care.

This investigation evaluated three hypotheses. First, we hypothesized that coping efforts characterized by taking direct action to get around a problem, which has been variably termed problem-focused or active coping (Carver et al., 1989), would be detrimental for youth with low levels of tangible resources, but positive for those with better material resources (i.e., safe/stable housing). Second, we predicted that support-seeking coping, which is characterized by asking for advice (Carver et al., 1989), would be associated with more maladjustment when employed by youth with relatively few

interpersonal resources, but with fewer adjustment symptoms when employed by youth with relatively high levels of social support. Third, we expected that individuals who attempted to use cognitive reframing coping, such as viewing the stressor in a different light to make it seem more positive (Carver et al., 1989), would report more psychological difficulties in the context of relatively few cognitive resources, but fewer symptoms in the context of higher cognitive resources (i.e., more educational attainment). Given that depression, anxiety, and substance use are salient (and often elevated) dimensions of psychopathology during emerging adulthood (Arnett, 2004; Johnston, O'Malley, Bachman, & Schulenberg, 2002; Kessler & Walters, 1998; Powers, Wisocki, & Whitbourne, 1992), we focused our analyses on these adaptive domains.

Method

Participants

Analyses were conducted with 172 emancipated foster youth (66.3% female; $M_{age} = 19.63$ years, $SD = 1.11$; 27.5% Hispanic, 24.0% African American, 15.8% Caucasian, and 32.7% multiracial/other). On average, participants emancipated from foster care at 18.19 years of age ($SD = 0.52$), were out of care for 16.72 months ($SD = 13.53$) at the time they were interviewed, and had been in care for an average of 9.49 years ($SD = 5.54$) prior to emancipation.

Procedures

Participants were invited to participate in a longitudinal study of adaptation among youth aged 17–21 who had recently emancipated from foster care via social service workers, independent living program providers, and flyers distributed to agencies serving emancipated youth (e.g., transitional living facilities, homeless shelters, and social service offices). Youth completed a brief intake screening by phone before scheduling a face-to-face interview. Exclusionary criteria included youth who entered foster care after 16 years of age ($n = 6$), youth who entered care because of juvenile delinquency in isolation from other factors ($n = 14$), and youth who were not "recently" emancipated (i.e., youth over 21 at initial contact; $n = 9$).

Face-to-face interviews were conducted by advanced research assistants who had at least a bachelor's degree in psychology (45.9% of interviews) and doctoral students in developmental psychology (54.1% of interviews). Interviews were conducted in our university laboratory (87.2%) or in a private community setting (e.g., agency offices and libraries; 12.8%). Youth completed a semistructured interview and standardized questionnaires to assess their coping and current adjustment in age-salient domains (e.g., education, work, relationships, and health) at the initial point of data collection. Participants were compensated with US$75. The Human Research Review Board of the participating university approved all procedures.

Measures

Coping. Coping was measured with the Brief COPE Inventory (Carver, 1997), which evaluated the reported frequency with which participants engaged in varied coping strategies. The Brief COPE is an abbreviated 28-item version of the full 60-item instrument (Carver et al., 1989). Two items captured each type of coping, including active coping (i.e., "I've been concentrating my efforts on doing something about the situation I'm in;" $r = .46$, $p < .001$), instrumental support seeking (i.e., "I've been getting help and advice from other people;" $r = .54, p < .001$), and cognitive reframing (i.e., "I've been trying to see it in a different light, to make it seem more positive;" $r = .56, p < .001$), on a 5-point scale from *I haven't been doing this at all* (0) to *I've been doing this a lot* (4).

Housing quality. Two independent raters evaluated each participant's current housing quality using a 7-point scale to rate each youth's living situation during the 3 months prior to the assessment. At the low end of the continuum, youth were typically homeless or couch surfing with limited personal safety and inadequate basic resources, such as food or shelter. Moderate housing quality was characterized by youth who were living in a supported situation where they paid minimal or no rent. High-quality housing was indicated by a demonstrated record of renting or owning safe and stable housing (intraclass correlation across 39.5% of the cases = .86).

Social support. Social support was measured with The Berlin Social Support Scale (BSSS; Schulz & Schwarzer, 2003), which evaluated participants' social support (e.g., "someone is always there when I need comforting") on a 4-point Likert-type scale from *strongly disagree* (1) to *strongly agree* (4). The BSSS has acceptable reliability in community samples (Schulz & Schwarzer, 2004), as well as in the current sample ($\alpha = .93$).

Education level. Education level was scored on a 9-point scale ranging from *grade school* (1) to *graduate school* (9). Low educational attainment scores were assigned to participants who did not advance beyond grade school and participants who dropped out of high school. Moderate educational attainment characterized youth who had obtained a certificate in General Educational Development (GED) or a high school diploma. High educational attainment included participants who were attending junior or 4-year college.

Depressive and anxiety symptoms. The Depression and Anxiety subscales of the Trauma Symptom Checklist-40 (TSC-40; Briere & Runtz, 1989; Elliott & Briere, 1992) evaluated participant-reported symptomatology during the 2 months preceding the assessment. Participants indicated how much each of six depressive symptoms (e.g., "insomnia, trouble getting to sleep," "sadness," and "feelings of guilt") and each of six anxiety symptoms (e.g., "having trouble breathing," "anxiety attacks," and "feeling tense all the time")

Table 1. Descriptive Statistics and Bivariate Correlations.

	1	2	3	4	5	6	7	8	9	10	Mean	SD
Resources												
1. Housing quality											4.25	1.00
2. Social support	.08										26.54	5.19
3. Education level	.09	.13									5.32	2.07
Coping Strategies												
4. Active coping	−.13	.12	.21**								5.30	1.83
5. Support seeking	−.09	.38***	.18*	.37***							4.82	1.88
6. Cognitive reframing	.03	.29***	.30***	.46***	.60***						4.98	1.89
Psychopathology												
7. Depressive symptoms	−.18*	−.14	.02	.14	.06	.13					5.09	4.91
8. Anxiety symptoms	−.12	−.09	−.05	.12	.09	.20*	.78***				4.30	4.95
9. Substance use	−.31***	−.09	−.14	.20**	.11	.005	.24**	.25**			12.96	3.68
Covariates												
10. Months since emancipation	.17*	−.05	.02	−.04	.16	−.06	.01	.11	−.09		16.73	13.53
11. Duration in care	−.09	−.09	.01	.10	.05	−.02	.04	.11	.06	.09	9.49	5.54

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

bothered them on a 4-point scale from *never* (0) to *often* (3). The TSC-40 evidences acceptable reliability in both clinical and community samples (Briere & Runtz, 1989; Elliott & Briere, 1992), as well as in the current sample for depressive (α = .79) and anxiety (α = .83) symptoms.

Substance use. A modified version of the Adolescent Health Survey (AHS; Blum, Resnick, & Bergeisen, 1989) assessed the frequency of participants' self-reported substance use within the past year across multiple drug categories (e.g., marijuana, amphetamines, and opiates). The AHS has been used extensively in adolescent and adult samples (Blum et al., 1989; Resnick, Harris, & Blum, 1993).

Results

Data Preparation

All variables were sufficiently normally distributed for valid parametric statistics (Affifi, Kotlerman, Ettner, & Cowan, 2007). Missing data on substance use (n = 8), depressive and anxiety symptoms (n = 5), months since emancipation (n = 4), coping strategies (n = 3), and social support (n = 2) were addressed using the Expectation Maximization algorithm in SPSS 20 (Schafer & Graham, 2002), as supported by Little's Missing Completely At Random (MCAR) test, $\chi^2(10)$ = 14.022, p = .172.

Descriptive and Bivariate Findings

Overall, this sample reported low to moderate resource levels (see Table 1). Participants had moderate housing quality on average (M = 4.250, SD = 1.004), which corresponded to a "supported living situation" with a friend or family member who was paying rent, though participants ranged from being homeless to renting their own home. Participants endorsed variable levels of social support. For example, 26% of the youth reported that, when things become too much to handle, there are others there to help "barely" or "not at all," whereas

56.6% reported that there is "always" someone on whom they can rely. Education levels ranged from grade school to some college. Average educational attainment was between high school and vocational training (M = 5.320, SD = 2.071), but nearly a third of participants had not graduated high school.

At the bivariate level, there were no significant relations between coping strategies and depressive symptoms, but greater use of cognitive reframing coping was associated with more anxiety symptoms, and more active coping was associated with more substance use (see Table 1). Higher levels of social support correlated with increased coping through support seeking and cognitive reframing, and education level was related to increased rates of all coping strategies. Youth who had been emancipated for a longer period of time had higher housing quality, and housing quality was associated with lower levels of depression and less substance use. Depression, anxiety, and substance use were positively correlated with each other. Multivariate analysis of variance analyses suggested there were no significant effects of youth gender (Wilks' λ = .750, p = .662), race–ethnicity (Wilks' λ = .763, p = .870), or their interaction (Wilks' λ = .593, p = .972) on study variables.

Regression Analyses

Linear regressions of each adjustment index (i.e., depressive, anxiety, and substance use symptoms) on each coping strategy (i.e., active coping, support-seeking, and cognitive reframing) as moderated by its associated resource (i.e., housing quality, social support, and education) evaluated the study hypotheses. Gender and age since emancipation were included as covariates in all analyses. As there was no relation between duration in care and any of the study variables at the bivariate level, it was not included as a covariate in the regression models. Similarly, we did not include race–ethnicity in these models given the absence of significant group differences in our initial analyses. Predictors were centered, and significant interactions were probed using Holmbeck's (2002) simple slopes technique.
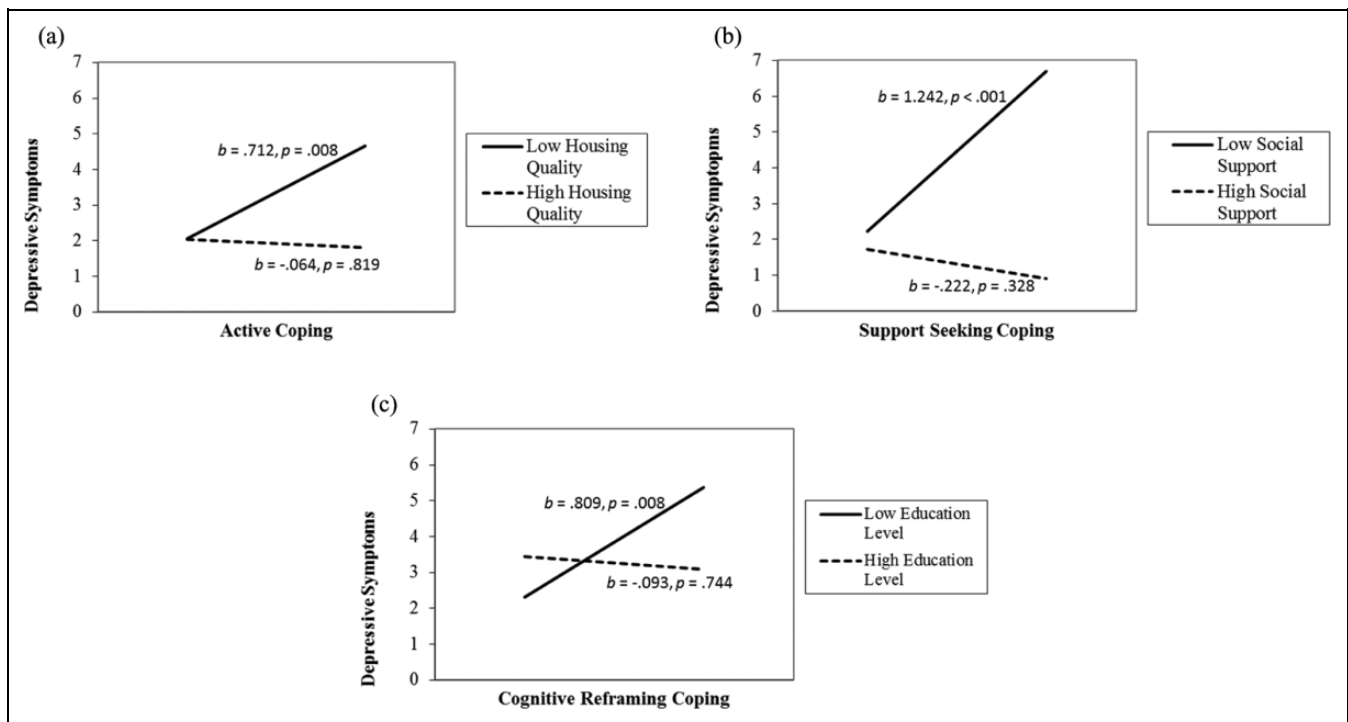
Figure 1. (a) Active coping as moderated by housing quality, (b) support seeking coping as moderated by social support, (c) cognitive reframing coping as moderated by education level. *b*'s represent simple slopes graphed at 1 standard deviation above and below the mean resource level.

Hypothesis 1: Active coping and housing quality.

The model examining active coping, as moderated by housing quality, explained a significant amount of variance in depressive symptoms ($F = 3.153$, $p = .010$, $R^2 = .087$). There was a significant main effect of housing quality on depressive symptoms ($\beta = -.154$, $p = .049$), and the interaction between active coping and housing quality was significant ($\beta = -.152$, $p = .047$). As shown in Figure 1a, active coping was associated with more depressive symptoms among youth with relatively low housing quality (simple slope $b = .712$, $p = .008$) but was not related to significant elevations in depressive symptoms among youth with relatively good housing quality (simple slope $b = -.064$, $p = .819$). The overall model for anxiety symptoms also explained significant variance ($F = 2.986$, $p = .013$, $R^2 = .083$), however, only the main effect of gender was significant, with female gender associated with higher levels of anxiety symptoms ($\beta = .169$, $p = .026$). Finally, the model accounting for relations between active coping and substance use explained significant variance ($F = 8.481$, $p < .001$, $R^2 = .203$). In addition to significant main effects of both housing quality ($\beta = -.217$, $p = .003$) and active coping ($\beta = .150$, $p = .033$), the interaction between active coping and housing quality was significant ($\beta = -.277$, $p < .001$). Active coping was associated with increased substance use among youth with relatively low housing quality (simple slope $b = .816$, $p < .001$) but was not significantly related to substance use among youth with relatively good housing quality (simple slope $b = -.210$, $p = .290$; not shown).

Hypothesis 2: Support-seeking coping and social support.

The model examining associations between support-seeking coping as moderated by available social support explained a significant amount of variance in depressive symptoms ($F = 4.491$, $p = .001$, $R^2 = .119$). There were main effects of support-seeking coping ($\beta = .195$, $p = .018$) and social support ($\beta = -.324$, $p < .001$) on depressive symptoms. In addition, the interaction between support-seeking coping and social support was significant ($\beta = -.295$, $p < .001$). As shown in Figure 1b, for youth with relatively low levels of social support, engaging in support-seeking coping related to higher rates of depressive symptoms (simple slope $b = 1.242$, $p < .001$), but support seeking was not significantly related to depressive symptoms among youth with relatively high levels of social support (simple slope $b = -.222$, $p = .328$). The model examining relations among support-seeking coping, social support, and anxiety symptoms also explained significant variance in anxiety symptoms ($F = 5.855$, $p < .001$, $R^2 = .150$). There were main effects of female gender ($\beta = .178$, $p = .016$), months since emancipation ($\beta = .171$, $p = .022$), support-seeking coping ($\beta = .235$, $p = .004$), and social support ($\beta = -.291$, $p = .001$) on anxiety symptoms. The interaction between support-seeking coping and social support was significant ($\beta = -.322$, $p < .001$). Support-seeking coping was positively related to anxiety symptoms among youth with relatively low social support (simple slope $b = 1.425$, $p < .001$) but was not related to anxiety symptoms among youth with relatively good social

support (simple slope $b = -.185$, $p = .416$; not shown). Finally, the social support and support-seeking model did not explain a significant amount of variance in substance use, and none of the main effects, nor the interaction, were significant.

Hypothesis 3: Cognitive reframing coping and education.

The model examining associations between cognitive reframing coping and depressive symptoms, as moderated by education level ($F = 1.856$, $p = .105$, $R^2 = .053$), did not evidence significant main effects. However, the interaction between cognitive reframing coping and education level was significant ($\beta = -.171$, $p = .028$). As shown in Figure 1c, for youth with relatively low educational attainment, there was a relation between cognitive reframing coping and increased depressive symptoms (simple slope $b = .809$, $p = .008$), but this relation was not significant among youth with relatively high educational attainment (simple slope $b = -.093$, $p = .744$). The model for anxiety explained significant variance ($F = 3.262$, $p = .008$, $R^2 = .089$), however, only the main effect of cognitive reframing coping was significant ($\beta = .235$, $p = .003$). Finally, the model examining relations between cognitive reframing and substance use explained significant variance ($F = 2.654$, $p = .025$, $R^2 = .074$). Both the main effect of education level ($\beta = -.178$, $p = .028$) and the interaction between cognitive reframing coping and education level ($\beta = -.190$, $p = .014$) were significant. For youth with relatively low educational attainment, there was a relation between cognitive reframing coping and increased substance use (simple slope $b = .486$, $p = .029$), but this relation was not significant among youth with relatively high educational attainment (simple slope $b = -.264$, $p = .209$; not shown).

Discussion

This investigation demonstrated that levels of available resources moderated the effectiveness of coping strategies in a large sample of newly emancipated foster youth during the period of emerging adulthood. Youth who engaged in active coping strategies but had relatively poor housing quality reported higher levels of depressive symptoms and substance use than those who reported active coping in the presence of higher housing quality. Similarly, for youth who indicated they had relatively low levels of social support, engaging in support-seeking coping was related to greater symptoms of depression and anxiety, but this relation was not significant for youth with relatively higher levels of social support. Finally, the interaction between educational attainment and cognitive reframing coping suggested that this coping strategy may be associated with increased depressive symptomatology and substance use if employed by youth with relatively few educational resources. Together, these findings indicate that coping strategies that are traditionally considered to be positive may be associated with problematic adaptation during emerging adulthood, particularly when

youth have limited access to resources that are necessary to implement a given coping strategy effectively. In the absence of requisite resources, youth may be less able to deploy a particular strategy to control the stressor effectively. As such, the widespread resource deprivation encountered by newly emancipated foster youth may thwart their capacity to engage coping strategies effectively during the critical transition to adulthood. These findings speak to the generalizability of these patterns across adjustment indices but also reveal potentially important specificity in these effects that warrant further examination.

As expected, increased depression, anxiety, and substance use symptoms were associated with youths' utilization of coping strategies that were not well suited to their resource base. However, it is noteworthy that coping was *not* associated with improved outcomes even when youth selected coping strategies that were well suited to their resource context. Past work has demonstrated that the use of effective coping strategies reduces the emotional distress precipitated by stress (Thoits, 1995). However, given the quantity and chronicity of stressful events that emancipated youth encounter (Courtney, 2009), traditional coping alone may not be sufficient to decrease depressive symptoms. Rather than improving youth adjustment, our findings suggest that coping with stressors in the context of an adequate resource base may buffer emancipated foster youth from the elevated levels of symptomatology, which would otherwise follow stress exposure (Monroe & Harkness, 2005).

This is the first known investigation of coping in context among emancipated foster youth. In order to provide effective interventions to assist these youth as they transition into adulthood, it is important to understand whether the coping strategies they employ are beneficial and to identify instances when they may be ineffective or detrimental. These findings encourage interventions that support the resource base from which youth engage specific coping strategies and help youth to identify the most appropriate strategy to use given their resource context. However, as the first study we know of to address coping processes among emancipated foster youth, these findings are necessarily suggestive and await further replication. Future replication efforts should also attend to limitations in the current study.

First, because emancipated youth who were institutionalized at the time of recruitment were not made aware of the study, these data were drawn from a relatively high functioning sample of emancipated foster youth who were disproportionately female. In addition, the sample was collected from counties in Southern California precluding our ability to consider if or how regional variation in social service provision may affect these patterns.

Second, the present study focused on the relation between the youth's resource context and the youth's coping and socioemotional adjustment in terms of depressive, anxiety, and substance use symptoms. However, other factors, such as youths' propensity toward specific coping strategies (McCrae, 1982), use of maladaptive appraisals (Folkman

et al., 1986), and level of prior stress exposure (Compas et al., 1988), may further clarify or qualify the adaptive significance of coping strategies. As noted previously, attending to additional features of the resource context may have strengthened the patterns observed here. For example, measures of cognitive flexibility may be a stronger moderator of cognitive reframing coping than educational level. Similarly, the obtained findings may not generalize across other adaptive domains in emerging adulthood, such as criminality and relational functioning.

Third, the absence of bivariate relations between depressive symptoms and resources, particularly social support, which has been found in other samples (Paykel, 1994; Pettit, Roberts, Lewinsohn, Seeley, & Yaroslavsky, 2011), may prompt concerns about the validity of the current measures. However, our model suggests that there are not necessarily main effects of coping strategies or resources in this particular population, but rather interactive effects on adjustment. For example, we did not find a main effect of social support on depressive symptoms in our study because social support is only predictive of lower depressive symptoms if the youth actually *seeks* social support (i.e., uses the coping strategy to match that resource). We argue that this is particularly relevant in the foster youth population. Although social support may be universally protective in a typical sample, it may be especially important for foster youth to actively engage in support-seeking coping to access this resource (i.e., they may need to go to the resource, instead of the resource coming to them naturally). In addition, the unique nature of our sample, which is characterized by very high levels of adversity, may result in atypical relations between traditional protective factors and adaptive outcomes, as has been seen in other studies of extreme adversity wherein traditional protective factors may be rendered less effective (Klasen et al., 2010).

Finally, there remains a need to understand processes that engender or thwart youth's accurate assessment and selection of coping resources in the face of challenge. For example, the absence of a formal assessment of IQ in the present study is an important limitation because IQ may influence youth's ability to match appropriate strategies to available resources. Likewise, IQ may qualify the impact of coping effectiveness, though, with regard to cognitive restructuring in particular, we focused on education as a more modifiable resource that has intervention implications. Just as it is important to identify factors that may support positive coping, it is also important for future research to clarify why some youth continue to engage in problematic strategies that are associated with increased symptomatology (or reduced capacities to mitigate it). Past work has identified maladaptive appraisals as a possible mechanism through which coping is related to outcomes (Folkman et al., 1986). Although both active and passive coping are engaged during stress, individuals may be more likely to employ active coping if they feel they are able to alter or reduce the stressor, while passive coping may be used when stressors are viewed as intractable (Folkman & Lazarus, 1980). Foster youth may erroneously appraise situations as

controllable when they are not. This may be especially true because stressors that seem (and should be) manageable for non-fostered youth are apt to become uncontrollable for formerly fostered youth given their limited access to resources and support.

Despite its limitations, this study has significant implications for efforts to support positive development among emancipated foster youth. As a group that is uniquely vulnerable to both pathology and resource scarcity, emancipated foster youth challenge traditional conceptions of adaptive coping and constitute a vital population in need of empirically informed support services. This study extends prior assertions that the adaptive implications of specific coping strategies may vary across contextual features, such as controllability (Altshuler & Ruble, 1989; Carver et al., 1989; Folkman et al., 1986; Miller & Green, 1985), to include the resource context as an important consideration in intervention efforts during emerging adulthood.

Interventions that help youth accurately survey their resources so that they can engage in the most appropriate and effective techniques for coping with challenge will engender positive outcomes in this uniquely vulnerable population. For example, for youth who have few material resources but do report having high-quality friendships, it would be helpful to encourage them to use support-seeking coping, rather than active coping. A seminar that addresses what coping is and the best ways to select coping strategies could be implemented within the life skill classes that these youth already attend. In these classes, the youth can learn about how to cope with life stressors through various activities and discussions that address how to select coping strategies that best fit the resources that are available.

In addition to guiding coping strategy selection, effective interventions with this population could bolster resource availability. Specific intervention efforts could provide safe and stable housing, individualized mentoring, and/or educational training and access. Without a platform of resources on which to build, these youth will remain severely limited in their ability to engage in coping strategies that will reduce and/or remove the stressors that threaten their well-being. Indeed, as we have seen here, even those who use the most effective forms of coping may continue to experience significant distress. In addition, efforts to provide more supports and services to frontline workers who are best suited to evaluate an individual youth's strengths and vulnerabilities may be beneficial. For example, it would be ideal for social service providers to identify specific resource deficits and increase youth's access to relevant resources.

Thirty years ago Lazarus and Folkman (1984) proposed that the meaning of coping may vary by context, and researchers have slowly begun to validate their theory (Brand & Alexander, 2003; Frydenberg, 2004; Wright, Crawford, & Sebastian, 2007). The current study extends these efforts by examining the impact of coping strategy use in contexts of variable resource availability among emancipated foster youth. The current findings are consistent with previous work,

which demonstrated that active coping strategies are not particularly effective when employed in the context of limited resources (Carbonell et al., 2005). Further, we show that using coping strategies outside the range of one's resource base may actually be detrimental to health and well-being. These findings highlight important interdependencies among youths' coping strategy selection, resource base, and adjustment during emerging adulthood. Although especially salient in the low resource and high challenge contexts encountered by youth emancipating from foster care, these same dynamics likely qualify the meaning of coping in typically developing populations as well. Thus, this research supports positive youth development efforts that help youth select appropriate coping strategies to best suit their resource base while enhancing the resources to which youth may avail themselves in contexts of stress or challenge.

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