Family-Level Factors and African American Children's Behavioral Health Outcomes: A Systematic Review

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Abstract:

Background

Considerable prior research targeting African American children has focused on the pervasiveness of problematic behavior and negative risk factors associated with their development, however the influence of family on better behavioral health outcomes has largely been ignored.

Objective

The purpose of this review is to examine empirical studies that focus on the association between family-level factors (e.g., parenting practices, family functioning) and African American children's behavioral health. Specifically, we examined the studies' characteristics, the relationship between various family-level factors and behavioral health outcomes, and the extent to which these studies consider racial, ethnic, and/or cultural nuances and competencies.

Methods

This review was guided by systematic review methods of Gough et al. (An introduction to systematic reviews. Sage, London, 2012) and Moher et al. (Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Med 6(6):e1000097, 2009). Thirty-five studies were included and assessed.

Results

The majority of the studies' samples were low-income, resided in female-headed households, and lived in urban areas. Parenting practices (66 % of studies) were by far the most frequently

examined family-level factor associated with behavioral health outcomes. A few studies examined the moderating or mediating role of racial discrimination and/or racial socialization.

Conclusion

Findings from this review can inform the development or adaptation of family-based interventions that can effectively promote better behavioral health and resiliency of African American children and adolescents.

Keywords: Family | Behavioral health | African American children | Protective factors | Adolescents

Article:

Introduction

Despite the considerable number of studies targeting African American children, the trend has been research focused on the pervasiveness of problematic behavior and negative risk factors associated with their development. While empirical research has well documented individual, socio-historical and contextual factors (e.g., poverty status, homelessness, child welfare involvement, substance misuse, delinquency, violence exposure, and discrimination) that place African American children and adolescents at risk of problem behaviors (e.g., APA 2008), family-level factors' (e.g., parenting practices, family functioning) positive impact on behavioral health outcomes have received less attention. Research has also largely ignored the relevance of racial, ethnic, and cultural nuances and competencies, particularly as protective mechanisms, and their influence on the development of resilience and strengths among African American children (APA 2008). As a consequence, there is a dearth of culturally relevant and effective preventive and treatment interventions addressing problem behaviors and limited culturally relevant assessment and evaluative tools for children and families of color.

Among the existing and substantial literature that focuses on problem behaviors among African American children and associated risk factors, the authors were particularly interested in identifying the subset of studies examining family-level factors (e.g., parenting practices, family functioning) that potentially buffer against problem behaviors and promote better behavioral outcomes. For example, family interconnectedness (e.g., collectivism, parental support) and religiosity are salient factors that have historically enabled many African Americans to withstand adversity and maintain good behavioral health (e.g., Hill 1999). Similarly, studies report that children and adolescents who receive adequate parental and family support are less likely to engage in risk behaviors and are more likely to have higher social and academic competence (e.g., Washington et al. 2013, 2014). In a sample of 224 low-income, urban African American adolescents (6th–8th grade), Grant et al. (2000) found that positive relationships with father figures buffered the effects of stress on externalizing problems for boys and girls. Thus, protective and promotive factors at the family level are salient in fostering emotional, social, behavioral, and academic functioning of African American children.

To our knowledge, no systematic reviews have highlighted research focused on the significant role of family-level factors (e.g., parenting practices, family functioning) on the development and display of problem behaviors among African American children. Such a review can facilitate a more balanced perspective on African American children, provide avenues for future research, and inform clinical applications and policies targeting this population. Considering the importance of family-level factors in promoting positive behavior of African American children, this review will focus on family-level factors associated with behavioral health outcomes among African American children.

Three aims guide our exploration. The first aim is to examine the characteristics of studies exploring family-level factors associated with behavioral health outcomes in African American children. Specifically, we summarize study characteristics, such as research design, sample demographics, and instrumentation. Our second aim is to examine studies that explore the association between family-level factors and behavioral health outcomes among African American children. Our third aim is to investigate the extent to which studies that examine the relationship between family-level factors and behavioral health outcomes among African American children consider racial, ethnic, and/or cultural nuances and competencies. For instance, we consider studies that examine the moderating or mediating role of racial discrimination and/or racial socialization on the associations between family-level factors and children's behavioral health outcomes.

Conceptualization of Behavioral Health

The conceptualization of behavioral health and the conditions that it encompasses varies widely among researchers and practitioners. Behavioral health consists of a range of health and mental health conditions including symptoms of depression/anxiety, the management of chronic diseases, obesity, alcohol and drug use problem, juvenile delinquency, aggression, violations of rules, among others. However, for the purpose of this article, the behavioral health outcomes of interest include: Oppositional Defiant/Conduct Disorders (ODD/CD) and symptoms of ODD/CD, Attention Deficit Hyperactive Disorder (ADHD) and symptoms of ADHD, and internalizing and externalizing problem behaviors [as operationalized by the Child Behavioral Checklist (Achenbach and Rescorla 2001)].

Methods

This article is guided by systematic review methods suggested by Gough et al. (2012) and Moher et al. (2009). The systematic review research team consisted of three assistant professors and one graduate research assistant. To increase the rigor of this review the research team also sought consultation from a university librarian, an associate professor with expertise in culturally-relevant intervention research and development with African Americans, and an academic writing coach with expertise in systematic reviews. During the initial stages of the review, the leader of the research team and graduate research assistant met weekly and keep other team members informed and solicited ideas and feedback. However, during the study's protocol development stage, the entire team met monthly using either face to face communication or teleconferences.

Eligibility Criteria

The research team collectively identified specific study characteristics that were subsequently used to develop eligibility criteria. The studies for this systematic review were selected using the following inclusion criteria: (a) sample population is exclusively African Americans under age 18; (b) scholarly, empirical literature published between 2003 and 2013; (c) behavioral health outcomes including internalizing and externalizing problem behaviors, ODD/CD, and ADHD. (d) predictor variables are family-level factors (e.g., parenting practices, family functioning). Studies excluded from this review include non-English, intervention studies, children outside US, and children in specialized placements such as foster care or detention center. Additionally, studies were excluded if the primary purpose of the behavioral health assessment instruments were to measure alcohol or illicit drug use or juvenile delinquency.

In consultation with a university librarian, the research team developed database and protocol search strategies. The databases searched for this review included Social Work Abstracts (1966 to date), PsycINFO (1872 to date), SocIndex (1895 to date), PubMed (1950 to date), Social Service Abstracts (1980 to date), and Sociological Abstracts (1963 to date). These databases were searched from August to September 2013. We searched these databases for combinations of the following keywords and phrases: African American, Black, children, adolescence, youth, internalizing and externalizing problem behaviors, ODD/CD, and ADHD. Additionally, we adopted several additional methods to locate studies that may not have been identified by the database searches. For example, we examined the reference list of several studies identified by the databases. Also, an article located by the database revealed that the Journal of Child and Family Studies recently published a special edition focused on the mental health of African American youth, which was very relevant to our systematic review. To store and manage the wide range and volume of information collected for the review, we utilized RefWorks, an online reference management software.

Study Selection

The searches initially identified 3873 studies, however, 1167 were removed because they were duplicates. The initial screening process consisted of team members reviewing the titles and abstracts of studies using the review protocol to determine if they met the eligibility criteria. As suggested by Gough et al. (2012) a random spot-checking of screening was conducted and Cohen's kappa was used to measure reliability. Results were compared and inter-rater agreement exceeded 90 %. Next, 387 full-text studies were reviewed, and random spot checking and comparison of the results of this process revealed that the inter-rater agreement exceeded 90 %. The study selection process yielded 35 studies that met the inclusion criteria (see Fig. 1).

Identification

Records identified through database searching
(N=3,858)

Additional records identified through other sources
(N=15)

Screening

Records after duplicates removed
(N=2,706)

Records screened
(N=2,706)

Records excluded
Not on Topic
(N=2,319)

Eligibility

Full-text studies assessed for eligibility
(N=387)

Full-text studies excluded (N=352)
- IV non-family level factors (N=103)
- Sample less than 100% African American (N=64)
- DV Non-Behavioral (N=19)
- Not on topic (N=166

Included

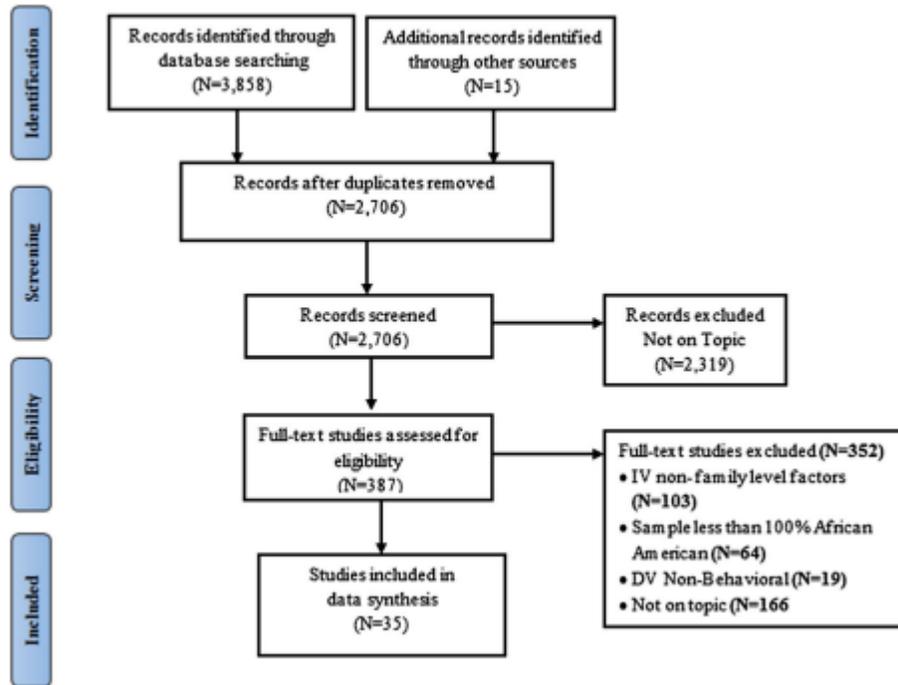Studies included in data synthesis
(N=35)

Fig. 1. Data extraction of the studies

Following the initial review of full-text studies, the team members used a data extraction tool to independently code each study. This tool was developed by an assistant professor in consultation with other team members, and it was pilot tested by the research assistant. This tool collected data on study design, sample characteristics, outcome measures, and key findings for each study.

Data Synthesis

Aim One: Study Characteristics

A slight majority of the studies in the systematic review were cross-sectional in design (n = 22; 63 %) while 13 (37 %) were longitudinal. The majority of the study populations resided in urban areas (n = 25; 71 %) and had household incomes below the poverty line (n = 28; 80 %). Of the 35 studies included in the review, only 22 (63 %) reported the mean age of children. Children's overall mean age for these studies was 10.5 years old with an age range between 4.2 and 18 years old. Twenty-eight studies (80 %) reported the household composition; the vast majority were female-headed households (e.g., mother or grandmother). The remaining seven did not clearly report the members of a household. Thus, it was unclear whether a male (e.g., father) was in the home.

Studies used a variety of terms to describe the behavioral health outcomes examined including: internalizing and externalizing problems, aggressive behaviors, problem behaviors, delinquent behaviors, and conduct problems. The behavioral health outcome most frequently examined across all studies was internalizing and externalizing problems (14 or 40 % of studies). Five (14 %) studies examined externalizing problems only. For this review, the Child Behavior Checklist (CBCL) (n = 18; 51 %) was used most frequently to measure children's problem behaviors

followed by the Diagnostic Interview Schedule for Children (DISC) (n = 4; 11 %). Most studies (n = 25; 71 %) examined more than one family-level factor as it relates to African American child behavior health outcomes.

Aim Two: Family-Level Factors and Behavioral Health Outcomes Parenting Practices

Parenting practices were by far the most frequently examined family-level factor. Of the 35 studies included in the review, 23 (66 %) examined the relationships between parenting characteristics and African American children's behavior health outcomes (see Table 1). Parenting characteristics were categorized into six subsets: parental monitoring, positive parenting (e.g., parental warmth, support, nurturance, acceptance, emotional support, quality of parent–child relationship), mother's psychological control, harsh parenting (e.g., shouting, hitting, threatening punishment), discipline, and other parenting characteristics. Slightly less than half (48 %) of these studies (n = 11) examined more than one parenting characteristics as shown in Table 1. Additionally, parental monitoring and positive parenting were the most examined parenting characteristics among the studies.

Table 1 Parenting practices

Articles	Harsh parenting	Positive parenting	Parental monitoring	Maternal psychological control	Discipline	Other
Bailey et al. (2006)		✔				
Brody et al. (2003)	✔		✔		✔	
Bryant and Zimmerman (2003)		✔	✔			
Chester et al. (2007)		✔	✔			
Coley (2003)		✔				
Elmore and Gaylord-Harden (2013)		✔				
Forehand and Jones (2003)		✔	✔			
Gutman et al. (2003)			✔			
Jones et al. (2008)		✔	✔			
Koblinsky et al. (2006)		✔				
Kwon et al. (2006)						✔
Mitchell et al. (2010)	✔					
Mitchell et al. (2009)	✔					
Nievar and Luster (2006)		✔				✔
Oravecz et al. (2011)		✔				
Rodriguez et al. (2008)			✔			✔
Schiff and McKay (2003)			✔			
Simons et al. (2013)			✔		✔	
Spjeldnes and Choi (2008)		✔				
Su et al. (2011)		✔	✔		✔	
Taylor (2010)				✔		
Taylor et al. (2012b)		✔	✔	✔		
Tolou-Shams et al. (2007)		✔	✔	✔		

Harsh parenting (e.g., shouting, hitting, threatening punishment)
Positive parenting (e.g., parental warmth, support, nurturance, acceptance, emotional support, quality of parent–child relationship)

Of the studies that examined parental monitoring (n = 12), a slight majority (n = 8; 67 %) found a significant (p < .05) direct association between parental monitoring and African American children's behavioral outcomes (see Table 1). For example, Gutman et al. (2003) investigated different types of parental monitoring and found that decreasing restrictive monitoring and increasing promotion of positive activities by parents was associated with positive child behavior outcomes. It is important to note that of the four studies that found no significant relationship between parental monitoring and child behavior outcomes, three found significant indirect relationships through moderators, such as peer relationship quality (Chester et al. 2007), racial socialization (Rodriguez et al. 2008), and demanding kin relationships (Taylor et al. 2012a, b) and conduct problems (Tolou-Shams et al. 2007).

Twelve studies examined the impact of positive parenting on African American children's problem behaviors (see Table 1). Almost all of these studies (n = 11; 92 %) found a significant negative relationship between positive parenting and children's behavioral health outcomes. For example, parental warmth and support (Elmore and Gaylord-Harden 2013; Jones et al. 2008), emotional support (Taylor et al. 2012a, b), and parental acceptance (Bailey et al. 2006), were all found to be negatively associated with children's problem behaviors.

Of the three studies that examined harsh parenting, two found a significant positive relationship between harsh parenting and African American children's behavior problems (Brody et al. 2006; Nievar and Luster 2006). Two out of three studies that examined the relationship between mother's psychological control and African American children's behavior also found a significant positive relationship between the two (Taylor et al. 2012b; Taylor 2010). All three studies that examined the relationship between inconsistent discipline and African American child behavior outcomes revealed a significant positive relationship.

Other parenting variables examined by researchers include maternal expressed emotions and the effectiveness of parental discipline. Kwon et al.'s (2006) study indicated a positive association between maternal expressed emotions and African American children's behavior problems. Rodriguez et al.'s (2008) study also found a significant negative relationship between the effectiveness of parental discipline and African American children's externalizing problems.

Other Family-Level Factors

Across the 35 studies examined in this review, 26 (74 %) investigated the contribution of family-level factors other than, or in addition to, parenting practices on African American children's behavioral health outcomes (see Table 2). We labeled these factors as other family-level factors, and grouped them into eight categories: mother's mental health, family functioning, social support for caregivers, family conflict, inter-parental conflict, and others/supplementary. Seventeen out of 26 studies contained variables in more than one out of the eight categories listed above. Additionally, 14 of the 26 studies also examined parenting practices. The most

frequently examined other family-level factor was parental mental health, followed by family functioning and inter-parental conflict.

Table 2. Other family-level factors

Articles	Parental mental health	Family functioning	Family's social support	Family conflict	Family SES	Father contact	Inter-parental conflict	Others/supplementary
Barnett et al. (2011)								✔
Brody et al. (2003)								✔
Bryant and Zimmerman (2003)								✔
Buckingham-Howes et al. (2011)	✔			✔				
Coley (2003)						✔		
Forehand and Jones (2003)							✔	
Jackson (2003)	✔				✔			
Jackson and Scheines (2005)	✔					✔	✔	
Jackson et al. (2013)	✔		✔			✔		
Jenkins et al. (2009)				✔				
Kaslow and Thompson (2008)							✔	
Kaslow et al. (2003)		✔						
Koblinsky et al. (2006)	✔	✔		✔				
Lindsey et al. (2008)	✔		✔					
McLoyd et al. (2008)	✔	✔						
McNeil et al. (2013)	✔							
Mitchell et al. (2010)	✔	✔						
Nievar and Luster (2006)	✔				✔			
Oravecz et al. (2011)			✔				✔	
Rodriguez et al. (2008)	✔							✔
Schiff and McKay (2003)		✔		✔				
Spjeldnes and Choi (2008)	✔				✔	✔	✔	
Su et al. (2011)							✔	
Taylor (2010)		✔	✔					
Taylor et al. (2012a)			✔		✔			
Taylor et al. (2012b)		✔						✔

Parental Mental Health Parental mental health was the most frequently examined other family-level factor in this review. Twelve (34 %) studies examined the impact of parental mental health on African American children's behavioral health. It is important to note that all studies except two (Lindsey et al. 2008; Rodriguez et al. 2008) solely assessed the impact of mother's mental health. These two studies used the term primary caregivers even though mothers were the majority identified compared to other categories of caregivers (e.g. fathers, grandmothers). For example, in Lindsey et al.'s (2008) study, 80.5 % of the primary caregivers were mothers, 8.9 % were grandmothers, 4.7 % were aunts, and 3.5 % were fathers. Similarly, in Rodriguez et al.'s (2008) study, 92 % of the sample identified as primary caregivers was mothers. Ten studies (83 %) measured depressive symptoms as at least one indicator of parental mental health; thus, this was the most frequently examined mental health indicator. The other parental mental health indicators measured included stress, aggression, perceived mastery, and anxiety. All but one article (Buckingham-Howes et al. 2011) that examined the relationship between parental mental

health problems and child's behavioral health problem outcomes found a significant positive relationship.

Family Functioning All seven studies that examined family functioning found a significant association between family functioning and African American children's behavioral health. These studies reported that an established family routine (Koblinsky et al. 2006; McLoyd et al. 2008; Taylor et al. 2012a, b), high family cohesion (Kaslow et al. 2003; Schiff and McKay 2003), and a stimulating and supportive home environment (Mitchell et al. 2010) promoted lower problem behaviors.

Inter-parental Conflict and Family Conflict Six studies examined the relationship between inter-parental conflict and child behavioral health, and four investigated the association between family conflict and child behavioral health. These studies found a significant association between these variables and children's behavioral health outcomes. In sum, greater family conflict was related to increased problem behaviors among African American children. Family conflict included psychological conflict between adolescent mothers and grandmothers (Buckingham-Howes et al. 2011), mother–child conflict (Schiff and McKay 2003), conflict among resident family members (Koblinsky et al. 2006), and family violence (Jenkins et al. 2009). Inter-parental conflict included intimate partner violence (Kaslow et al. 2003), inter-parental/aggression (Su et al. 2011) and conflict (Forehand and Jones 2003; Oravecz et al. 2011), mother–father (Jackson and Scheines 2005) and inter-parental (Spjeldnes and Choi 2008) relationship quality.

Family Social Support All four studies that examined family social support found a significant relationship between social support and African American children's problem behavior. Social support for caregivers, such as instrumental support (Jackson 2003), kinship social support (Taylor et al. 2012a), and informal social support (Oravecz et al. 2011) was inversely related to African American children's problem behaviors.

Father Contact We were able to identify only one study that focused exclusively on father' as primary caregivers (Coley 2003). However, there were four studies that examined the role of father–child contact on children's behavioral outcomes in addition to other influences (e.g., mother–child contact). All of these studies found a significant negative relationship between the frequency of father–child contact and children's problem behaviors. These results suggest the importance of fathers' contact with their children in fostering positive behaviors among African American children regardless of fathers' residency status.

Family Socio-economic Status Four studies examining family socio-economic status (SES) found a negative association between family SES and African American children problem behaviors. SES was measured based on mother's working status and annual income (Jackson 2003), household income (Spjeldnes and Choi 2008), nineteen source income-to-needs ratio (Nievar and Luster 2006), and mothers' ratings of families' financial resources (Taylor et al. 2012a, b).

Others/Supplementary There were several other family-level factors that were examined in the studies that we categorized as other/supplementary: household composition change (Barnett et al. 2011), problem behavior of older siblings (Brody et al. 2003), role models (Bryant and Zimmerman 2003), and socially demanding kin relationships (Taylor et al. 2012a, b). Only

Barnett et al. (2011) found no significant relationship between other/supplementary family-level factors and African American children's behavioral problems. Brody et al. (2003) found that problematic behavior displayed by older siblings was a significant predictor of children's conduct disorder. Taylor et al. 2012a, b found the demanding kin relationships were associated with increased internalizing and externalizing behavior. Children's problem behaviors can be strongly influenced by their older siblings who are often perceived as a role model. Not surprisingly, positive role modeling of older siblings can reduce the risk of problem behaviors of African American children, as reported by Bryant and Zimmerman (2003).

Aim Three: Racial Discrimination and Racial Socialization

Although various scholars and disciplines emphasize the importance of cultural competency in research and practice, only 9 % of the studies investigated moderating or mediating effects of racial discrimination and racial socialization on the relationship between family-level factors and children's behavioral health outcomes. For instance, Rodriguez et al. (2008) investigated the interrelationship of racial socialization (e.g., spiritual and religious coping, racial pride) and parenting practices and child externalizing behavior. The researchers found that parents who reported high levels of racial socialization (i.e., spiritual and religious coping) and discipline effectiveness also reported fewer child behavior problems among a sample of low-income urban parents and caregivers. Another study found that maternal depressive symptoms mediated the effect of maternal perceived discrimination on children's externalizing behaviors, meaning greater discrimination led to higher maternal depression which, in turn, led to greater externalizing behaviors (McNeil et al. 2013). Elmore and Gaylord-Harden (2013) further revealed that racial socialization (e.g., racial pride) and supportive parenting interacted to predict children's internalizing and externalizing behaviors. In other words, higher levels of parental support and racial pride were significantly related to higher levels of children's externalizing behavior problems, but no association was evidenced when levels of racial pride were low. While other studies included in our review may have taken into account racial, ethnic, or cultural variables as it relates to study conceptualization and/or interpretation of findings, it was surprising that only three studies examined these variables impact on the relationship between family-level factors and behavioral health.

Discussion

To our knowledge, this study is the first to systematically document research that examines the relationship between family factors and problem behavior among African American children. Such a review is important in that it can help redirect future research, clinical applications, and policies from the long-held stereotypes about problem behaviors of African American children. The first aim of our review was to examine the characteristics of studies examining family-level factors associated with behavioral health outcomes in African American children. The findings revealed that the design of most studies were cross-sectional, however, a small amount of studies used a longitudinal approach. Thus, this review provides some knowledge about the trajectories of family-level factors and later behavioral health outcomes among African American children. The majority of the study samples were low-income, resided in a female-headed household, and were located in urban areas. Additionally, several studies did not clearly report the members of a household; specifically, it was unclear whether a male (father or father figure) was present in the

home. These findings suggests a gap in knowledge about African American children's behavioral health who live in rural areas, are middle-class, and who reside or interact with their fathers or male figures. Moreover, not all studies reported the mean age of children. However, among studies that reported the age of children, the mean age of the sample appears to be 10.5 years old. Furthermore, the children's behavioral health outcomes most frequently examined was internalizing and externalizing behaviors problems, and the CBCL was used most often to measure children's behavioral health problems.

The second aim was to review studies on the association between family-level factors and children's behavioral health outcomes. Approximately 75 % of all the studies included in this review investigated the contribution of more than one family-level factor on African American children's behavioral health. Our review found parenting practices to be the most frequently examined family-level factor, and more specifically, parental monitoring and positive parenting. The majority of studies found significant relationships between parental monitoring and positive parenting and child's behavioral health. Among other family-level factors, parental mental health was most frequently assessed; in fact, all but one study found that parental mental health problems was a significant predictor of increased child's problem behaviors. In addition, studies also reported the significance of family functioning on African American children's behavior and found that healthy family functioning decreased the risk of children's problem behavior. In sum, the current review suggests that family-level factors were significantly associated with African American children's behavioral health and in most cases supported better outcomes.

Our third aim was to investigate studies that considered whether racial, ethnic, and/or cultural nuances and competencies influence or inhibit the relationship between family-level factors and African American children's behavioral health outcomes. More specifically, we examined whether racial discrimination or racial socialization moderated or mediated that relationship. Only three studies tested the moderating and mediating roles of racial discrimination or racial socialization (i.e., Coker et al. 2009; Cooper et al. 2013; Davis and Stevenson 2006). It is important to note that search terms used in this review did not include racial discrimination or racial socialization; thus, it is plausible that studies that examined the direct or interactive effect of racial discrimination and socialization and family-level factors on behavioral health outcomes were excluded. Nevertheless, the lack of results is concerning given the emerging significance of racial discrimination and socialization in the design of parent- and family-centered programs and therapeutic services for African American families (for a review see Coard and Sellers (2005) and Stevenson et al. (2005). Additionally, studies of African-American families suggest the parenting of African-American children involves specific parenting strategies not accounted for in the general parenting literature (Marshall 1995; Stevenson et al. 2001; Ward 2000; Wilson 1990; Wright 1998). African Americans, regardless of socioeconomic status, are forced to grapple with the significance of race in defining themselves as well as deciding what it means to be Black within their own life experiences (Murray et al. 1999; Schaefer 2004). African American children need to be socialized both to their own culture and the mainstream culture, and their children need to understand how to survive in an environment that is often hostile, prejudiced, and discriminatory (McAdoo 1997). Thus, research examining the influence of family-level factors, particularly parenting practices, on children's problem behaviors should take into account racial, ethnic, and/or cultural nuances and competencies such as racial discrimination and socialization.

Limitations

Though the review presented key results, limitations need to be acknowledged. First, the search terms used were broad and may not have included all publications that are relevant to this review. As mentioned earlier, the search terms did not include racial discrimination and socialization or ethnic identity; thus, studies that examined the significance of these racial/cultural-level variables on the association between family-level factors and children's problem behaviors may have been excluded. Additionally, some researchers (e.g., Coard and Sellers 2005) consider racial socialization as a family-level factor. However, in our review, we did not conceptualize racial socialization as such, thus potentially limiting the number of available studies for our review. It is also possible that literature relevant to the review may have been published after the database searches were conducted.

Implications for Future Research

Findings of the review suggest key areas for future research. First, a systematic or comprehensive review of family-based interventions that address behavioral health problems that are specific to African American children could further support or supplement the family-level factors identified in this review. Second, given that the majority of the studies identified in this review were conducted with African American children and families residing in urban areas and low socioeconomic households, future research might consider African American children and families residing in other geographic areas (e.g., suburban, rural) and/or families with varying financial resources. Such studies could contribute to our understanding of the influence of family on children's behavioral health across diverse groups of African American families.

Third, studies that included data on fathers' characteristics and two-parent households were limited. Indeed, most of the studies reviewed focused exclusively on mothers, or other female caregivers such as grandmothers. The few studies that included fathers found a positive influence of father–child contact on children's behaviors. Thus, more research is needed to substantiate the significance of fathers' characteristics and father contact on children's behavioral health. Additional studies are also needed to further explore the influence of the characteristics of two-parent African American households on children's behavioral health outcomes.

Fourth, the literature exemplifies the significance of the role of race in the life experiences of African Americans (e.g., Schaefer 2004) and the importance of parenting strategies that may specifically reflect these cultural experiences (e.g., Stevenson et al. 2001).

Our review identified few studies that examined the moderating or mediating role of racial discrimination and/or racial socialization. We believe that more research is needed to fully examine the influence of racial/cultural-related factors (e.g., racial discrimination, racial socialization, ethnic identity) on the relationship between family-level factors and children's behavioral health. This would provide us with a better understanding of how these variables may work together to influence behavioral health outcomes among African American children. Additionally, knowledge could be gained from a systematic review that focused on the direct influence of racial/cultural-related factors on African American children's behavioral health.

Finally, the present review focused exclusively on African American children. Although the term "African American" was used to limit our search, we recognize the potential of within group differences in behavioral health outcomes among Black children as it relates to the influence of family factors (e.g., parenting practices, family conflict). Overall, it is important to understand if key findings from this review hold across other ethnic subgroups of Black children (e.g., Caribbean children, African immigrant children) and future studies could explore these possibilities.

In summary, the review showed that positive family-level factors (e.g., healthier family functioning, positive parenting) served as protective and promotive factors for behavioral health among African American children. Findings from this review can inform the development or adaptation of family-based interventions that support better behavioral health outcomes and resiliency of African American children.

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