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Parenting

Empirical Advances and Intervention Resources

Edited by Loredana Benedetto and Massimo Ingrassia

PARENTING - EMPIRICAL ADVANCES AND INTERVENTION RESOURCES

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and **Massimo Ingrassia**

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Contributors

Massimo Ingrassia, Loredana Benedetto, Maria Symeou, Stelios Georgiou, Teresa Silva, Pietro Muratori, Marcella Caputi, Simona Scaini

Notice

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Meet the editors

Loredana Benedetto, PsyD, PhD, is an associate professor of Developmental and Educational Psychology at the Department of Clinical and Experimental Medicine, University of Messina, Italy. She teaches graduate and postgraduate courses in the areas of typical and atypical development, parent-child relationships, educational psychology, and family-based interventions. She was a scientific consultant for several intervention projects supporting families of disabled or behaviorally disrupted children. Her text *Parent Training*, after 10 reprints, was recently updated with a revised edition (Rome, Carocci, 2017) presenting approach and empirically based strategies for parent training programs. Dr. Benedetto is the author or coauthor of articles in the field of her main research interests: parenting and parenting assessment, parental cognition, developmental disabilities and family adjustment, pediatric palliative care and family resilience, and parent education.

Massimo Ingrassia, PsyD, is an associate professor of Developmental and Educational Psychology at the Department of Clinical and Experimental Medicine, University of Messina, Italy, where he was the vice chair of the Sicilian Specialization School for High School Teachers. He teaches graduate and postgraduate courses in health and clinical psychology. His research interests are in the areas of risk behaviors in adolescence and emerging adulthood, digital technology and Internet problematic use, and learning disabilities. Dr. Ingrassia was a scientific advisor in projects to implement health services for families in pediatric palliative care. With Loredana Benedetto, he was the author of *Parenting* (Rome, Carocci, 2010) and coauthor of *Growing Connected: Web's Resources and Pitfalls* (*Crescere connessi: risorse e insidie del web*; Parma, Edizioni Junior, 2017).

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Preface

People often attribute a talent, an exceptional skill, or a creative act to the dispositional features of an individual. However, the values to which those traits are applied are an educational matter. Respect for others and the nature, the custody of creation, is a value that is learned primarily in the family and then in the community. It is not always the fault of the parents if a child deviates from the expected developmental path, but they are not entirely exempt from liability. In fact, parents have the task of introducing the child into the belonging community and taking care of him/her until the child is able to live independently; thus, raising a child is a great responsibility. In doing this, one can be either indulgent and inclined to reasoning or inflexible and prone to punishment. These educational preferences depend on the beliefs and values of both the parents and the community of which the specific family is a part, but they are also the consequences of the relational style implemented between a parent and his/her child.

Not only parents determine a relational climate that contributes to the well-being of their children, but also children with their own features are responsible for the quality of parenting. In the last decades, researchers made a great effort to identify some of the factors that are crucial in shaping parent-child interactions, individual psychological health, and family climate along time. Attention to these updated empirical findings exploring the reciprocal parent-child interchanges is the salient feature of this book. The second section of the book is a three-chapter review on important factors that influence children's and adolescents' adjustment. Some of these are adults' factors, such as parental practices, and parental experience and confidence in managing the multiple demands of parenthood (i.e., self-efficacy beliefs). Other factors are the child's features, such as temperament, and some neurobiological characteristics (i.e., callous-unemotional traits) identified only recently as potential sources of vulnerability for the child's psychological disorders. In the first chapter, authors introduce readers to relevant theoretical constructs related to adjustment problems in adolescence, such as behavioral and psychological control, parent-adolescent conflict, locus of control, and parental values. The second chapter presents a critical examination of the parental self-efficacy through four empirical studies. Authors argue about the specific measurement levels, the self-efficacy beliefs as buffer variable between the child's characteristics and parenting skills, and the role of parental self-confidence in the interventions promoting child care and parenting quality. The third chapter of this section is devoted to parenting difficult children and adolescents. Authors debate parental competence interacting with children's difficult characteristics and the importance of early prevention and intervention programs. The third part of the volume contains two applied chapters presenting parental challenges and treatment interventions for childhood internalizing/externalizing disorders. Authors selected treatments founded on advances in research and evidence-based practices

involving parents as key components within the intervention strategies. In fact, since the behaviors of parents are modifiable and produce changes and consequences in the child's emotive-behavioral adjustment, a modification of parent behavior may be a creative and effective way to help children and to ameliorate the family climate.

The book is addressed to practitioners, researchers, and students interested in parenting. In the different chapters, they will find innovative suggestions and elements to enrich their knowledge and to draw the starting points for further investigations. Enjoy reading!

Loredana Benedetto, PsyD, PhD and Massimo Ingrassia, PsyD
Department of Clinical and Experimental Medicine, University of Messina
Messina, Italy

Introduction

Chapter 1

Introductory Chapter: Parenting – Empirical Advances and Intervention Resources

Loredana Benedetto and Massimo Ingrassia

Additional information is available at the end of the chapter

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Raising offspring is a hard and long work for humans: parents take care of their children for many years, and in some of the so-called western cultures, their involvement still continues for several years after their sons have gained a partial socioeconomic autonomy. Child rearing is also a very demanding task: few skills are not acquired by parents and are intuitive, as protection, emotional sensitivity, or baby talk [1], but many other abilities must be learned. Therefore, parenting is a field of human experience with a privileged kind: it is a hinge between nature and culture. On the one hand, parents must support natural growth of their children, guaranteeing balanced nutrients, warmth, and safety; on the other hand, parents are their children's first socialization agents. They have to enculturate their children to the values, beliefs, knowledge, customs, and habits of the specific society in which they live (see [2]).

Every day a parent engages in the enculturation task simply interacting with his/her child: caressing, hugging, feeding, washing, playing, talking, teaching, reproving, encouraging, and so on, are all socialization practices and ways that allow the child to participate in the adults' life as an apprentice in the shop craft. Just by means of a *guided participation* [3], the child is initiated to cognitive and social skills allowing to read reality and give meaning to events. A guided participation implies at least a dyadic relationship: a caregiver (a parent) and a cared (his/her child), or a tutor and a tutee. However, for a long time psychologists and researchers focused their attention only on one person inside the dyad and considered the parent (especially the mother) as *the* primary source of child's developmental outcomes. They viewed parenting as a unidirectional relationship in which parents are active modification agents of children's abilities and behaviors, and on the contrary, children are passive subjects so that their cognitive and behavioral qualities may be disciplined and shaped by parents. What kind of parenting should ensure successful, adapted, and prosocial sons and daughters? This has been the question for many decades [4, 5]. Thus, "many psychologists expected to find

a relation between what parents did and particular child outcomes and failed to appreciate that the child is always interpreting the actions of parents" ([6], p. xvii), and he/she actively contributes to the quality of the specific parenting relationship.

Instead, on the last two decades of twentieth century, a transactional [7] and ecological [8] point of view has been affirmed. Parenting has not been considered anymore only a causal factor of child's development, but primarily it is believed a *product* of the daily child-parent relationship and other systemic factors [9, 10]. Moreover, if parenting is a consequence, does it no longer affect child outcomes? According to Kagan [6], there are at least three ways by which parenting is a source of influence: (1) the *educational practices* (as when a parent reinforces desirable behaviors and punishes undesirable ones); (2) the *identification* (as when a young child reproduces the same parent's emotional response to a neutral event); and (3) the *knowledge* of family story and traditions (as when a child is proud of a talented relative and, therefore, he/she is confident about his/her own abilities and a successful future for himself/herself).

1. Parenting in children's and adolescents' adjustment

This book presents some aspects of this double nature (as both causal factor and consequence) of parenting. In Section 1, three original papers address the existing interdependence between the two poles of the parent-child relationship. Georgiou and Symeou (Chapter 1) describe some key constructs of parenting (i.e., parental involvement and control, locus of control and values, parent-adolescent conflict) and their connections with adolescents' psychological adjustment. Parenting as behavioral consequence ("what the parent does") includes direct actions toward the child (educational practices), as punitiveness or warmth. However, since Baumrind's theorization, the influences of parenting on children adjustment have been better described as "complex pattern of attributes" or parental styles [4] rather than discrete parental practices applied to children. Parenting is a complex construct and includes a typical climate in which the interactions with the child occur (parenting style), and beliefs about the nature of the child, the characteristics of child's development and education, and the role itself of the parent as a parent (attributions, self-efficacy, self-esteem, and so on). These last ones are cognitive-motivational factors that have the power of modulating interactions and their emotional tone. When a parent slaps a young child, it could occur also because he/she believes that a corporal punishment is the right way to correct child's bad behavior. The parent also develops personal expectances and self-confidence regarding his/her role, daily parental responsibility, or the management of child's behavioral problems. These personal beliefs about personal competence or effectiveness (self-efficacy) are another key construct in parenting researches moving from the sociocognitive perspective [11]. Benedetto and Ingrassia (Chapter 2) discuss the quality of parenting and children care as a function of parental self-efficacy beliefs.

Parenting depends on many individual, relational, social, and cultural determinants. Adult's characteristics alone (as personality or psychopathologies) cannot explain child rearing quality. Parent-child influences are mutual, and also child's factors (gender, temperament, etc.) have to be considered. A newborn is a "socially competent" partner into dyadic relationship [12].

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On the contrary, a "difficult" child, who is inconsolable or very irregular in falling asleep, can put a strain on parents' caring skills. Silva and Sandström (Chapter 3) deal with individual characteristics and particularly child's temperament, neurobiological vulnerability, and early behavioral problems that influence parental behaviors and emotions. From this bidirectional perspective, parenting is conceived as a transactional process in which specific combinations of negative parents and child characteristics are in reciprocal interaction. Along the development, coercive cycles are risk factors for offspring's adjustment problems depending on both children's natural characteristics and nurtured (scarce) parental competence.

Among parental factors, studies now focus more on paternal role following research advances that integrate gender differences into traditional socialization theories [13, 14]. Some aspects of child rearing are similar for mothers and fathers, but also some differences emerge. For example, regarding child's emotional adjustment, common effects emerge for maternal and paternal overinvolvements that result associated with children anxiety [15]. The influence of father in early adjustment difficulties (i.e., child's social anxiety) was recently emphasized by some authors [16]. Dissimilarity in parenting styles within the couple can work as risk factor for the development of child's psychological problems [17]. However, the presence of both parents can balance ineffective parenting (i.e., authoritarian or permissive style) because an authoritative style shown by at least a parent is linked to a better adjustment in adolescence [18]. Finally, factors such as family support, parents' social network, and familial values and traditions help us to comprehend how dimensions and quality of parenting work in daily children's care.

Even assuming different theoretical approaches for describing family influences on child's socialization (i.e., parenting styles, practices, or sociocognitive components as self-efficacy), parenting *is not the unique* causal source that affects children's developmental outcomes. According to the ecological theory [8] and the developmental psychopathology perspective [7], researchers recognize that environmental influences are complex including individual, parental, and extra-family factors (i.e., peers or child-teacher relationships). All these factors, together with child's variables (genetic, temperamental factors, etc.), work as *multiple* sources of influence for child's social and emotional development. From this perspective derives the assumption that when a child displays behavioral or emotional problems, parents did not "cause" them, but these atypical behaviors have a complex etiology. Secondly, due to transactional effects during parent-child exchanges, parenting factors affect child's adaptive or maladaptive behavior, but child's response in turn influences parental behaviors and adjustment (i.e., discipline practices, affection and stress, marital conflicts, etc.). Thirdly, parents can become an important help for practitioners working with "difficult" children, so their involvement is essential in interventions [19].

2. Parenting-based interventions

In Section 2, two original papers illustrate parental challenges and promising interventions for children and adolescents with internalizing or externalizing problems. These interventions not only solve children's disorders by improving parental skills but also prevent the

development and worsening of child's emotional and behavioral problems by building constructive and positive parent-child relationships.

In their chapter, Scaini and collaborators (Chapter 4) discuss how parenting is influential for etiology, maintenance, and treatment of childhood internalizing problems. Psychological problems as anxiety and depression are difficult to study in childhood, but empirical data are increasing. Advances in assessment and research methods (e.g., observational data and ecological parent-child interactional tasks; [16]) made it possible to conduct studies with very young children. These studies have focused the dimensions of parenting that are crucial both in relation to particular phases of child's development (overprotection, low warmth or overcontrol) and specific internalizing problems (worry, negative mood, excessive fears, etc.). Since parental behaviors are quite modifiable, these findings can be transferred into interventions, suggesting which supportive parental behaviors (i.e., age-appropriate granting of autonomy) must be increased or how to change parenting or family environment (i.e., reducing overcontrol, marital conflicts, etc.) to reduce risk for vulnerable children [20].

However, children's internalizing problems are not initially caused by parenting practices, because several individual and situational factors intervene along child's development, first of all child's characteristics interacting with negative parental or environmental stressors. This means that a different trajectory can develop when child's genetic predisposition interacts with a favorable environment (i.e., supportive parenting, family harmony) that functions as protective factor decreasing the expression of disturbances. Second, since child's emotional or social difficulties influence parenting, defining a clear directionality of influence from child to parents or vice versa is complex. For example, an anxious child often actives the parental intrusive interventions (e.g., unnecessary helps in tasks), but these parental behaviors may paradoxically reinforce in the child the perception of threat and intensify his/her worry and distress.

Among child's characteristics, recent studies evidence how cognitive and metacognitive processes (dysfunctional thinking styles, worry, cognitive monitoring; [21]) can mediate the associations between child's adjustment and parenting influences. In fact, cognitive and metacognitive processes not only increase children's vulnerability to emotional disorders, but in some studies also resulted a stronger predictor of psychological problems (like as adolescent's anxiety) than parenting behaviors [22]. All these findings are interesting, but more research effort is needed because the directionality of influences is difficult to establish. Further longitudinal studies can explore the reciprocal parent-child interchanges along time, and also which factors are influential (child's behaviors on parenting, or parenting on child's behaviors) in specific developmental phases (e.g., infancy vs. adolescence).

Recognizing family influence in the expression of children's problems contributed to the inclusion of parents in treatment. Family interventions are often behavioral parent trainings (BPTs), an empirically based treatment approach based on cognitive-behavioral principles [23, 24]. BPT is a complementary component of child's treatment and generally aims to modify parental communication, behaviors, or emotions that maintain or exacerbate child's internalizing symptoms [25]. Other directions for intervention came from innovative cognitive approach that suggests to intervene both to parental behaviors (i.e., reducing overcontrol) and negative coping or cognitions (i.e., rumination) that increase the risk of developing internalizing symptoms [21].

Finally, Muratori, Levantini, and Lambruschi (Chapter 5) discuss BPTs for conduct-disordered children. In this field, preventive family programs are a crucial intervention strategy, because early signs of behavioral problems in infancy are often predictive of persistent antisocial problems in adolescence [26]. These BPTs are generally group-based programs that teach parents how to manage common disruptive child's behaviors (as negativism, impulsivity, or deregulated emotionality) in day-to-day situations. Since group programs encourage parents to share both problems and solutions, they enhance parental communication and problem-solving skills, increasing self-efficacy and motivation for change. Most BPT programs are designed for preventing conduct problems, and they start in infancy or early childhood, such as the *Incredible Years* Programs developed by Webster-Stratton and her colleagues [27]. Second, since children's disruptive problems often extend from family to peer relationships, several programs add other components that could be implemented with the teachers and the children themselves (both alone or combined). School-based programs resulted efficacious to improve self-regulation and social skills [28]. However, multimodal interventions are necessary when BPT alone is not sufficient with children presenting severe disruptive behaviors or comorbid internalizing problems [29]. This multimodal approach is well represented by the *Coping Power Program* by Lochman and colleagues [30] in which, in parallel with the BPT component, children receive a direct cognitive-behavioral training on anger management, social problem-solving, or interpersonal skills. Third, BPT interventions are graduated according to the severity of children's problems (i.e., co-occurring ADHD or developmental disabilities), or the presence of family factors (socioeconomic disadvantage, marital conflict and divorce, etc.) that work like an additional distressing source for parents. The *Triple P* [31] intervention program provides parents with different levels of support (i.e., from brief telephone assistance to BPT) that are intensified according to the complexity of children's needs and/or family's problems.

Therefore, promising parenting interventions assume an ecological and complex perspective in promoting the quality of family life and supporting parents of "difficult" children and adolescents. The current BPT approach does not reduce intervention to a "corrective" strategy for changing parents' ineffective practices (i.e., reinforcing misbehavior by parental attention, reacting coercively with angry and punishment) or teaching them alternative discipline techniques (i.e., use of praise, effective instructions, etc.). Studies confirm that changes in parental skills reduce the severity of child's behavioral problems and have also a consistent impact on parental stress and perception of incompetence [24]. Advances in BPT now incorporate theoretical constructs from a sociocognitive perspective: they assume that parental factors as beliefs and attributions, coping skills, sense of competence, or marital quality [11, 32] impact parenting behaviors. In turn, intervening on parental beliefs, emotional needs, and self-confidence increases short-term parental well-being and it also lays the basis for positive changes in parent–-child interactions and family environment [33].

Psychological interventions for children and adolescents can benefit from these advances in studying parenting and child development. This book offers an overview of these recent research fields, with the primary intention of linking the empirical findings to the needs of parents and children. Suggestions that can be drawn by researches and practitioners are several [19]: to consider all multiple influences and reciprocal interchange between children and their parents' behaviors; to have a clear theoretical model to explain and measure parenting-related constructs; to use more assessment methods (i.e., observational data, both child-report and

parent-report ratings) with the aim to represent several aspects of parenting and perceived family life; to adopt longitudinal design research; and finally, to find well-established strategies for intervening with parenting, selecting among evidenced-based programs.

Treatments involving parents and prevention programs are complementary interventions, and both can be seen as a strategy directed to reducing the long-term troubles and suffering in children and parents [19]. Interventions help parents of emotionally or behaviorally difficult children to manage them, whereas prevention enhances parental self-confidence and skills optimizing child-rearing. Prevention generally has low cost compared to its advantages, particularly the group programs and the early interventions (i.e., supporting the transition to parenthood) or programs delivered when children are younger. But preventive effects can be evaluated only by studying parent-child interactions and measuring their changes over time. Applied research in prevention is particularly difficult to realize: empirical data often are scarce or lack of longitudinal and follow-up measures (for both intervention and control conditions). As some authors remind us, while developmental research now offers complex and transactional models explaining family influences on childhood disturbances, "the child and parent clinical intervention literature lags behind with regard to these methodological advances" ([34], p. 3). More rigorous studies can be also useful for selecting programs that are targeted for children's and family's needs or identify which parents are not eligible for parent training. In fact, in some circumstances (i.e., parental psychopathology, poverty, maltreatment, or family violence) parental involvement in interventions is problematic and unsuitable [35]. The wish is this effort in applied research can improve the effectiveness of intervention strategies that educational and health services offer to families and children.

Author details

Loredana Benedetto* and Massimo Ingrassia

*Address all correspondence to: loredana.benedetto@unime.it

Department of Clinical and Experimental Medicine, University of Messina, Italy

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Section 2

Parenting in Children's and Adolescents' Adjustment

Chapter 2

Parenting Practices and the Development of Internalizing/Externalizing Problems in Adolescence

Stelios N. Georgiou and Maria Symeou

Additional information is available at the end of the chapter

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Abstract

This chapter examines the existing relationship between different types of parental practices and the development of internalizing and externalizing behavioral problems in adolescence. Parental involvement and parenting styles are defined and analyzed as possible parameters of adolescent problems, including bullying and victimization. Special emphasis is given to the distinction between behavioral and psychological parental control. Furthermore, issues such as parent-adolescent conflict, locus of control, and parental values are discussed as correlates of these problems, since prior research has identified them as either risk or protective factors for child and adolescent social and emotional adaptation.

Keywords: externalizing/internalizing behaviors, parental control, parent-adolescent conflict, parenting styles, locus of control

1. Introduction

In adolescence, a number of physical, behavioral, and cognitive changes take place, which can be an overwhelming experience for both the young person and other individuals from his close social environment. One notable change during the adolescent period is the increase in the prevalence of externalizing and internalizing problems [1]. In differentiating between externalizing and internalizing behaviors, one should acknowledge that the former is overt, whereas the latter is covert. Externalizing behaviors are evident in children's outward behavior, where the child acts negatively on the surrounding environment, and include rule-breaking actions, aggression, and delinquency. Such behaviors are problematic for society because the adverse effects of externalizing behaviors are not only immediate but long-term as well, and they have a negative effect both on the individual and on the public. For instance, longitudinal research

shows that adolescent externalizing behaviors are a major risk factor for a number of negative outcomes, such as juvenile delinquency, and future crime and violence [2], as well as decreased educational and occupational attainment in adulthood [3]. Moreover, low attainment may act as a mediator in the relationship between adolescent delinquency and depression in young adulthood [4].

On the other hand, internalizing behaviors refer to behavior problems that are inner-directed and over-controlled [5]. As such, they affect the individual's psychological world. Symptoms include social isolation, withdrawal, anxiety, and depression [5, 6]. Nevertheless, as internalizing behavior problems are covert, and thus, do not disrupt the external environment, they often go unnoticed. Despite that internalizing symptoms are a widespread problem among the teenage population. For example, it is estimated that approximately 15–35% of individuals experience depressive symptoms during adolescence [7]. Furthermore, internalizing problems constitute a risk factor for numerous negative outcomes. Higher levels of adolescent depressive symptoms are associated with less positive adjustment in adulthood [7], lower levels of self-esteem and self-efficacy [8], externalizing behavior engagement [9], poor academic achievement, greater risk for suicidal behaviors or ideation during adolescence, and increased risk of attempted suicide, and completed suicide in adulthood [10].

Given the short-term and long-term consequences that follow the experiences of externalizing or internalizing behaviors, researchers have recognized the importance of understanding the nature of these behaviors. Researchers examining the parameters of these malfunctioning behaviors emphasize the significance of interpersonal factors. Parental behavior is, perhaps, the most influential factor in terms of the development of externalizing and internalizing behaviors of the child. The concept of parental importance has been well documented since Freud suggested that the infant's emotional tie to the mother provides the foundation for all other later relationships [11]. For more than half a century, research has consistently supported the significance of parenting for child and adolescent psychopathology. Prior research has offered theoretical and empirical evidence regarding the ways that parents induce certain behaviors from their offsprings [12–17].

Within the parenting domain, the majority of research has focused solely on the role of the mother [18]. Even though mothers have traditionally been considered as the primary caregivers for their children [19], currently this is changing. Both parents are now increasingly more involved in the raising of their children, using child-rearing practices and building relationships with them. Thus, it is essential not to underestimate the importance of both parents for the behavioral and psychosocial development of their children. The few studies that exist on the father figure indicate that paternal behaviors are equally significant in children's and adolescent's adjustment [20, 21]. For example, according to Flouri and Buchanan, father involvement (i.e., a father who reads to his child, or shows interest in his child's education) is positively associated with the child's psychological well-being [22] and negatively associated with his being in trouble with the police [23]. Nevertheless, even though empirical interest in the father-child relationship is growing, fathers are still underrepresented in studies of child development [24]. In a recent meta-analysis, the authors concluded that less than 20% of the studies focused on the parenting behavior of fathers, even though the effect of specific paternal parenting behaviors was larger than maternal parenting behaviors [13].

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As mentioned above, previous research has demonstrated that dysfunctional families tend to include young members who exhibit a variety of psychopathologies [13, 25, 26]. These disturbances include interaction problems among family members [27].

2. Parental involvement

In the examination of externalizing and internalizing behaviors, an important factor to consider is parental involvement. The literature regarding parental involvement has identified numerous features, which can be grouped within the two main categories of home and school activities [28]. For example, parental involvement enacted at school includes contacting the school personnel, attending PTO meetings, and volunteering for school fun-day activities. Similarly, parental involvement enacted at home includes discussing school activities with the child, having clear expectations, and consistent home rules regarding, for instance, the time spent studying and checking homework [28]. Thus, parental involvement constitutes an integral part of the child's behavioral and psychosocial well-being.

Even though maternal involvement is more frequently examined [18] because of the special role that is usually given to mothers in child care, a number of studies have looked at the paternal role as well [22, 23, 29]. A longitudinal study conducted by the Centre for Research into Parenting and Children at Oxford, United Kingdom, has provided empirical support for the protective role fathers have on child well-being. Among the different findings, most noteworthy are the following: (1) there was an association between father involvement and positive parent-child relationships, (2) father involvement was associated with less likelihood that the child would be in trouble with the police in the future, and (3) there was a strong association between father involvement and children's later educational attainment. Overall, research so far has shown convincingly that parental involvement is associated with positive psychological adjustment, happiness, and less bullying or antisocial behavior on the part of the child [30].

3. Parental styles

The construct known as “parenting style” was originally described by Baumrind [31]. Parenting styles are based on two dimensions: (1) demandingness and (2) responsiveness. The first dimension refers to having high expectations, setting behavioral boundaries, and applying rules and regulations, including monitoring child behavior. The second refers to responding to the child's emotional and other needs, being available to talk with, and support the child and generally provide for a safe environment in which to learn and develop. The combination of the two dimensions defines the four types of parenting styles: authoritative, authoritarian, permissive, and neglectful. Authoritative parenting style (demanding and responsive) presents a consistent and flexible parental behavior. In contrast, authoritarian parents (demanding but not responsive) consider punishment as a means to achieve control over their children. Permissive parents (responsive but not demanding) exercise low to no control over their children. Finally, neglectful parents are neither responsive to their child's needs nor demanding in regard to their child's behavior and actions.

Many empirical studies have consistently found authoritative parenting to be related to adaptive behaviors, whereas, in contrast, both the authoritarian parenting style and the permissive parenting style are uniquely and significantly positively related to externalizing symptomatology [32–34]. Furthermore, links have also been reported between parenting styles and psychosocial adjustment; for example, parenting styles were found to be related to well-being in adolescence [35]. In this study results, authoritative parenting was related to higher self-esteem and life-satisfaction and to lower depression [35]. Furthermore, parenting styles are identified as either risk or protective factors for a number of negative outcomes including bullying and victimization experiences at school [36].

4. Parental control: behavioral and psychological

Parenting practices refer to the behaviors that a parent employs in raising a child. They can take the form of either behavioral or psychological control. Even though the two dimensions are incorporated into the umbrella term "parent control," the two labels elucidate the important distinction between parental control of adolescent behavior and parental control of the adolescent's psychological world [37]. In other words, psychological control has to do with the relative degree of emotional autonomy that the parent allows [38]. This form of control centers on regulation of thoughts, emotions, opinions, and feelings. It communicates to the child or adolescent that all these are unacceptable for an adolescent to have [39]. In contrast, behavioral control has to do with the level of monitoring and limit setting that the parent uses [38]. It involves behavior regulation but without negating the adolescent's own ideas, feelings, or intrinsic value [40].

As behavioral control is concerned with behavior regulation, supervision, and management, it is thought to serve a positive socializing function. As research shows, behavioral undercontrol has been directly linked with externalizing behaviors such as substance use, antisocial behavior, delinquency, and sexual precocity (12, 16, 40–42]. In their study using adolescents and their mothers as participants, Pettit et al. [16] reported that monitoring was (negatively) related to delinquent behavior. Also, Hoeve et al. [13] obtained similar results in their meta-analysis; poor parental monitoring (either be active monitoring by parents, parental knowledge or child disclosure) was relatively strongly linked to delinquency. One might ask how are low behavioral control and externalizing behaviors associated. As Barber [40] points out, one explanation may be that uncontrolled environments, where no limit-setting exists, do not foster self-regulation in children, often leaving them more susceptible in contravening social norms and rules.

A study by Symeou [43] aimed to explore the impact of parental control on adolescent's expression of externalizing and internalizing behaviors. The results of the study demonstrated lack of a relationship between behavioral control and either externalizing or internalizing behaviors. She argues that the participants' age should be taken into consideration in trying to interpret these results. The majority of research that has established a predictive relationship between behavioral control and externalizing or internalizing behaviors was conducted with children, preadolescents, or young adolescents [12, 16, 40–42]. Within those age-groups, behavioral control is critical in enabling children to learn that social interactions are governed

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by conventions that must be followed in order to become competent members of society [40]. To this end, it was reasonable for predictive associations to be found in previous research. Nonetheless, the adolescent participants in Symeou's study were in their middle-to-late adolescent years [43], and, according to researchers, there is a significant decline in limit-setting and monitoring across adolescence [44]. As Barber et al. [37] argue, this decline is sensible; parents begin to reduce, or at least alter, some of the specific limits they set as they attempt to grant legitimate autonomy to their adolescents. Therefore, it possible that behavioral control may no longer be important, as those adolescents should—by then—know which places to visit, peers to socialize with, and in general, which behaviors are acceptable or unacceptable.

Associations between parental rearing practices and internalizing behaviors have also been evidenced. Higher psychological control has been traditionally related to internalizing behaviors, such as depression, low self-confidence, and low self-esteem [16]. Plunkett et al. [10] found a direct positive path from parental psychological control to depressed mood for adolescent boys. Links between psychological control and internalizing behaviors have been found both cross-sectionally and longitudinally [39]. Given that during adolescence, youngsters strive for independence and autonomy, these findings are not surprising. As Barber [40] argues that adolescents who experience psychological control may see their parents as being nonresponsive to their emotional and psychological needs, and this discourages them from trusting their own uniqueness and their ideas. A nonresponsive environment makes it difficult for a young person to develop a positive self-perception for numerous reasons, such as the implied derogation of the person, and the limited opportunities to develop a sense of personal efficacy.

Despite the fact that psychological control has more prominent associations with internalized symptomatology, there is also some evidence to suggest that experiences of psychological control may be associated with externalizing symptoms as well [13, 40, 42]. For example, in the meta-analysis conducted by Hoeve et al. [13] found that psychological control was at least as important as behavioral control in predicting increased levels of delinquent behaviors. As Mills and Rubin [42] explain, the harsh discipline associated with childhood aggression often involves psychological control tactics, something that could lead to aggression by arousing anger. Hence, psychological control may be as important in the development of externalizing behaviors as it is in the development of internalizing symptomatology. Mills and Rubin [42] also reported links between excessive behavioral control and the development of internalizing behaviors. For example, mothers of socially withdrawn children appeared to be behaviorally overcontrolling. Likewise, Symeou [43] found that both mother psychological control and father psychological control positively predict externalizing and internalizing behaviors. Considering that in adolescence the youth strive for increased autonomy and independence, it was not surprising that a predictive association between psychological control and externalizing and internalizing behaviors was found.

5. Parent-adolescent conflict

In addition to child-rearing practices, the parent-child relationship is of great importance for the child's and adolescent's socialization process. The quality of the parent-child relational

bond affects children's emotional development, and behavioral and social growth [45]. For adolescence, one parenting domain that reflects important aspects of the parent-adolescent relationship is conflict [46]. Parent-adolescent conflict refers to a parent-youth dyadic relationship characterized by negativity, such as conflict and hostility [25]. This involves negative arguing and dispute, an evident dislike of the child by the parent, and aggressive problem-solving strategies [47]. According to Smetana, during adolescence, parent-adolescent conflict is more likely to include negative verbal exchanges instead of negative physical exchanges [48], with the primary reasons being about routine activities, such as homework, academic performance, curfews, and watching television [49, 50], as well as about chores, appearance, politeness, finances [51], and more infrequently about autonomy and independence, parent control, and personal ethical beliefs [50]. In terms of the frequency or intensity of the parent-adolescent conflict interactions, in their meta-analysis, Laursen et al. [52] found that whereas conflict frequency decreased over the course of adolescence, conflict intensity intensified reaching its peak in middle-to-late adolescence.

Parent-child conflict is often found to be a predictor of adolescent externalizing symptomatology [26, 27, 53]. Eichelsheim et al. found that the negative quality of the parent-adolescent relationship, characterized by recurring discord and negative arguments between the parent and the adolescent, was strongly related to the adolescents' levels of aggression, concluding that the negative and coercive interaction patterns in the parent-adolescent relationship seem to sprawl directly into adolescent interpersonal aggression [25].

Furthermore, a positive association between dyadic hostility and youth internalizing problems has been reported. This association may exist as the critical aspect of hostility might corrode self-esteem and contribute to internalizing symptoms, such as depression and anxiety [54]. Nevertheless, research has produced ambiguous findings. For example, adolescents' internalizing psychopathology such as major depression disorder (MDD) was associated with high levels of parent-youth conflict [27]. Similarly, Symeou found evidence that both mother-adolescent conflict and father-adolescent conflict were predictive of externalizing and internalizing behaviors [43]. It seems that higher parent-adolescent conflict is related to greater exhibition of negative outward behavior, such as aggressiveness and delinquent acts, and internalizing symptomatology. Conversely, the opposite effect was found in other studies wherein dyadic hostility was not associated with youth internalizing symptoms [53].

One important drawback in this research is the fact that, traditionally, the emphasis has been on the most obvious path; in other words, how parental qualities predict or relate to children outcomes. In the literature, there are only but a few studies that explore the reverse association. That is, whether it is the child's psychosocial problems that influence the development of parent-child conflict. Ignoring such transactional associations, though, creates a gap in the understanding of child development. As Dodge and Pettit argue, in symbiotic models of development, influences tend to become reciprocal over time [55]. In support of this view, Zadeh et al. [26] identified reciprocal associations among maternal behavior and child externalizing behaviors from ages 10 to 15, with evidence of a recursive feedback loop over time. That is, negative maternal behavior had an influence on child's exhibition of externalizing symptoms from Time 1 to Time 2 and the child's externalizing

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behavior at Time2 could predict a change in maternal behavior from Time 2 to Time 3 [26]. Along and same lines, Georgiou and Fanti provided further evidence that the influence between parents and children is bidirectional in nature [56]. They found that mother-child conflict at age 7 affected the child's behavioral problems at age 9, but also that the existence of the child's behavioral problems at age 7 affected the intensity of mother-child conflict at age 9. These researchers concluded that the child's conflict with the mother and the child's externalizing problems reinforce each other over time.

6. Parenting and child locus of control

Locus of control refers to the distinction made by individuals about who or what controls the outcome of events in their lives, discriminating between internal factors and external factors. Individuals with an internal locus of control perceive that the outcomes of one's behaviors are attributed to the influences of forces within one's control; in other words, they believe that *they* can control their lives, and so, they are responsible for their abilities, decisions, and actions. On the other hand, individuals with an external locus of control believe that their life is controlled by forces outside their own control, such as luck, chance, powerful other people or fate [57].

In relation to research on parenting practices, the existing evidence suggests that such practices are associated with either internal or external orientation of control in children and adolescents. For example, internal locus of control was found in children who were exposed to authoritative parenting styles, where authoritative parents value autonomy, consistency, discipline, and reinforcement of positive behaviors [58]. In contrast, Glasgow et al. [59] noted that nonauthoritative parenting styles (such as authoritarian, permissive, or neglectful) are associated with external locus of control, which is, in turn, associated with lower educational attainment. Relevant to this, Marsiglia et al. [60] found that children of parents with a permissive parenting style developed an external sense of control. Similarly, authoritarian parenting style and permissive parenting style have also been linked to external locus of control [61]. In other words, parenting styles that emphasize overcontrol or overprotection contribute to the children's perception that their behavior and the outcomes of their behavior are determined by factors such as lack, fate, or powerful others.

Georgiou et al. examined the mediating role of locus of control in the relationship between parenting styles and bullying and victimization experiences in school. Their findings showed that: (1) internal locus of control was a partial mediator in the relationship between authoritarian parenting style and bullying or victimization experiences, and (2) internal locus of control fully mediated the relationship between authoritative parenting and exhibition of bullying behaviors [62].

More specifically, regarding the first finding, authoritarian parenting is predictive of lower internal locus of control. Then, lower orientation of control predicts significantly higher victimization and higher bullying. Hence, growing up with an authoritarian parent increases the children's external locus orientation, resulting in them believing that their behaviors and experiences

are influenced by external forces and are, thus, outside of their control. Increased external locus then predicts more bullying experiences; one reason for this may be that these children learn to attribute their own behaviors to the control of others. This corresponds with previous research findings suggesting that bullies tend to blame the victim for their bullying behaviors rather than blaming themselves [63]. Furthermore, increased external locus of control predicts higher victimization experiences; this may be because children who believe that they are not in control of their own lives may be considered as easier targets to bullies [62].

The reason why authoritative parenting predicts less bullying and victimization experiences may probably be because of its effect on children's locus of control. An authoritative parenting style is characterized by autonomy, but also by limit-setting. This contributes in the children's understanding that they are responsible for what happens in their life, and not upon a complexity of other, external forces.

7. Parental values and child externalizing problems

Familial factors have been identified as important in determining whether a child will display externalizing behaviors or experience internalizing symptoms. Bullying behavior (a form of externalizing behavior) and victimization are also determined by the attitudes and values that are developed early in one's life. Although this seems sensible, morality is subjective and culturally defined. Consequently, what is considered right and what is considered wrong may differ from individual to individual. Thus, when considering antisocial activity it is, also, very important to examine the relative contribution of cultural values as it is to examine parental factors.

According to Sivadas et al. [64], the main expressions of the cultural orientation are the individualism and collectivism constructs. As Triandis [65] argued that the individualism/collectivism construct refers to a cultural syndrome wherein individualists have an independent self-image and prioritize individual goals and preferences, whereas collectivists tend to view themselves as interdependent with other people in the society and to emphasize group goals and norms.

Furthermore, vertical and horizontal dimensions have also been proposed. The horizontal/vertical distinction highlights important differences in the way that individuals perceive the self. Essentially, horizontal societies consider equality of great significance, and consider themselves as having the same status as others in society. In contrast, individuals in vertical societies place themselves and the members of the culture in a hierarchy and accept inequality [65, 66]. When the horizontal and vertical dimensions are combined with the individualism and constructivism constructs, four cultural orientations are produced: (1) horizontal individualism (= seeing oneself as unique and distinct from groups, but also seeing individuals as equal in terms of worth, dignity, and rights), (2) vertical individualism (= tendency to compete with others and to embrace self-assertion; personal aims may be to others' aims), (3) horizontal collectivism (= conceptualizing one's self as similar to the others; embracing common goals with others, sociability and interdependence), and (4) vertical collectivism (= seeing the self as

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subordinated to in-group norms and directives of figures with high authority status, valuing submission, respect and in-group cohesion) [67].

Within the literature, there are only but a very few studies that have examined either the relationships between cultural values and externalizing behaviors (i.e., bullying involvement), or the interrelations with parenting dimensions. For example, studies have shown a greater likelihood of bullying incidents in collectivistic cultures [68]. Similarly, Hussein provided additional supportive evidence that individuals in collectivistic cultures may be more disposed to experiences of bullying [69]. This may come as a result of the authoritarian parenting, which is more evident in collectivistic cultures and strongly associated with the involvement in bullying.

When examining the interrelations between parenting styles, cultural values, and experiences of bullying behaviors, Georgiou et al. demonstrated that: (1) the vertical dimensions of both individualism and collectivism were related to bullying and victimization, and to victimization, respectively; and (2) cultural values and specifically the vertical dimensions were functioning as mediators in the relationship between parenting and bullying [32]. For the first finding, the authors propose that characteristic elements of vertical individualism such as competitiveness [70] and authoritarianism [71], as well as those of vertical collectivism such as authority ranking, and obedience may be the ones that contribute in individuals acting aggressively toward peers. Thus, it may not be the close connection to the in-group that promotes bullying behaviors, but instead, it may be the high power distance (i.e., vertical orientation) that differentiates the self, according to social status, age, or gender [67] that prompts individuals to perpetrate aggressive acts [32]. Furthermore, the study showed that authoritarian parenting style (which is characterized by high demandingness and low responsiveness) impacted on increased bullying behaviors, functioning through the vertical dimensions of both individualism and collectivism, both of which highlight on inequality between the self and others. As a possible explanation for this finding, the authors propose that authoritarian parents—who are demanding and rigid but not responsive or supportive, and who can also be characterized as being competitive and to have low-to-no respect for egalitarian values— tend to pass on vertical individualistic cultural values to their offsprings. Hence, an environment of evident power imbalance is likely to bring about aggressive behavior toward school-mates.

8. Summary and conclusions

Research outlined in this chapter demonstrates convincingly that parenting practices are highly associated with the child and adolescent problems, both externalizing and internalizing ones. Consequently, the quantity and quality of parental involvement in the child's life, as well as what is known as parental styles, that is the perceptions that children hold about their parents rearing practices, can serve as either risk or protective factors for child and adolescent development. Parental control, distinguished as behavioral or psychological, is also associated with these problems, as is parent-adolescent conflict. Finally, two factors have been identified as mediators between parental practices and adolescent problematic behavior: these are locus of control and family cultural values.

However, it would be a mistake to continue looking at the parent-adolescent relationship as if it were a one-way street. In other words, see it as an influence parents have on their children. The current trend is to conceptualize parenting as a joint accomplishment between parents and their children [72]. Studies with a transactional emphasis repeatedly show that children are active contributors to interact with their parents [56]. Even though parents have the power to enforce compliance in children, differences in children's behavior can lead to differences in parental responses [73]. A fair conclusion that can be drawn based on recent research findings is that parents and children coconstruct their relationship [74].

Author details

Stelios N. Georgiou* and Maria Symeou

*Address all correspondence to: stege@ucy.ac.cy

University of Cyprus, Kallipoleos, Nicosia, Cyprus

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Chapter 3

Parental Self-efficacy in Promoting Children Care and Parenting Quality

Loredana Benedetto and Massimo Ingrassia

Additional information is available at the end of the chapter

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Abstract

Parental self-efficacy (PSE) emerges as a crucial variable into exploring variability in parenting quality. After introducing the link between PSE and parental competence, the role of PSE on parenting quality, its multiple influences, and transactional effects connected to contextual or cultural variables are discussed. The chapter addresses some key issues: (a) the levels of PSE measurement (i.e., domain- or task-specific approach), their interrelationship and magnitude as mutual predictors (*study 1*); (b) infant-caring, parent's adjustment, and PSE development in the transition to parenthood (*study 2*); (c) parenting difficult children and the role of PSE as a "buffer" variable moderating the effects of negative child's characteristics on parenting skills; and (d) PSE beliefs in family context, the relationships with other family measures (marital self-efficacy and stress), and their associations with children's adjustments (*study 3*). Finally, in the *study 4*, PSE is presented as an outcome variable in a parent training. In all summarized studies, a special attention was devoted to father's PSE as a specific factor affecting childrearing and parent's well-being. As Bandura says, PSE is not a personality trait, but a learnable set of beliefs producing positive effects on parenting quality. Suggestions for family-based interventions enhancing PSE are discussed.

Keywords: parental self-efficacy, parental competence, family-based interventions, family relationships

1. Introduction

When parents take care of their children, they also develop beliefs about their own role. They judge if their educational efforts will have any chance of success in nurturing and comforting the child or in shaping child's socially desirable behaviors. A particular set of individual's beliefs about the role as parent is parental self-efficacy (PSE). As Bandura [6] said, "an efficacy

expectation is the conviction that one can successfully execute the behavior required to produce the outcomes" (p. 193) that he or she wants to achieve. Applied to parenting, the parent's conviction about being capable in influencing their children's behavior is what is commonly called PSE. Jones and Prinz [42] defined it as "the expectation caregivers hold about their ability to parent successfully" (p. 342). Therefore, PSE is parent's "self-referent estimations of competence in the parental role" ([24], p. 128). This evaluation is not a global judgment that a person makes on his or her value (a reference to own ideal Self), but it is a differential estimation expressed on own abilities within different functioning settings. Parents can be requested abilities for many different areas, such as some specific tasks (e.g., "I'm able to help my child solving a quadratic equation"), or a few of broader domains (e.g., "I'm able to discipline my child"), or a yet broadest confidence (e.g., "I'm able to parent my children"), so parents can have self-efficacy beliefs at different degrees of specificity. The more specific a self-efficacy belief, the more accurate are the predictions of a parent's behavioral outcome. Bandura [7] puts self-efficacy beliefs at the center of his social learning theory because these cognitions motive people to begin an activity and they induce them to choose what doing and to persevere and resist discouragement for a momentary failure (Bandura talks of self-determination and self-influence).

Are parental self-efficacy and parental competence the two faces of the same coin? A distinction is necessary: parental competence refers to an external estimation, a "judgment that others hold about the parent's abilities to do something" ([54], p. 391), whereas self-efficacy is a personal subjective estimation, the parent's own judgment. However, the two concepts have several overlapping characteristics and their strong associations were observed [22].

The competent parents select goals, monitor their own and their child's behaviors, implement strategies, and evaluate the effectiveness of their parenting behaviors [65], just as parents with high PSE do. In this view, parental competence is an outcome of the development of parent's self-regulation capacities (as defined by [48, 65]), and self-efficacy beliefs are a component together with self-sufficiency, self-management, and personal agency of those self-regulation skills. Parenting of a competent parent is inspired from the child's needs within a socio-cultural background that depicts objectives, aims, and priorities of the parents' educational enterprise. A competent parent perceives his/her child's needs, readily responds to them, and flexibly adjusts his/her own behaviors as a function of circumstances, settings, and contexts [4].

The higher level of PSE, the more positive is parent's behavior. This relation has been demonstrated for inductive and not-harsh punitive discipline practices, for parental involvement and monitoring, and for responsiveness and warmth toward infants, children, and adolescents [42]. On the contrary, parents with low self-efficacy are at risk of frustration, stress, and depression [66]. PSE levels are also robust predictors of the child's social adjustments and academic achievements [2].

Reviewing empirical literature on PSE, Coleman and Karraker [22] conclude that PSE is linked to multiple contextual or cultural variables (e.g., marital conflict, socio-economic status, and so on) and suggest considering carefully the causal role of self-efficacy, its multiple influences,

and transactional effects. From a methodological point of view, this means that the self-efficacy can be conceptualized as: (a) an antecedent of parental behaviors (e.g., high PSE predicts responsiveness and inductive discipline); (b) a consequence (e.g., "difficult-child" characteristics, as disruptive behaviors, reduce PSE); (c) a mediational variable (e.g., PSE mediates the effect of child behavior problems on harsh discipline methods); and finally (d) a transactional variable, whose effects emerge through longitudinal studies. For example, lower levels of maternal self-efficacy with toddlers at risk for behavioral problems predict higher rates of children's conduct behaviors 2 years later at age 4; in turn, increased child oppositional problems can lead mothers to experience frustration and learned helplessness, with reduced self-confidence and parental competence [76].

The aim of this chapter is to argue of some key questions related to PSE in promoting parenting quality, primarily, those concerning the specificity levels of *measurement*, their interrelationship and their magnitude as mutual predictors. Subsequently, we discuss the relationship between PSE and other measures of parents' well-being during infant rearing from a longitudinal perspective: some parents' beliefs seem to work and affect the future PSE already during pregnancy.

A third set of issues concerns parenting difficult children and the role of PSE as a buffer moderating the effects of negative child's characteristics on parents' well-being and skills. Finally, the PSE beliefs in family context, their relationship with other family measures, and their assumption as outcome variables in family-based interventions are discussed. In all sections, a special attention is devoted to fathers' PSE as a specific factor often neglected in empirical literature.

2. The measurement issues

The assessment of PSE derives from three approaches that differ for their level of specificity: global, domain-, and task-specific self-efficacy. The first approach conceptualizes the self-efficacy broadly as judgments about individual's capabilities as an overall aspect of human functioning, without focusing on specific tasks or domains of parenting [42]. The domain approach links self-efficacy to common domains of parenting, differentiating salient fields like child's physical care, emotional needs, or discipline [23]. Finally, the task-specific approach proposes more detailed situations eliciting parents' judgments about their ability in a specific task (e.g., preventing accidents in home or caring an infant with a fever). Great efforts emerge by researchers for developing PSE measures (mainly self-report questionnaires) consistently grounded in Bandura's [7] theory. According to Bandura, task-specific measures are the better predictor of parental competence, as well as the specific self-efficacy beliefs guide a person to behave and dictate how well the activities are performed. Parenting behavior is characterized by multiple complex tasks that dynamically change in response to child's developmental status. For example, mothers generally take care of healthy nutrition of their children, but mothers' behaviors vary considerably depending on the situation as understanding whether infant has taken breast milk enough, managing child's rejection of vegetables, or monitoring

adolescent's drink consumption. Furthermore, the feelings of efficacy developed by mothers are related to well-defined circumstances (e.g., successfully infant breast-feeding or bottle feeding), whereby an adequate evaluation of PSE must incorporate tasks at a most specified level of analysis.

Researchers have proposed original domain- and task-specific measures sensible to developmental phases or concrete parenting situations (e.g., newborns, premature infants, toddlers, or adolescents). An example in this direction is the Self-Efficacy for Parenting Task Index (SEPTI), a well-known questionnaire developed by Coleman and Karraker [23] to assess competency beliefs in parents of school-aged children. The authors chose tasks that are representative of parental efforts to support child's cognitive and socio-emotional adjustment to situations as school learning, sports, or social experiences with peers. Some examples are: "I do an adequate job in helping my child with school work" (achievement at school), or "When my child wants to play with a friend, I go out of my way to work it out" (recreation). These domains expand parental influence outside family context and complete the traditional parenting spheres, as disciplining children ("I have trouble deciding on appropriate rules for my child"), assuring physical health ("I work hard to encourage healthy habits in my child"), and emotional nurturance ("I consistently encourage my child to express his/her emotions"). Taken together, these discrete tasks are combined in a multidimensional index defining the construct of self-efficacy at a *domain-specific* level.[1] In their proposal, the authors retain that this multidimensional, domain-specific questionnaire (36 item) results a more robust measurement strategy if compared to a general self-efficacy level (i.e., adult's self-confidence not related to parental role, "When I decide to do something, I commit myself totally").

We must not overlook that expectations about the parenting role are strongly linked with the cultural and family contexts from which different ways of conceiving parental influence on child experiences could derive, as the involvement in school homework, the autonomy granted out the family, or the ways for managing child discipline when he/she misbehaves (i.e., implementing inductive or severe discipline strategies). For example, Dumka et al. [30], comparing Mexican mothers recently immigrated to USA and Anglos resident mothers, found that PSE was inversely linked to inconsistent discipline only among Anglo American mothers.

Another interesting field reflecting cultural factors in parenting is differences in maternal or paternal role (such as involvement in child activity, emotional responsiveness, intimate communication, etc.). This is a relatively neglect research area, considering that most of studies were conducted exclusively with mothers [24, 50, 59, 76].

2.1. Study 1

Based on these premises, we conducted an unpublished study aimed to investigate PSE in rearing school-aged children (5–11 years old) as a function of parent's gender, instruction

[1]It's not surprising if the same questionnaire is differently classified in two or more studies (i.e., as task-specific and domain-specific measure). Different formulations are not theoretically in contrast, but they depend on the level of specificity chosen by researcher. The SEPTI is a task-specific measure including a set of discrete childrearing situations (e.g., "I have trouble deciding on appropriate rules for my child"). These tasks in turn can be reunited in a more inclusive category corresponding to a specific parental domain (discipline).

grade, and child-rearing experiences. Since previous researches with Italian families [11, 13, 81] reported in mothers a greater involvement in daily activities with children (as school homework, feeding or comforting the child), we supposed higher levels of domain-specific self-efficacy in mothers than fathers, together with a greater influence of previous experiences with children on maternal beliefs. This hypothesis derives from the Bandura's [7] idea that the direct feedbacks are the primary source of self-efficacy. In other words, even if factors influencing PSE are assumed to be similar for both fathers and mothers, we supposed that daily care of children may differently influence the development of self-efficacy in mothers and fathers.

Parents (294 women and 115 men) independently completed the SEPTI [23] and the Parenting Sense of Competence Scale (PSOC; [41]), a measure linking parental self-confidence to two distinct constructs: *efficacy* (perceived ability and confidence in handling child problems) and *satisfaction* (feelings associated with parenting, as anxiety or frustration). PSOC is a domain-general measure since its items describe common parental ideas (e.g., "Considering how long I've been a mother/father, I feel thoroughly familiar with the role") regardless of the children's age and the specific tasks that the parent has to face. We included both domain-specific and domain-general self-efficacy measures (SEPTI and PSOC, respectively) to evaluate, following suggestions by Bandura [82], any differences in employing two assessment strategies operating at different levels of specificity. Anyway, the hypothesis was we would find moderate to robust associations between SEPTI and PSOC measures.

Moreover, parents completed the *Italian Questionnaires of Temperament* (QUIT, [3]), a measurement of child's characteristics through six dimensions: *social orientation*, *positive emotionality*, *negative emotionality*, *inhibition to novelty*, *attention*, and *motor activity*. We will discuss the role of child's temperament qualities on the development of PSE in the next section. Studies exploring how PSE relates with differential perception of child's temperament are scarce, since empirical findings are collected almost exclusively with mothers. Therefore, this study aimed to evaluate with an exploratory scope the power of the possible associations between parental perception of child's temperament and PSE, taking into account parent's gender.

Table 1 summarizes the results of our study, first of all the significant correlations between the domain-specific (SEPTI) and the domain-general (PSOC) self-efficacy measures. For both parents, correlations resulted stronger with parental satisfaction, but modest with efficacy. Therefore, these measures appear convergent in capturing parental beliefs, but subjective feelings related to personal experiences emerge as a more powerful aspect than self-judgments about competence in objective parenting behaviors.

Secondly, the results partially confirm the study hypothesis on the existence of gender differences and the more influential role of child-rearing experience on maternal self-efficacy. Fathers and mothers reported similar levels on domain-specific self-efficacy ($M_{\text{fathers}} = 169.97$, $SD = 22.7$; $M_{\text{mothers}} = 171.85$, $SD = 20.1$), but mothers' levels of satisfaction ($M_{\text{mothers}} = 36.48$, $SD = 6.9$) and efficacy ($M_{\text{mothers}} = 29.56$, $SD = 5.1$) were lower than those reported by fathers ($M_{\text{fathers}} = 38.05$, $SD = 6.8$ for satisfaction, $M_{\text{fathers}} = 30.64$, $SD = 4.2$ for efficacy, all ps $< .05$). It is possible that the extensive set of parenting tasks (from physical care to school achievement) in SEPTI has attenuated the differences between the two parents, and these differences may not emerge

	Domain-specific self-efficacy (SEPTI)	
	Mothers (*N* = 294)	**Fathers (*N* = 115)**
Child characteristics		
Age	−0.20**	−0.03
Social orientation	0.36***	0.24**
Positive emotionality	0.33***	0.05
Negative emotionality	−0.24***	−0.01
Inhibition to novelty	−0.27***	−0.09
Attention	0.24***	0.18
Motor activity	−0.17**	−0.13
Parent characteristics		
Instruction	0.12*	0.03
Previous experience with other children	0.05	0.20
Satisfaction with parenting (PSOC)	0.55***	0.61***
Efficacy with parenting (PSOC)	0.40***	0.48***

PSOC = *Parenting Sense of Competence Scale*; SEPTI = *Self-Efficacy for Parenting Task Index*.

*$p < .05$.

**$p < .01$.

***$p < .001$ two-tailed.

Table 1. Summary of correlation indexes (Speraman's Rho) between measures of parental self-efficacy and child's and parent's characteristics.

using a global index of PSE.[2] This could be seen as a limit of our research. Other studies with toddlers [43] show some gender differences in that fathers evaluated themselves as more efficacious in playing with children (from 1.5 to 3 years old) and mothers in taking care of child's basic need.

Findings did not support the influence of previous child care experiences on PSE (in both parents), but a negative association ($p < .05$) between child's age and maternal self-efficacy emerged. Gross et al. [39] reported that prior experiences of infant care before child's birth (for example, as teacher, volunteer or baby-sitter) were a strong predictor of higher maternal self-efficacy with toddlers. Our data suggest that PSE is not linked to remote activities with other children (that some parents may not have experienced), but to actual and daily exchanges with their own children. School-aged children pose to parents new challenges and stressful situations (i.e., school achievement, socio-emotional adjustment, monitoring activities out of

[2]Even if SEPTI was developed as a multidimensional measure, Coleman and Karraker decided do not use subscale scores corresponding to the discrete domains (achievement, recreation, discipline, nurturance, and health) because the results of a factor analysis (construct validity) were not compelling. We decided to follow this choice using the total index only, but other studies are necessary.

the house) that are quite different from caring toddlers (i.e., structuring sleep routines or stimulating language). In our study, the evidence of a maternal self-efficacy decrease with older children has a theoretical foundation in the idea that the most robust source of PSE is the *direct* involvement and mastery in concrete tasks. In the transition to preadolescence developmental tasks change and consequently parents must adapt their practices (such as monitoring, communication, support to autonomy, etc.). Parents feel overwhelmed by problems that undermine their confidence, but the more prepared parents (in our sample, the mothers with higher instruction grades) feel more adequate and confident to succeed with their children. Schneewind [67] retains that parental knowledge of the typical developmental tasks at different ages and parental practices functionally coherent are fundamental prerequisites to a sense of parental competence synchronized with growing children.

Regarding the associations between child temperament and PSE, we found strong evidence (all *p*s < .001) for mothers who reported higher self-efficacy levels when children were perceived more sociable, emotionally positive, and oriented to novelty. In contrast, all negative temperamental qualities, i.e. activity, negative emotionality, and inhibition, resulted associated with decreased self-efficacy for mothers only. Fathers reported a unique positive correlation ($p < .01$) between self-efficacy and social orientation.

Two multiple regressions, for fathers and mothers separately, were conducted to evaluate if PSOC scores and QUIT measures predicted the SEPTI total scores. Using the stepwise method, it was found that a model with two factors for fathers and three factors for mothers explain significant amounts of the variance in the SEPTI total score: $F(2, 112) = 50.72$, $p < .001$, $R^2_{Adj} = .47$ and $F(3, 290) = 71.94$, $p < .001$, $R^2_{Adj} = .42$ for fathers and mothers, respectively. For both fathers and mothers, PSOC-satisfaction [$\beta = .52$, $t(112) = 7.25$, $p < .001$ and $\beta = .47$, $t(290) = 10.13$, $p < .001$, respectively] and PSOC-efficacy [$\beta = .33$, $t(112) = 4.64$, $p < .001$ and $\beta = .26$, $t(290) = 5.63$, $p < .001$, respectively] predicted SEPTI total score. However, only for mothers, QUIT-social orientation also significantly predicted SEPTI total score ($\beta = .18$, $t(290) = 3.86$, $p < .001$).

Additional regression analyses were conducted to test the possibility that domain-specific self-efficacy (SEPTI) was a stronger predictor of general PSE (PSOC total score, summing satisfaction, and efficacy scores). The step-wise regressions analysis provided two models (separate for fathers and mothers) explaining wider amounts of variance in the PSOC scores: for fathers, a two-factor model resulted [$F(2, 112) = 58.38$, $p < .001$, $R^2_{Adj} = .50$], and for mothers, a three-factor model resulted [$F(3, 290) = 90.26$, $p < .001$, $R^2_{Adj} = .48$].

For fathers, the highest relation was observed for SEPTI measures [$\beta = .66$, $t(112) = 9.74$, $p < .001$], followed by QUIT-attention scores [$\beta = .19$, $t(290) = 2.84$, $p = .005$]. For mothers, the highest relation resulted for SEPTI measures [$\beta = .54$, $t(290) = 12.22$, $p < .001$], followed by QUIT-negative emotionality [$\beta = -.21$, $t(290) = -4.32$, $p < .001$] and QUIT-inhibition [$\beta = -.14$, $t(290) = -2.81$, $p = .005$] as negative predictors of PSOC scores.

In conclusion, for mothers we found a great weight of child's negative characteristics (negative emotionality and inhibition) that negatively impacts PSE, whereas for fathers only attention predicted satisfaction and efficacy in parental role. These findings are interesting considering that most empirical studies neglected mother-father differences. However, Solmeyer and Freinberg [70] did not find differences in the associations between parental adjustment and

infant's temperament (from 4–8 to 13 months old), and that coparenting relationship (the mutual support for mothers and fathers in their role) buffers the impact of difficult temperament on PSE. Other researches in the future could deepen the differences between the two parents in self-efficacy beliefs even considering other factors (as stress, depression, coparenting, or marital perceived support) that can impact PSE.

Moreover, parents' evaluations of their own abilities in specific situations (SEPTI) seem to capture a set of beliefs that in turn shapes the more general self-confidence and satisfaction in the parental role (PSOC). On the contrary, general domain measures (PSOC) resulted less robust in predicting self-efficacy in concrete domains (SEPTI) and they may operate as an inferior predictor of parental competence. However, Coleman and Karraker [22] remind us that global measures of self-efficacy are also useful in assessing parenting self-perceptions, because they are "predictors of broader construed parental qualities, such us sensitivity, warmth, concern to the child development, etc." (p. 53). Researchers engaged in this field suggest adopting a flexible or "open-minded" approach [22], first at all checking robust measures well anchored to the Bandurian theory. A multi-level approach of measurement in the same study (i.e., a general domain- and task-specific level) could also be useful.

Furthermore, all measures for assessing PSE are self-reported, therefore potentially biased by social desirability. Jones and Prinz ([42], p. 360) observe that this distortion can occur in two direction: some respondents "may inflate the reported PSE beyond their experienced level of confidence" to satisfy an image of "good parent," but conversely "parents with high levels of confidence may lower their reported PSE as an act of humility." However, as Bandura et al. [8] remind us, self-reports necessary remain the only possible search strategy, because self-beliefs are private cognitive events and they are accessible only to the individual who holds those beliefs.

Finally, most of studies are correlational and PSE is not to be considered as a stable personality trait, which may explain both the parent's behaviors and the developmental outcomes in children. Multiple factors may influence PSE such as child temperament qualities, parent individual variables (such as gender, grade of instruction, experienced stress, etc.), or family factors (marital support, coparenting, etc.); therefore assuming a causal perspective of influence moving from observed associations may be a mistake. Alternatively, Prinz and Jones [42] suggest two promising strategies for research: (a) longitudinal design, which allows to evaluate the stability or developmental course of PSE and its links with influencing factors (such as child socio-emotional adjustment [76]); (b) experimental designs in which factors that may impact PSE are manipulated (for example, parent training enhancing parental practices or modifying perception of control on child misbehaviors). The studies presented in subsequent sections offer some examples of these two alternative strategies for studying self-efficacy in family and child adjustment.

3. Becoming parent: infant-caring and self-efficacy development

Parental self-efficacy, as judgments or beliefs about individual's capabilities to organize and positively perform a set of tasks related to parenting, is not a fixed personality trait, but a

construct that is dynamically influenced by parent's and child's variables and by their unique history of interactions.

Coleman and Karraker [22], following Bandura [6], remind us that there are four main processes explaining the growth of personal beliefs of efficacy (**Figure 1**): (a) *vicarious experiences* (i.e., watching others achieving outcomes in childrearing) including his/her childhood experiences. Every adult, before becoming parent, in turn learned from others what it means to be a parent (not only the positive models of role but also the mistakes that should not be repeated). Attachment theorists call "working models" these internal representations of patterns of childrearing that parents bring in their experience with their own children. (b) *Verbal persuasion,* through positive feedbacks, realistic messages, and support from significant others. This source of PSE includes also the cultural values and expectations that the community system transmits about what is a "competent parent." However, individuals are not passive recipients of cultural information, but they also filter and reprocess extern messages in agreement with their own beliefs systems. (c) Changes in *physiological/emotional arousal* experienced in a given situation or anticipating the performance of a task. The emotions accompanying the positive outcomes in the care of children (for example, satisfaction for school achievements) make the parent confident to effectively face similar challenges in the future. On the contrary, negative affective states (such as anxiety, guilt, etc.) and/or elevate stress levels experienced in caregiving situations can threaten the trust of the parent (particularly with "difficult" or demanding children, *see below*). This component is essential in motivational processes, influencing the task-related goals referring parenting or the avoidance of situations when stress or disappointment following failures are expected. (d) The *direct experiences* with the children, which are considered the most powerful source of competence information. Feedbacks parents receive in daily interactions with children shape the perceptions to possess the abilities to deal with effectively as a parent. However, it surprising how scarce are longitudinal researches studying the course and developmental trajectories of PSE [43, 61, 76], but studies in this area are growing.

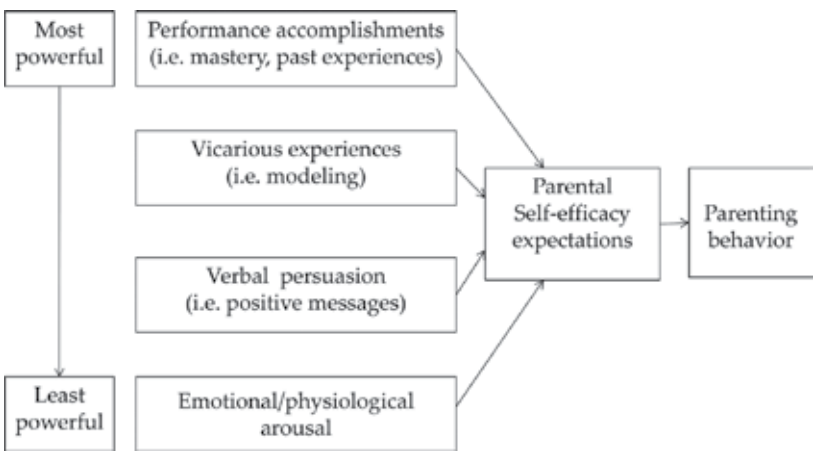

Figure 1. Parenting self-efficacy sources according to Bandura's theory [6] (adapted from Pennel et al. [59]).

3.1. Study 2

Bartolo et al. [9] evaluated by a short-term longitudinal design (from the last trimester of the pregnancy to the 6th month from child's birth) the parental and couple adjustment during the transition to parenthood. The research interest was also addressed to gender differences, since literature has a great emphasis on maternal consequences (particularly anxiety, stress, and depressed mood) during the intense newborn care, while little is known about paternal adjustment following this crucial transition of family life [60]. Nineteen couples of parents completed at three points (1, 3 and 6 months after child's birth) the PSOC [41] for assessing PSE, and the *Parenting Stress Index* (PSI-SF; [1]) for measuring caregiver's stress as a result of child's characteristics (i.e., difficult temperament), parental variables (i.e., anxiety or low perceived support), and parent-child reciprocal interactions. Other measures related to couple adjustment (cohesion, intimacy, etc.) were also administered before childbirth (but they are not discussed here). The most interesting results are the individual differences in parents' adjustment trajectories. Parental stress (*see* **Figure 2**) dramatically increased in the 3rd month after birth [phases effects $F(2, 72) = 17.22$, $p < .001$]. Mothers reported higher stress levels [gender effect $F(2, 36) = 11.67$, $p = .002$], with a different trend in comparison to fathers: for men, stress perceived at the 6th month of the baby returns to initial baseline level; for women, PSI scores continue to be higher than baseline reports [interaction gender × phases $F(2, 72) = 3.90$, $p = .03$]. Mothers and fathers did not differ in self-efficacy scores (*see* **Figure 3**), and on the 3rd month after the birth, a sharp decline of PSE is observed for both parents [only the phase effect was significant, $F(2, 72) = 12.28$, $p < .001$].

These findings appear in contrast with other studies (e.g., [61]) showing an increased self-efficacy 3 months after birth. Some methodological aspects could explain these different results. Our study adopted a domain measure (PSOC), whereas Porter and Hsu [61] chose a task-

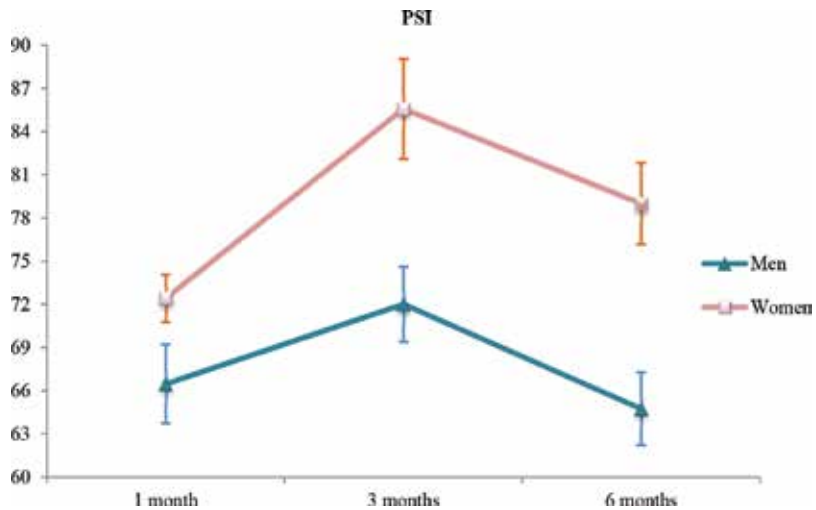

Figure 2. Trend of the parental stress indexes from T_2 to T_4. Error bars represent standard errors.

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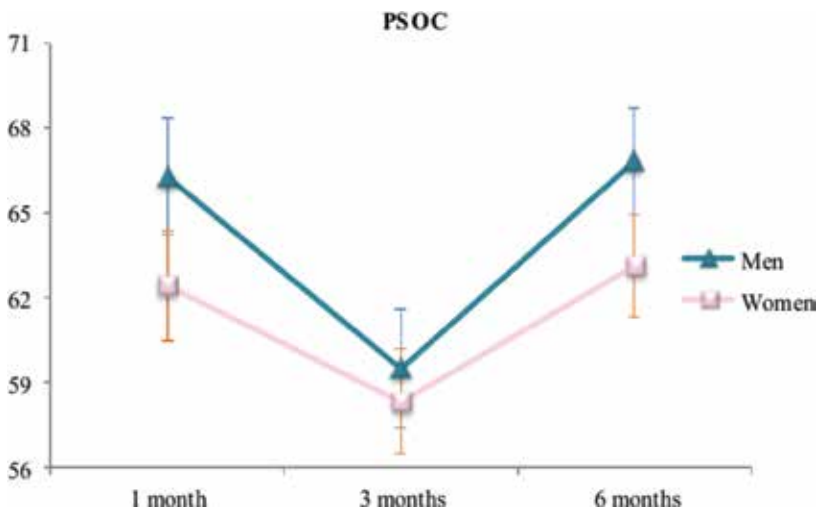

Figure 3. Trends of the parental self-efficacy scores from T_2 to T_4. Error bars represent standard errors.

specific approach more suitable to assess changes in self-confidence related to infant care (as interpreting baby signals or performing nurturing routines). Other variables, as parental perception of infant temperament (also assessed in our study, but not discussed here) could explain these findings (parents who rated negative temperament qualities had lower self-efficacy; cf. [72]). In our data, PSE begins to grow after third month, when infants generally begin to regulate their physiological routines (i.e., breastfeeding) and show increased social interactions. These changes in infant's behaviors interact with parents' skills and reassure their efforts, even if mothers in our sample remained more fatigued and stressed than fathers. Together with infant's characteristics, other factors influencing PSE in the transition to parenthood are maternal emotional status (particularly, post-partum depression) and perceived support from the spouse or extended family in infant caring [5]. Bandura [7] retains that social support may affect self-efficacy in women through modeling processes (i.e., observing significant others performing parenting tasks), because watching others acting successfully shapes expectations for maternal role. In addition, encouragement and verbal persuasion maintain self-efficacy beliefs when others reinforce maternal efforts and believe in her capabilities.

Verhage et al. [74] conducted an interesting experimental study where they manipulated in a simulated situation the success or failure in a child-rearing task. First-time pregnant women listened to audio-recorded baby cries in a baseline situation, then in an easy-to-soothe condition (baby's cry stopped after 15–20s, mother received 80% of positive feedback for soothing), and finally in a difficult-to-soothe condition (cry termination after 30 s, 20% of positive soothing). Repeated measures showed an increase in maternal self-efficacy levels after easy task, whereas PSE decreased after difficult-to-soothe task. Furthermore, women who reported negative perceptions of baby cry also reported the larger decreases in self-efficacy. Some practical suggestions derive from these findings: parents should be reassured that difficulties they face are typical in new parenthood and "try to persevere in soothing behaviors, because their ultimate success will

boost their self-efficacy. Furthermore, both family and health care practitioners should pay close attention to the way mothers speak about their infants and their mothering capabilities. When declines in positive affect of mothers regarding their infants are noted, parenting support may be indicated to prevent a possible negative cascade in parenting" ([74], p. 261).

Contrary to expectations, premature birth (before 35 weeks of pregnancy, or before 32 for very premature newborns) is a condition that does not seem to affect PSE, but other parental factors as depressive mood, anxiety, and stress [58]. Preterm infants appear vulnerable to parents, especially during hospitalization and intensive medical care; in addition, they are less responsive in parent-child interactions and rewarding in early social interactions. Particularly with high-risk preterm infants, parents experience distress and fear for health, future disability, or developmental delays [44]. Studies report no differences between mothers of preterm and full-term infants when distress and self-efficacy were assessed at 4 and 14 months [35]. Pennell et al. [58] conclude that, after leaving the hospital, probably parent's concerns focus on child-rearing tasks common to other parents: in fact PSE does not differ among mothers of very preterm, preterm, and full-term infants and it mediates the impact of psychological symptoms (depression, anxiety, and tension/stress) on parental competence.

Finally, some authors (e.g., [17, 78]) speculate that PSE precedes in a certain extent the birth of the child. Pregnancy could be considered as an anticipatory phase of the parenting role: future parents could imagine themselves in infant caring situations and estimate how well they expect to perform in future circumstances as bathing or comforting the newborn. Longitudinal studies reported that strong beliefs in caregiving efficacy, as measured 3 months before the birth of the first child, predict maternal attachment style, her emotional state, and better mother-child adjustment [79]. Recently, Verhage et al. [75] found that maternal self-efficacy measured during pregnancy partially influences the perception of negative temperamental qualities in newborn. This is an interesting finding because temperament is generally considered a child's factor influencing PSE and child-rearing experiences during the first-year life. Therefore, pre-pregnancy education on self-efficacy, parenthood, and newborn's needs can be an effective intervention strategy for preparing new parent in their role, even for adolescents disadvantaged (in poverty, single parents, with low family support, etc.) who are at risks for teen pregnancies, poor parenting, and infant's neglect [53].

4. Parental self-confidence with "difficult children"

According to Bandura [83], in stressful situations, individuals with low self-efficacy beliefs internalize failure, give up easier, and experience a decrease in role satisfaction. Considering parental role, these stressful situations are often represented by children with particular needs, that is, difficult temperamental qualities, ADHD or severe oppositional-deviant behaviors, autism, and developmental disabilities [22].

Most of the child's individual qualities appear during infancy and early childhood, when parents are required the most intense efforts to caring, comfort, stimulate, and then disciple their

children. Among child's factors influencing parent-child relationships [10], temperament is that distinctive profile of feelings and behaviors that originate in the child's biology and appear early in development [47]. Temperament permeates the parent-child system with a circular process. Infants who exhibit "difficult temperament," that is, negative reactivity (i.e., persistent crying), low level of social orienting, and approach to environment (i.e., fear) can lead mothers to feel increased stress that, in turn, leads to inadequate parenting as lower emotional sensitivity and harshness [56]. Since these parental reactive practices generally do not placate child's negative behaviors, parents become more hopeless and in the long term they develop low feelings of self-efficacy, which maintain ineffective parenting, as lower maternal sensitivity [73]. When parents perceive their child to have difficult temperament, they tend to report less satisfying experiences, decreased self-efficacy, and higher stress than do parents of temperamentally easier children [84]. Still, high parental self-efficacy is a crucial mediational variable that attenuates the effects of a "difficult temperament" perception on parental competence [72].

On the contrary, children who display characteristics perceived as positive, like sociability (the degree of interest and adaptability to people) and orientation to the novelty (i.e., attention and curiosity for changes in the environment) often have enjoyable and effective interactions with their parents, who in turn report high self-efficacy [23].

Having a child with behavioral problems (disobedience, impulsivity, moderate to severe aggression, etc.) is considered another stressor that impacts family adjustment and PSE [76]. In children with oppositional defiant disorder (ODD) negativistic, hostile and defiant behaviors are persistent. Children often refuse or actively defy adult's requests, lose temper, have conflicts, appear angry or resentful, argue and blame others for their mistakes, and exacerbate parental negative emotions (anger, helplessness, etc.) and discipline attempts. Moving from classical observations by Patterson [57], several studies report a pattern of conflicting or "coercive" interchanges characterized by increasing the use of inconsistent parenting practices (i.e., physical punishment of child's minor provocations, negative reinforcement of aggressions) that are partly responsible for maintaining the child's misbehaviors. Mostly parents are exasperated for repeated conflicting episodes, often they feel responsible for failures in regulating child's behavior. This history of failures in parent-child interactions is a basic process for the development of low parental self-efficacy beliefs: studies report that low PSE among mothers of children diagnosed with conduct problems was associated with higher ratings of children's disruptive behaviors [66]. Interestingly, higher maternal PSE assessed when children at risk for early conduct problems were aged 2 years predicted lower incidence of conduct problems at age 4; however, depression mediated the link between PSE and children's behaviors, weakening maternal confidence on parenting skills [59].

Children with ADHD present inattention and/or excessive hyperactivity that negatively influence their interpersonal interactions across different contexts (primarily, at home, school and with peers). A child with ADHD frequently changes activity, forgets to do a planned task, appears distracted or refuses parent's commands, and often is worried and irritated with siblings (or peers) increasing parental reactivity in the form of verbal directivity, disapproval, lack of affection and punishment. This poor and negative parenting is common in families

of children with ADHD and comorbid externalizing disorders [16, 38]. Parents also report increased stress level, more negative interchanges with other children, lower PSE and family satisfaction if compared to non-clinical families [85, 27]. Interestingly, studies show that the developmental course of PSE with ADHD children is inverse: in fact, whereas in parents of children without behavioral problems self-efficacy increases as the child grows, in family with behaviorally difficult children during school-ages (8.4 years old) PSE is lower than preschool period [51]. Parents also develop a low perception of control over child's behaviors [19], a dysfunctional attribution style in which parents assign the reasons of failure of difficult interactions to low self-control and high child-control [13, 14]. In parents of ADHD children, low perceived control resulted associated with increments of inconsistent and punitive discipline [14]. Other studies report that parenting stress and reduced PSE are linked to other sources in addition to the direct parent-child interactions, for example, interactions with school teachers or with parents of the child's friends; in fact, these other adults being unaware of the genetic and neurological causes of ADHD often attribute child's impairment at school and socially inappropriate behaviors to inadequate parenting skills [33]. However, equipping the parents with more adequate skills to regulate and manage child's behaviors is a very effective form of treatment (*see* the concluding paragraph), especially if parent recognize that improvements in ADHD symptoms are linked to his/her own efforts and behaviors.

Finally, parents of disabled children often report negative consequences (stress, anxiety/depression, guilt, fatigue, etc.) due the need to cope with their child's special needs. These consequences appear linked not so much to child's delay (i.e., difficulty in acquiring language, basic self-help, or social skills) as to disruptive and atypical behaviors [36]. Particularly in children with autistic spectrum disorders (ASD), severity of symptoms (socially inappropriate, repetitive and stereotyped behaviors) increases mother's perceived stress that, in turn, impacts PSE increasing maternal feelings of anxiety/depression [62]. In other words, decreased self-efficacy mediated the relationship between parenting stress and increased maternal symptoms. Furthermore, PSE moderates the impacts of child's problems on anxiety: fathers (but not mothers) with high self-efficacy resulted less anxious than those with low self-efficacy when children exhibited high incidence of behavior problems [63].

Parental self-efficacy beliefs, together with emotional support perceived by parents [21] and family hardiness [77], result a crucial subjective resource that can protect parents from family adversities and help them to cope with the chronic developmental difficulties of their children.

5. Self-efficacy in family context

The conceptual model of Belsky [10] poses that parenting behaviors are influenced by parent's characteristics (personality, health, personal history, etc.), child's characteristics (temperament, behavioral competence, health, etc.), and other interpersonal and contextual factors influencing child development. The model focuses on parental behaviors, highlighting primarily the bidirectionality of parent-child influence (i.e., difficult temperament negatively impacts parenting and it is influenced by parental care behaviors). Belsky's interest is not

only for parental practices (i.e., low warmth, harsh discipline, etc.) but also for cognitive factors (for example, mother's affection for her husband) that can be linked to parenting behaviors (the mother warmth, as embracing the baby). The model also includes contextual factors external to the family (as the social network or the parent's work) and interpersonal variables inside the family system (marital relationship, cohesion, communication, etc.) that could work as a source of stress or support for the parent. Several studies support the assumption of Belsky's process model for comprehending parenting quality. Among interpersonal factors, marital conflict resulted linked to distress and ineffective parenting (as punitive discipline, low involvement and affection), particularly when open disagreements between parents are related to child-rearing issues [15]. Parental disagreement on discipline management is related to increased stress and more emotional and behavioral problems in children [12]. Parenting stress and marital functioning (the latter assessed as satisfaction for spouse and family life) predicted PSE in parents of toddlers [68]. Other studies evidence that criticism coming from extended family (i.e., woman's own mother) affects mother's well-being, whereas marital support reduces parenting stress which, in turn, affects PSE [71].

In contrast, marital positive qualities and coparenting (when partners share and support each other in matters related to parenting) are predictive to high PSE [52]. However, there are not many studies investigating self-efficacy in family context, especially because family is a complex system where relationships are hardly interdependent and adults live simultaneously their roles (both spouses and parents). Consequently, it is necessary to differentiate these familial relationships and to capture the feeling of competence derived from different demands and roles.

Caprara et al. [20] proposed the marital self-efficacy (MSE) construct as a distinct system of beliefs focusing on typical situations that couples face in maintaining a satisfactory marital relationship and effectively managing family challenges. The MSE reflects the spouses' confidence to be able to communicate openly, to confide in each other, to provide the necessary support, manage the family routines, and find agreement about child-rearing. These beliefs contribute to family adjustment, since higher marital MSE resulted positively associated with several variables as couple's satisfaction and communication, marital support, non-aggressive management of conflicts, and effective monitoring of children's behaviors [20]. This dyadic couple efficacy, together with the collective sense of *family efficacy* (perceived capabilities of family to functioning as a whole, i.e., consensus in decision-making, coping together with adversities, etc.), can be seen as a factor mitigating family stress and difficulties and also influencing the adolescent's well-being [8].

5.1. Study 3

The role of MSE in relation to parental adjustment (self-efficacy and perceived stress) remains relatively not investigated by literature, so we explored the interrelationships between scales assessing different familial self-efficacy constructs. We hypothesized positive associations between self-efficacy in marital (MSE) and parenting (PSE) relationships but negative associations between parental stress and self-efficacy in both domains (marital and parental relationships). In addition, we explored the relative contribution of child's characteristics, assuming

that difficulty to manage children could act as a source of parental stress and decreased marital and parental self-efficacy.

A sample of 106 married and cohabiting parents (equally split by gender) independently compiled the cited SEPTI [23], and the marital self-efficacy (MSE) scale, the self-report questionnaire (15 items) developed by Caprara et al. [20] for assessing efficacy beliefs of the couple members. Stress levels in parent-child relationship were assessed by *Parenting Stress Index* (PSI-SF; [1]). Each parent also compiled for the child (age range 5–12 years old) the *Strength and Difficulties Questionnaire* (SDQ; [37]), a brief questionnaire describing child's functioning through prosocial behavior subscale and behavioral/emotional problem subscales (hyperactivity, poor peer relations, etc.). The results of correlational analysis (Pearson's *r*) are presented in **Figures 4** and **5**. Since no gender differences emerged (*p*s > .05) in marital (MSE, $M_{fathers}$ = 79.13, *SD* = 14.6; $M_{mothers}$ = 80.94, *SD* = 13.5) and parenting self-efficacy (SEPTI, $M_{fathers}$ = 166.19, *SD* = 26.3; $M_{mothers}$ = 170.22, *SD* = 21.4; PSI, $M_{fathers}$ = 70.73, *SD* = 19.4; $M_{mothers}$ = 70.11, *SD* = 16.3), we excluded parent's gender in the subsequent statistical analysis. Robust positive correlations ($p < .001$) emerged between the two domains of parental and marital self-efficacy, suggesting that stronger is the mutual confidence of the spousal partners, more efficacious each parent feels in managing parent-child relationships. Perceived stress is a condition negatively associated ($p < .001$) with both domains of marital and parental efficacy. In turn, stress level is linked to child's behavioral characteristics: it decreases in the presence of elevate child's positive social qualities, but it increases if the more frequent and severe are child's behavioral problems. Furthermore, higher levels of marital self-efficacy (MSE) and parental self-efficacy (SEPTI) result directly linked ($p < .01$) to lower frequency of children behavioral and emotional problems (**Figures 4** and **5**).

These findings are promising considering the lack of studies that explore self-efficacy beliefs arising from different roles in the ecology of family. The marital and parenting beliefs are different domains of personal expectances, but they are also interdependent and linked to the child's behavioral outcomes. Several studies support the association between self-efficacy

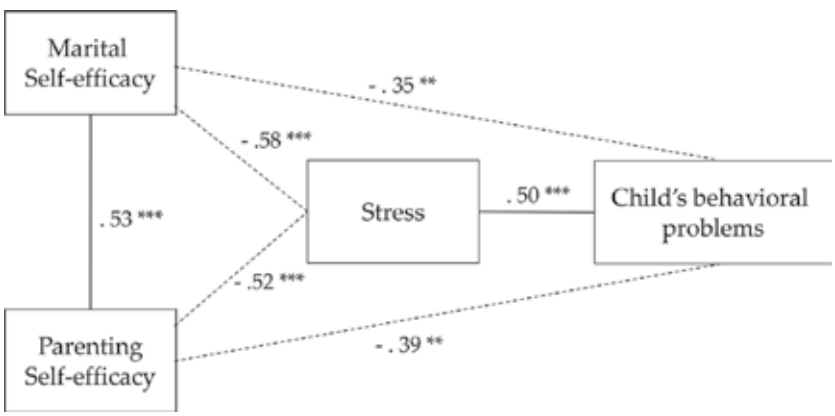

Figure 4. Correlation coefficients (*r*) between marital and parenting self-efficacy, stress, and *child's behavioral problems* (**$p < .01$, ***$p<.001$; two-tailed).

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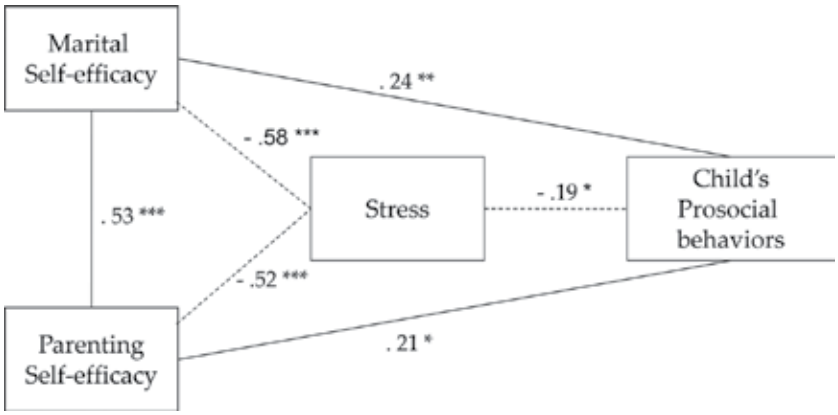

Figure 5. Correlation coefficients (*r*) between marital and parenting self-efficacy, stress, and *child's prosocial behaviors* (*p<.05, **p<.01, ***p<.001; two-tailed).

beliefs and child's outcomes, but they are limited to the parental domain: for example, in mothers of school-aged children, higher PSE resulted linked to less negative emotionality and more sociable behaviors [23], whereas parents of adolescents with fewer behavioral problems reported higher PSE levels. Jones and Prinz [42] remind us that PSE could be considered both as directly influencing child's outcomes (such as socio-emotional adjustment, parent-child compliance, and school achievement and learning), as well as indirectly through competent parenting (e.g., warmth, coherence in discipline strategies, and involvement). In other words, the influence of PSE on child's developmental outcomes seems to be mediated by parental practices. Less is known about MSE, but these data suggest that high couple self-efficacy beliefs could enable parents to cope together with stressful situations and to maintain a positive parenting supporting children's adjustment and self-regulation.

However, there are some limitations in this study, first of all the small convenience sample and the use of parent's reports to assess children's behavioral problems. Even if parent's rating of child's behaviors is a common assessment strategy in developmental and clinical studies, we must assume prudently our findings and replicate them in future with other larger samples and independent measures (i.e., teacher's reports). In fact, parents with lower domain-specific self-efficacy (discipline) tend to perceive the behavior problems of their school-aged children as more serious than parents with higher PSE do [26]. Therefore, parental self-efficacy levels could represent a potential source of distortion.

Second, the study is correlational; therefore, it should be replicated with the scope to better explore the role of other factors that potentially could mediate the associations between self-efficacy beliefs and children's adjustment. Although data show that both domains of self-efficacy (i.e., marital and parental beliefs) are linked to children's outcomes, we do not know how these beliefs differentially are associated to parental competence. Because our exploratory study did not included objective measures of parental practices, we do not know to what extent they are involved and how they potentially mediate the link between beliefs systems (MSE or/and PSE) and children's outcomes. Self-efficacy beliefs could be assumed

as variables that indirectly affect child's behaviors through parenting practices [42], but researches including MSE as a study variable are scarce. Dumka et al. [29] employed the near construct of parenting alliance (maintaining constructive communication, sharing child-rearing tasks and responsibilities, etc.) for exploring how couple relationship contributes to adolescent conduct problems. They found that parenting alliance indirectly affects adolescent's outcomes through self-efficacy. Both low maternal self-efficacy and low parental alliance were directly related to adolescent's problems and the two maternal constructs were correlated. High parenting alliance also resulted a strong predictor of maternal self-efficacy. These findings seem to suggest that marital relationship works as an antecedent for parenting self-efficacy. Again, this is coherent with Bandura [7] who retains that a supportive relationship with other significant (as his/her own spouse) is a potential source of feedback of competence and an antecedent for PSE.

6. Conclusions and suggestions for family-based interventions

There are several reasons for incorporating PSE as a core component within family-based interventions and as a variable of applied research projects. Bandura [7] emphasizes that self-efficacy is not a fixed personality trait, but a dynamic process modified by individual's performance mastery in concrete situations and other influencing factors (such as modeling, social persuasion, coping, and positive emotions). Therefore, family supporting interventions could put in equal emphasis not only changes in overt parental behaviors (i.e., altering coercive discipline) but also in parents' confidence to effectively manage parenting challenges. Following these suggestions, a growing number of empirically based programs assumed PSE as outcomes measure, beside the changes traditionally documented in both parental behaviors and children's adjustment [28].

Most of these programs are behavioral parent trainings aimed to improve stressful family interactions with "difficult children" (i.e., autistic, ADHD, non-compliant children) by teaching parents appropriate discipline techniques. Studies confirm that participation in parent training is related to changes in PSE and to significant decreases in children behavioral problems [66]. Higher parental self-efficacy, measured before the start of the intervention, is also predictive to better outcomes in parenting skills and improvements in child's problems [46].

6.1. Study 4

We conducted a behavioral parent training (BPT) with parents (10 mothers and 7 fathers) of school-aged children (10 males, main age 9.5 years old, range 9–11) in which parental beliefs and stress levels were included as intervention outcomes [16]. The ADHD profile of children was assessed by the Conner's Parent Rating Scales (CPR-S, [25]), the severity of non-compliance behaviors through the Home Situations Questionnaire [31]. The measurements for parents' adjustment and changes following BPT were: the perceived stress within the parent-child system (PSI-SF; [1]), the perception of control over child's behaviors by Parent Attribution Test (PAT; [19]), and self-efficacy (PSOC; [41]). Positive (involvement and warmth) and negative (inconsistent discipline and punishment) parenting practices were assessed by the Alabama

Parenting Questionnaire (APQ; [34]). All measures were independently collected for mothers and fathers at baseline (T_1) and post-treatment (T_2). Correlational analysis (Pearson's coefficient) at T_1 evidenced robust positive associations between severity of ADHD symptoms and both stress levels (r = .61, p = .04) and inconsistent discipline (r = .65, p = .02); ADHD symptoms also correlated with decreasing in PSE (r = −.60, p = .03) and in positive parenting (r = −.62, p = .02). Furthermore, more frequent non-compliant behaviors, lower was PSE (r = −.70, p < .001) and inconsistent discipline (r = −.62, p = .02). Parents participated on a group program (10 sessions) that began with an introductory session on the causes of ADHD and how it interferes in family life (parent's stress and negative emotions, maladaptive attributions, coercive interactions, siblings' conflicts, etc.). The further sessions (every 2 weeks, except the last after a month) were focused on behavioral techniques for enhancing desirable child's behaviors (positive reinforcement, rules, and appropriate commands), non aversive techniques for managing minor problems (i.e., non compliance), and time-out for severe misbehaviors. Home charts (Antecedent-Behavior-Consequences schedules for recording parent-child interactions) and homeworks (i.e., practicing with ignoring technique) were assigned for stimulating parents to implement acquired skills at home or to write down the feelings and cognitions they experienced (i.e., attributions for child's behaviors).

At the beginning of new session, parents discussed the successes or obstacles they run implementing the new techniques at home. These group exchanges are crucial in modifying parent's feeling of competence, via mechanisms as reciprocal support and reinforcement, modeling from other parents and suggestions for persevering in face of difficulties. Particularly, the verbal persuasion coming from other parents (who experience similar conflicts and stressful interactions with their ADHD child) works as a powerful source influencing PSE, because it is much more credible than feedbacks and verbal persuasion by the group trainer. These mechanisms, together with the mastery experienced at home when behavioral strategies are implemented, create the positive conditions for increasing PSE [7]. In the session focused on problem solving parents independently try how to manage new difficult situations (for example, sibling conflicts); finally a follow-up session is useful for monitoring the maintenance of improvements in child's behaviors.

Post-treatment measures (T_2) indicate a significant decrease in severity of ADHD symptoms [M_{T_1} = 24.42, SD = 6.85 *vs.* M_{T_2} = 19.75, SD = 6.06, $t(9)$ = 2.47, p < .05] and non-compliance ratings [M_{T_1} = 12.11, SD = 3.10 *vs.* M_{T_2} = 8.56, SD = 3.13, $t(9)$ = 3.41, p < .01]. Parents reported lower stress levels [M_{T_1} = 100.16, SD = 25.92 *vs.* M_{T_2} = 94.58, SD = 25.68, $t(16)$ = 2.13, p < .05] and punitive discipline [M_{T_1} = 6.11, SD = 1.73 *vs.* M_{T_2} = 4.88, SD = 1.49, $t(16)$ = 3.11, p < .01]. We also observed a significant increase of sense of competence scores [M_{T_1} = 59.00, SD = 13.56 *vs.* M_{T2} = 63.12, SD = 10.75, $t(16)$ = −. 7.71, p < .05], while decreased the number of parents with a low sense of perceived control over interactions. BPT produced positive changes in both child's ADHD symptoms and parental reactive responses to child's behaviors (parental stress and punishment). In addition, parents felt more efficacious and positive in their role and gained a better perception of power in influencing the success of child-rearing situations. In other words, parents discovered that some aspects of child's misbehaviors can be influenced by their own parenting skills (that is, effective behavioral tactics), and so acquired confidence in their role. This study, consistent with other clinical applications [46], supports the notion that BPT can be beneficial for parent's well-being and helps them to cope with challenges associated to child's behavioral

problems and ADHD. High sense of efficacy must be seen as a factor maintaining effects of treatment. According to social learning theory [6], self-efficacy is a power factor influencing individual's effort and longer persistence in future tasks. For parents of difficult-to-manage children, this means to maintain positive expectancies of successes and to persist in applying effective parenting practices that, in turn, maintain child's socially desirable behaviors [45].

Johnston et al. [40] suggest another important rationale for including the assessment of PSE in parent training: parental beliefs result an *antecedent* of treatment outcomes. Mothers with higher confidence on their parenting skills have more positive expectations that change is possible, and they report greater success in acquiring behavioral strategies for managing child's misbehaviors during parent training. As a consequence, professionals should not neglect that PSE is a key motivational variable for intervention processes. Those parents with low self-efficacy could benefit from a brief pre-intervention session to gain a more optimistic expectation of BPT: "part of success of this program may have been achieved through increases sense of efficacy and confidence in their ability to carry out the changes required in BPT program" ([40], p. 501).

Further applied researches reinforce the idea that self-efficacy can be a core target of supportive interventions for families. Enhancing parental self-efficacy can act as a "buffer," that is, a variable mitigating the impact of adverse conditions on children, as such severe illness [18], parent's divorce, and socio-economic disadvantage [2]. Interventions often assume the form of home-visiting programs, since practitioners go to parents in their home in order to assess family needs and offer a wide range of support: informational (e.g., helping parents to find health services in the community), practical (e.g., volunteers or babysitting), and particularly emotional (e.g., listening to the parent's concerns). Other programs include parents as a resource in the treatment of child's emotional [32] and health problems [49]: even in these cases PSE is resulted a predictor of positive outcomes.

Finally, interventions focusing on PSE have been extended from small group of families with children "at risk" (behavioral, emotional or health problems) to the large population. These programs more often assume the form of preventative strategy of intervention since they are devoted to support parents in the early years (preferably, in the transition to parenthood) empowering their skills, the family well-being, and enhancing the environment where children live. An important and well-known example of this promising approach is the *Triple P-Positive Parenting Program* developed by Sanders [64]. This program realizes a shift toward a community level of intervention with the scope of assuring support to parents and safe home environment to children. With flexible methods (web information, brief parent advices, educational groups, etc.) parents improve their positive practices and self-efficacy in managing common parenting tasks (e.g., bathing or feeding the infant, helping child with homework, disciplining without spanking, etc.). More intensive parent training (i.e., home visiting) is programmed for families of "difficult children" (disabilities, ADHD, conduct disorders, etc.) or parents vulnerable for problems that negatively impact their parenting skills (i.e., depression, marital conflicts, divorce, etc.). Findings from several implementations of *Triple P-Positive Parenting Program* support the effectiveness of this systematic and preventative approach: a meta-analysis of 101 studies (more than 16,000 families) reports significant positive effects on children's behavioral and socio-emotional adjustment, adequate parenting skills, and self-efficacy [64].

In conclusion, practitioners would follow some suggestions when they organize interventions supporting parents. These suggestions derive from a recent meta-analysis [80] on the impact of group-based interventions for parents of preschool children on parental self-efficacy. The components of the programs related to better post-treatment outcomes (that is, increase in parental self-efficacy measures) are: (a) empirically based interventions, with active parents' involvement following a manual protocol for adherence to treatment. Most of the programs were behavioral or cognitive-behavioral interventions inspired to Sanders's Triple P-Positive Program, with some exceptions, for example programs focused on child's temperament [69]. (b) Levels of PSE measurement (task-specific or general measures) and magnitude of the change following the group intervention. Effect sizes (Cohen's *d*) were medium to large (0.42–1.25) when task-specific measures were employed, but small to medium (0.26–0.74) with general measures of PSE. (c) Length of interventions, ranging from brief group interventions (in some cases, single or few sessions) to programs with 15 sessions. A time-limited intervention with few sessions resulted efficacious in increasing PSE when the program was focused on specific child-rearing problems (e.g., mealtimes). However, regardless of their length, the efficacy of interventions depended on the presence of the factors that Bandura [6] identified as crucial for the development of self-efficacy: previous experiences, modeling by others, verbal persuasion, and physical and psychological well-being. (d) Father's participation to group program, even if the studies involving both parents were very scarce. Most studies, indeed, reported only maternal self-efficacy measures. On this point, Murdock [55] has recently evidenced that the most common measures of task-specific self-efficacy are constructed thinking to maternal role, whereas differentiating typical tasks for mothers and fathers could be a more valid strategy of measurement. This is a challenging area for further researches, even considering the positive influence of father's involvement and supportive coparenting on parent's well-being and children's adjustment [29, 52].

Author details

Loredana Benedetto* and Massimo Ingrassia

*Address all correspondence to: loredana.benedetto@unime.it

Department of Clinical and Experimental Medicine, University of Messina, Italy

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Chapter 4

Parenting Difficult Children and Adolescents

Teresa Silva and Peter Sandström

Additional information is available at the end of the chapter

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Abstract

Parenting is generally conceived as a unidirectional construct in which parents are thought to be the direct or indirect cause of different child outcomes. Children who exhibit problematic behavior, who display hurtful and uncaring behavior toward others or who are aggressive or turn to delinquency when they reach adolescence are often viewed as the product of insufficient parental competence (i.e., nurture) in addition to inherited genetic predisposition (i.e., nature). Competent parental behavior, on the other hand, counteracts the development of callous-unemotional traits and disruptive conduct by promoting the internalization of prosocial and normative behavior. However, empirical evidence consistently shows that the general behavioral patterns of parents and children become interdependent and mutually reinforcing during childhood. Parents with low parental competence, who interact with temperamentally difficult children, consistently create coercive exchanges that produce escalations in child oppositional and aggressive behavior, subsequently increasing the likelihood of continued harsh parenting strategies. Therefore, early prevention and intervention programs must have a systemic approach and target the parents, the children, and the interaction process itself. If the cycle of harsh, negative, and confrontational interactions is not broken during early childhood, there is a risk that coercion settles as a baseline pattern of conduct for future relationships.

Keywords: parenting, difficult temperament, disruptive behavioral disorders, callous-unemotional traits, conduct problems, coercive parenting strategies

1. Introduction

The context in which children are raised shapes and influences their behavior. Parents are primarily responsible for providing an environment with experiences that will have an impact on the child's development. The role of parenting style and parental management has been highlighted in several social and psychological theories, which emphasize the quality of the

parent-child interaction in determining different behavioral outcomes during childhood and adolescence [1, 2]. The child's psychological well-being and mental health, the behavioral adjustment in different situations, and the capability to establish positive relationships with others are closely related with the level of parental competence during early stages of maturation. Competent parenting has been defined as the style of child rearing that promotes the acquisition of abilities necessary to effectively deal with the everyday demands [3]. High parental competence facilitates the development of prosocial attitudes and values and enables children to acquire the ability to deal effectively with life changes during childhood, adolescence, and adulthood. In children genetically predisposed to develop difficult temperaments, callous-unemotional features (i.e., lack of remorse or guilt, lack of empathy, and a pervasive pattern of disregard for others' well-being) and affective deficits, competent parenting functions as a protective factor against negative outcomes such as delinquency and violence [4–6]. Conversely, parents with low competence, displaying inconsistent rewarding, harsh punishment, and rejection are thought to cause weak parent-child bonds, low levels of self-control, emotional detachment, and problem behaviors in their children. Negative parental discipline and chaos in the home has been associated with concomitant stable patterns of difficult temperament and behavior [7] while emotional abuse and neglect have been associated with developmental trajectories characterized by the highest level of conduct problems in children [8]. Parenting should therefore be considered as a risk factor in the development of problem behavior as well as a protective factor facilitating the development of prosocial behavior [9].

In relation to parent-child interaction, two dimensions have been identified, namely parental demandingness (i.e., control, supervision, and maturity demands) and parental responsiveness (i.e., warmth, acceptance, and involvement) [10]. Combining high or low levels of these two dimensions causes four distinct styles of parenting to emerge [10] which are consistently associated with different outcomes regarding child development. *Authoritarian parenting style* (high demandingness and low responsiveness) may lead to children who are obedient and proficient, but often rank low in happiness, social competence, and self-esteem. Children are expected to obey strict rules and failure to follow those rules usually results in punishment. This parenting style has also been identified in cases of children who are aggressive and defiant and who show high levels of social maladjustment [11, 12]. *Authoritative parenting style* (high demandingness and high responsiveness), increases the likelihood of prosocial behavior in children who are happy, capable, and well adjusted. Rules and guidelines are expected to be followed but they are based on negotiation. Authoritative parents are responsive to their children's individual needs, willing to listen to questions, and to support their children's budding autonomy. *Permissive parenting* (low demandingness and high responsiveness), often results in children who rank low in happiness and self-regulation, who are likely to experience problems with authority, and who tend to perform poorly in school. The lack of guidance in dealing with new and challenging situations leaves these children defenseless, with no means to protect themselves from bad experiences. *Uninvolving parenting style* (low demandingness and low responsiveness) is characterized by emotional unavailability and little communication with the child. While these parents fulfill their child's basic needs, they are generally detached from the child who grows insecure and, lacking emotional guidance, are lost on their way to

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establish affective bonds with others. Callousness and low empathy are often present in children who come from families with uninvolved parents.

Within the parenting styles have been emphasized the dimensions of support and control [10, 13]. Supportive parenting is mainly a characteristic of the authoritative style while authoritarian parents more often exercise restrictive control without room for negotiation. Parental support is highly correlated with warmth, responsiveness, sensitivity, and acceptance and is essential for the development of empathy and the establishment of secure social bonds [14, 15]. The lack of support contributes to different types of behavioral problems and psychological maladjustment, and is characteristic of parenting styles with low responsiveness [16, 17]. Control can be exercised using different strategies which range from positive to negative. For example, restrictive control is a negative control strategy characterized by intrusiveness, negativity, hostility, and over-involvement and is associated with raised levels of aggressiveness and rule-breaking behaviors [18, 19]. On the other hand, the combination of firm control exercised with high warmth and the use of explanations and reasoning, characteristic of authoritative parenting, produces emotionally well-adjusted children with adequate cognitive skills, who enter adolescence with more resources enabling them to solve problems and manage relationships more easily. In cases of children with high levels of negative emotionality, who respond with high degrees of fear, irritability, and anger to stressors, authoritative parenting provides a sense of mutuality which functions as a protective factor against aggressiveness and defiant behavior.

There is a risk of considering deterministic the psychological and social approaches to the construct of parenting that we have been describing. These approaches seem to provide unidirectional models in which children's behavior is viewed as a product of parental behavior and in general fail to consider the characteristics of the children themselves and their contribution to the development of parenting styles. Therefore, an overview of genetic factors such as predisposition of emotional reactivity intensity, temperament and cognitive and behavioral characteristics (e.g., attentional deficits and impulsiveness) are essential to understand parenting and child outcomes. All children do not react with the same response to similar parenting styles and although parenting styles refers to a consistent pattern of conduct, parents do not always behave the same way in similar situations. Parental behavior depends in great part on the child's behavior. Studying sequences of mother-child interaction among temperamentally difficult children, Snyder and Patterson [20] found that disturbing child-behavior triggered maternal corrective actions which, if overly controlling in nature, subsequently caused the child to resist the mothers' attempts to control the behavior. The emergence of such interactional sequences during early childhood may have implications for the development of social competence and adjustment later in life. The quality of children's relationship with parents during early childhood may actually initiate a trajectory of escalating or diminishing competence. Ultimately, parenting must be seen as a dynamic process in the context of the development of the relationship between the parents and their child and involving reciprocal influences. That means, parenting modulates the child's behavior and temperamental characteristics but, as an opposite force, the child's response elicit in parents specific reactions and adjustments to their parenting style.

This chapter evaluates parent-child behavioral interactions specifically in cases of children and adolescents with difficult temperaments, disruptive behavior disorders, and callous-unemotional features. We revise conceptual bidirectional models of parenting dynamics and discuss the characteristics of possible interventions aimed at decreasing juvenile problem behaviors and restoring positive parent-child relationships and the well-being of parents and children.

2. Challenging children

From the very beginning of life, the infant uses behaviors such as crying or fussing to keep his or her attachment figure near. Over the first 12–18 months of life, infants learn how to elicit desired responses from the caregiver and adapt their own behaviors to fit those of the caregiver. Children who characteristically demonstrate easiness to adapt to normal changes in their environment, who are pleasant and placid most of the time and who show little distress when their routines are changed are usually classified as having an easy temperament [21]. Conversely, children who respond with intense emotional negativity, who display resistance to parental control, who show low tolerance to frustration and irritability are classified as temperamentally difficult [22]. Children, who are uncooperative and aggressive, who display hostility and defy authority represent a challenge for parents and have profound influences on the effectiveness of certain parenting behaviors as well as the manner in which parents interact with them. Children with difficult temperaments are at a higher risk of eliciting negative and ineffective parenting strategies [23], high in coercion, punishment, and excessive control. Negative responses from parents increase the risk of children with difficult temperaments reacting with aggressiveness and norm-breaking behavior. Furthermore, they are at a greater risk for a parent-child relationship characterized by lack of warmth and support which in turn seem to exacerbate children's behavior problems [24] and to enhance those characteristics that make their temperament difficult. The quality of parent-child interactions might be severely jeopardized in such cases.

Children vary in the degree their nervous system is sensitive to environmental inputs which is known as emotional arousal. Emotional arousal is a genetic predisposition [21], an organic body response to stimuli that is out of voluntary control. However, the subsequent emotional reactions (e.g., the feeling of anger, fear, sadness, happiness, etc.) and temperamental behaviors (e.g., kick, punch, cry, run away or laugh with joy) are not only biologically based, they develop over time and are in part explained by the quality of interactions with parents and other proximal caregivers [21, 25]. The intensity of emotional reactions, meaning the strength with which human beings feel emotions, occur in a continuum from low to high and is directly related to behavioral regulation. For example, high levels of anger may override a rational and adequate behavior response, causing the person to act with "blind fury." Children at both extremes of this continuum, who characteristically experience feelings with very low or very high intensity, are at an elevated risk for behavioral disturbances. Moderate intensity of emotional arousal is expected to optimize children's competent emotional regulation because the level of emotional arousal does not exceed their regulatory capacities.

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In cases where children display low intensity of emotional reactions, they typically lack the natural force and motivation that drives behavior. They may respond in a particular callous, uncaring, and fearless way to external stimuli (e.g., parental requests). From toddlerhood, these children exhibit difficulty to learn from experience since fear conditioning and present reward systems are less efficient. Children with such emotional reactivity can be challenging for parents. The demand for appropriate directives in order to affect a positive socialization process may be substantially higher than the average parent can manage, often resulting in a lack, or reduced level, of prosociality. Especially when they start school, these children are at a higher risk of presenting with conduct problems such as unprovoked aggressiveness, violence, and a general lack of concern for other's well-being. These callous-unemotional traits when present during childhood are precursors to adult psychopathy, which is the most likely outcome if not ameliorated by a pattern of competent parental rearing coupled with an early environment that strongly promotes prosocial relations. The presence of callous-unemotional traits, persisting over time, is an indicator of psychiatric vulnerability and psychosocial maladjustment even in the absence of conduct problems [26]. Harsh punishment and coercive behavior used by the parents can, in the absence of a warm stable secure child-parent attachment, increase the probability of developing a personality with psychopathic features. Attachment behaviors are based on the interplay between parental sensitivity and the child's emotional response [27]. Secure attachment refers to the confidence children have that their attachment figure will be available and able to meet their needs. Secure attachment promotes a parent-child partnership capable of resolving conflictive situations. Conversely, children who are not able to develop attachment bonds during infancy and early childhood with primary caregivers will show general emotional detachment and callousness later in life [28].

At the other extreme of the emotional arousal intensity continuum, the regulatory system of children with high degrees of emotional reactivity easily becomes overloaded and behavior regulatory efforts are in vain. Children with a tendency to react to stressors with intense fear, irritability, sadness or anger are generally classified as having difficult temperament [29], requiring bigger efforts to calm down and settle. They represent a challenge for parents who are obliged to find strategies to regulate environmental stimuli in order to reduce the intensity of emotional arousal. Through this process parents facilitate the incremental development of emotional regulatory behaviors whereby children learn to utilize their personal resources' to cope with demanding situations. Self-regulatory proficiency will improve if parents adapt their disciplinary behaviors to fit those needs required by the children's arousal propensities [30].

3. Children with difficult temperament and coercive exchanges

Difficult temperament is not a disorder by itself but children who manifest early high degrees of negative emotional response or who are fearless and callous are at risk of developing a disruptive behavioral disorder because they seem to elicit parenting that is more negative, coercive, and controlling [30]. Coercive exchanges between the parents and the child during which parents by their own actions reinforce their children's difficult behavior, elicits in turn further parental negativity, and so on, in an escalating confrontation [23]. These cycles may

begin when the child reacts with anger or resistance to a parent's attempts to enforce existing rules or correct perceived antisocial behavior, evoking subsequent anger, and hostility from the parent, which is often intensified as the coercive cycle escalates.

It is the interaction between an infant with behavioral difficulties and a caregiver who is only marginally competent at responding accurately to the child's cues that initiates the coercive cycle. Empirical observations indicate that infants with high levels of negative emotionality at 1 year of age in the context of low parental responsiveness subsequently displayed more coercive interactions at 2 years of age and high levels of child oppositional and/or aggressive behavior between 3 and 4 years of age [31]. By preschool age a child may have become openly defiant within the family context in which s/he has adopted an attitude of noncompliance toward demands by others that s/he perceives as unpleasant or unrewarding. When children increase their mobility and their desire to explore the environment, the need for parental directives and behavioral corrections also increase. This increase in directives produces a corresponding increase in the toddler's opportunities for noncompliance and aggression, and can cause an increase in the prevalence of coercive interaction. Defiant and aggressive child behaviors likely increase the probability for future coercive interactions but are early coercive interactions, if not corrected, that are the primary causational factor in the development of conduct disorders from toddlerhood into school age [31].

The coercive exchanges develop a pattern of relating within the family which the child then carries over into interactions with others outside the family, such as peers and teachers in the school setting. When coercive interactions dominate within the family, child conduct problems emerge and then stabilize throughout parent-child interactional continuity as the coercive cycle continues. Although general noncompliance and low levels of aggression are common during early childhood, emotional and ineffective reactions on behalf of the parent can inadvertently cause increases in child-parent conflicts that result in the propensity for children to learn to be predominantly oppositional. Coercive, harsh, and over-controlling parenting during early childhood contributes to adjustment difficulties during elementary school, including disruptive behavioral disorders. Higher levels of oppositional and aggressive behavior in toddlerhood and a preponderance of coercive interactions appear to reliably predict conduct disorders and other negative outcomes at subsequent developmental periods [32, 33]. A coercive relationship, once developed, has a tendency to remain relatively stable from year to year and it is related to future oppositional and defiant behavior in the school setting.

The developmental significance of coercive parent-child exchanges may not manifest itself until children enter school. Peers and teachers respond to children's externalizing behavior with resistance and rejection, leading to a cascading set of problems during middle childhood and adolescence. Thus, the quality of parent-child relationships during early childhood has developmental significance both because children learn strategies for interacting with others that affect future behavior and relationships, and because parent-child relationships tend to be consistent over time, thus solidifying the parental role in the adolescent's life as adversarial. This parental role, if positive and supportive, creates an environment conducive to child disclosure of new peer relationships and activities outside of the parents' realm of

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supervision, allowing parents to offer support and guidance as the adolescent navigates the sometimes difficult transmission into adulthood. If the parent-child relationship is adversarial (e.g., stemming from earlier coercive exchanges), it inhibits disclosure by the child about the very same peer relationships and unsupervised activities during which a young adolescent has the most need for prosocial support and adult prosocial role models.

Normative socialization is halted when coercive processes govern child-parent relationships. The arrested development of critical social skills increases the risk for adjustment difficulties and decreases the exposure to prosocial learning opportunities downstream in early adolescent development. This process, called a *developmental cascade*, is directly related with childhood conduct problems and more serious adolescent delinquent behavior [34–36].

The psychological well-being of parents who deal with a challenging difficult temperament children is without question affected by the special demands of child-rearing, and it can affect the sensitivity of the parenting style [37]. Children with difficult temperaments are a stressor, aggravating the parenting process and ultimately making parents feel they lack the necessary resources to raise their children competently. Children who exhaust their parent's psychological resources and evoke feelings of inadequacy and low efficacy may foster parental behavior consisting of more coercive psychological and physical control [38]. Parenting processes subjected to such stressors run the risk of being ruled by emotions, both from the child and from the parents. Parents who react emotionally to their child's behavior are in danger of losing the objectivity necessary for appropriate behavioral responses.

Parents who naturally have higher degrees of well-being are able to cope better with children having a difficult temperament. Children's difficult temperament is more likely to induce harsher parenting in those parents who possess fewer psychological resources. However, as the child grows up, if his or her temperament remains difficult, independently of the initial level of well-being, the parents' resources to stay positive may diminish [37]. Over time, parents could begin to perceive their child's "difficultness" as intentional which would have a negative impact on parenting. Behavioral disruptive disorders are then more likely to develop.

4. Children with disruptive behavioral disorders

Disruptive behavioral disorders are mental health conditions that involve behaviors such as physical aggression toward other children and/or adults, frequent temper tantrums, defiance, and resistance to authority figures and excessive argumentativeness. Attentional deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD) are the more prevalent conditions in the cluster. Childhood and adolescent disruptive behavioral disorders are closely related with harsh and incompetent parenting although a direct causal relationship cannot be established. Genetic factors contribute in great part to both ADHD and ODD [39, 40] and the disorders manifest in the context of the gene-environment interaction. The individual vulnerability (genetic predisposition) is enhanced by psychosocial stressors, supposably via mechanisms involved in emotional regulation [41]. The genetic contribution is less clear in CD and the role of negative parenting seems to weigh more on the

development of such behavioral condition [42]. For example, CD is more prevalent in children who have suffered maltreatment and abuse [43, 44] even when there is no evidence of previous behavioral disturbances. It has been suggested that there exists a "downward spiral" of interplay between the conflict generated by parent-child interactions and child behavioral problems [45]. The conflict might result from the way a parent responds to the child's inherent behavioral pattern while simultaneously contributing to child behavioral problems through environmental mechanisms.

ADHD has been described as a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development [46]. Children with ADHD have a short attention span, are easily distracted, and often make careless mistakes. They appear forgetful and frequently lose things, and are unable to adhere to tasks that are tedious or time-consuming. Constantly changing activities, children with ADHD seem unable to listen to or carry out instructions. To complicate the matter further regarding the role of parenting, children with ADHD are unable to sit still (especially in calm or quiet surroundings), tend to talk excessively, are unable to wait their turn, and frequently interrupt conversations. They seem to have little or no sense or awareness of danger. These symptoms usually cause significant problems in the child's life such as problems with discipline, underachievement in school, and poor social interactions with other children and adults. The deficits in executive functions such as the ability to organize, plan ahead, complete tasks, and control impulses require increased guidance from parents who often report less consistency in their parenting role and more anger compared to parents of children without the disorder [47]. The demands of monitoring a child with ADHD are stressful and can be overwhelming and exhausting in unprepared parents with low competence. This is a climate which often precipitates the emergence of negative emotional parenting. Indeed, dysfunctional family dynamics were found in families with ADHD children and parental bonding was based on control without affection [48].

Children with ODD present a pattern of angry/irritable moods and argumentative/defiant behaviors or vindictiveness, often lose their temper and are easily annoyed [46]. Children with ODD often argue and defy or refuse to comply with requests from parents and authority figures. This behavior often negatively impacts their social and education experiences since others perceive these children as deliberately annoying others, behaving spitefully or vindictively and often blaming others for their own mistakes or misbehavior. Parents report that nothing works with their children and that they feel confused, frustrated, and disappointed as a result. The subsequent inconsistent discipline and harsh punishment appear then associated with the severity of the symptoms [49], even though strategies of behavioral control through punishment and reinforcement are unproductive. The relationship easily progresses into spirals of reciprocal coercive behaviors between the child and the parents with evidence suggesting that there is a greater influence of child behavior on parenting behavior than the reverse [50].

Children with CD present a repetitive and persistent pattern of behavior in which societal norms and rules are violated [46]. They often bully, threaten, or intimidate others, frequently initiate physical fights, and on occasions use weapons with the intent to cause physical harm to others. Despite parental prohibitions, they occasionally stay out at night, run away from

home overnight or are truant from school. A child with CD often display delinquent behavior such as stealing, starting fires (arson), destruction of others' property, burglary or car theft, and may exhibit violent behavior such as physical cruelty to animals or other persons, confront a victim or force someone into sexual activity. Parents soon are contacted by authorities or school because of their child's behavior.

Although there is not a causal relationship between parenting and disruptive behavioral disorders, dysfunctional parenting practices contribute to the development of ADHD, ODD, and CD [51]. Similarly, according to the coercive model, a child's seriously disruptive behavior exposes the parental lack of competent management skills. Negative parental affect, the lack of warmth in the relationship, the lack of responsiveness and inconsistent parental behavior have all been described in cases of hyperactivity, oppositional defiance symptoms, and high levels of aggressiveness [51–55]. Poor parental supervision and inconsistent discipline have been correlated with CD [24]. Furthermore, child behavior clearly impacts parental behavior. The parental sense of competence is affected and parental stress typically increases in cases of children with disruptive conduct problems [56–58]. Parents can feel emotionally drained and therefore reduce involvement in their child's life impeding the potentially positive effect of high family involvement on child behavior. Parents of children with disruptive disorders experience both role-specific and global distress in a proportional relation [59, 60]. The severity of parental stress increases as the level of disruptive behaviors escalates. Therefore, parental psychological well-being should be an initial target during family interventions along with educational strategies to decrease behavioral symptomatology.

5. Children with callous-unemotional traits

Callous-unemotional (CU) traits is a developmental condition in which a child lacks the normal emotional experience, displays characteristically shallow affect and does not show feelings or emotions [61], except when corrected or punished. Children then likely become angry and can act out in rage with enormous emotional intensity and violence. Children with CU traits are incapable of feeling remorse or guilt when they do something wrong, displaying a general lack of concern about the negative consequences of their actions. They are described by teachers and peers as cold and uncaring, with a total disregard for the feelings of others. There is evidence for a genetic component of these traits [62], although there is a degree of malleability during childhood. Children with CU may improve their conduct and reduce their conduct problems with some psychosocial interventions [63–65].

The low emotional arousal and the decreased emotional reactivity in children with CU traits aggravate behavior regulation. These children respond less to fear and shame clues [66]. Fear and guilt are important restraining forces used in disciplinary strategies such as punishment and reinforcement. Children with CU traits who are not affected by these emotions are incapable of learning from common parental directives and therefore tend to persist in their improper behavior. This dynamic impairs regular socialization practices utilizing the association between nondesired behavior and negative outcomes. If the emotional deficits

are not compensated by parents who work actively to externally provide the type of regulation that these children intrinsically lack, it is very likely that they will develop antisocial patterns of behavior and problematic relations with others [4]. It remains difficult even with moderate parental competence to change this behavioral trajectory. A child who is relatively fearless or unusually impulsive may be beyond the ability of average parents to control and keep out of trouble. A longitudinal study in children from 3 until 10 years of age showed that CU traits account for changes in different parenting domains such as inconsistent discipline, punishment, and parental involvement [67]. Early child effects on parenting might explain the presence of higher levels of negative parenting feelings and an increased frequency of harsh parental discipline in children with CU traits [68]. During adolescence there is a stronger effect of the CU traits on the parental practices than parenting behavior on CU traits [69]. Parents of adolescents with these personality traits become progressively less supportive over time.

For children elevated on these traits, parental warmth is negatively associated with conduct problems [70]. Children with CU traits who concomitantly show problematic behavior are at a high risk of early delinquency that persists into a criminal career as we discuss further in the next section. Specifically in adolescence, some dimensions of positive parenting such as the level of parental knowledge of their children's whereabouts and friends and the amount of information the adolescents are willing to disclose are protective against delinquency [6]. On the other hand, negative parenting is related with CU traits in both children and adolescents [67, 71, 72]. Consistent with the bidirectional model, there is evidence suggesting that CU traits provoke more harsh and coercive responses from parents [67, 69]. With children maturing into adolescence, parents tired of dealing with emotionally cold and unresponsive children oftentimes decrease their monitoring efforts, showing a trend toward inconsistent surveillance strategies over time [73]. In the context of difficult parent-child relationships and child attachment disturbances, the development of conscience is improbable and high levels of serious conduct problems more likely in children with these traits.

6. Problematic adolescents

Adolescence is a challenging time period, both for the adolescents themselves and their parents, requiring multiple adjustments to accommodate changes in the dynamics of relationships in different settings (e.g., family, school, and group of peers). With the increase in autonomy and mobility, adolescents become increasingly further removed from the direct physical control of their parents who now depend on the willingness of their children to disclose information about who their friends are, where and with whom they spent their free time, and how they are doing in school. Adolescents' behavior relies more on their own moral and behavioral code than during the childhood period when they depended on parents' rules and guidance. Parental attempts at direct control are less productive than before and any type of strict or overly rigid rule parents attempt to impose runs the risk of causing a rebellion. Adolescents whose parental relationship has developed based on warmth and trust are more open to accept parents' counseling. Those whose parents actively monitor their

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lives and convey clear expectations regarding their behavior are less likely to engage in risky and delinquent behaviors. A parenting style which promotes the adolescent's participation in establishing family expectations and rules is more likely to produce mature behaviors in comparison to either harsh or permissive parenting [74, 75]. Conversely, controlling intrusiveness, lack of warmth, or inconsistency in behavioral expectations are correlated with both increased internalizing (e.g., anxiety and depression) and externalizing (i.e., aggressiveness and breaking rules) problems, especially during the adolescent period [76–79].

Specifically in adolescents, low levels of parental control, parental monitoring (defined has parental knowledge of general aspects of their children's lives and child disclosure of information), and parental supervision (defined as the active conduct parents develop in order to be knowledgeable of child-whereabouts, relationships, and performance in school) are associated with breaking rules, drug and alcohol abuse, and delinquency [80–83]. Furthermore, emotional neglect, lack of parental warmth, and absence of parental support are associated with emotional internalization problems, such as depression, anxiety, and suicidal ideation [84, 85]. Kerr and Stattin [86] deduced that it is the adolescent's willingness to disclose information and not the active monitoring by the parent that ultimately affects the quality and scope of parental knowledge and influence regarding the adolescent's behavior. In this sense, the positive outcome from parental involvement decreases significantly when a parent has to resort to surveillance and control of the child in order to gather information.

The more knowledge parents have about what happens in their children's lives, the less problem behavior the adolescents display. Specifically, the more informed parents are, the less adolescents engage in delinquency [87], illegal substance use and risky sexual activities [83], and the fewer deviant friends they have [88]. In a recent study on a sample of juveniles from the community, Silva and Stattin [6] found that increased levels of parental knowledge and youth-disclosure of everyday activities decreased the likelihood of self-reported delinquent behavior even for those youths who rated high in psychopathy. Youths and parents who find the time to meet and discuss events and activities the child is involved in when they stay out at night, how school was when they got home, how they perform in exams, their relationship with peers and friends, etc., develop a parent-child relationship based on mutual understanding and trust that provides strong support for the adolescent's transition into adulthood.

Problematic behavior may occur within the framework of normal development and minor delinquency is frequent in teenagers, mainly in boys [89]. Rule breaking confined to the adolescent stage is in many situations an expression of recently acquired autonomy, and causal factors are very likely specific to this period of development. For example, delinquent individuals inside the peer group, the experimentation with alcohol and drugs, and for girls dating delinquent boys, are risk factors closely related to deviancy that can emerge during both early and late adolescence [90]. Controlling these risk factors presents a great challenge for parents who fight to keep their children under supervision and control. Delinquent peers are a stronger predictor of delinquency than factors such as family, school, and community characteristics. In girls, for whom causes of delinquency are clearly relationship-oriented, dating a delinquent boy greatly influences her decision to engage in antisocial behavior [91] and is closely related to risky sexual behavior [92].

Adolescents' engagement in delinquent behavior inevitably leads to frequent confrontational parent-child interactions. In the context of relationships that had previously been warm and based on an authoritative parenting style, the restoration of trust and prosocial behavior can easily be accomplished. On the other hand, in relationships that developed in the context of harsh parenting and authoritarian or permissive parenting styles, the conflict produced by the adolescent's delinquent behavior can progress in four negative directions: (1) adolescents start to be more secretive, avoiding contact with their parents and lie, (2) there is an escalation of the conflict with the risk of violent behaviors from both parents and youths, (3) parents may increase their tolerance of delinquent behavior and decrease their monitoring efforts to avoid conflict and tension [93], and (4) parents respond by being less supportive and eventually reject the youth emotionally [94]. In such situations, adolescents might find it difficult to return to a more prosocial lifestyle trajectory, counting only on the guidance and counseling of peers who in many situations are developing delinquent behaviors themselves.

In contrast to the group of adolescents whose delinquent behavior emerges during, and is limited to, the adolescent period, there are some individuals to whom adolescent delinquency is merely a continuation of an antisocial behavioral pattern that emerged early in life [89]. The persistent antisocial behavior in such cases is believed to originate in the interaction between children's neurophysiological vulnerabilities and criminogenic environments. In this group it is very likely to find children who during childhood presented with difficult temperaments, disruptive behavior and/or CU traits. Parenting is affected by the children's delinquent behavior in a different manner depending on whether CU traits are present. Parents are more likely to be unsuccessful in acquiring knowledge from youths high on CU traits who are not willing to answer their questions or chooses to deceive them. Parents are forced to rely on what youths spontaneously decide to disclose. Studies suggest that youths with CU traits are less likely to freely give information to their parents [95] and greater behavior control does not allow parents to gain more knowledge either [73]. As a consequence, parents oftentimes reduce their monitoring behaviors, display surveillance efforts that are less stable, and exhibit monitoring behaviors that are less synchronous over time. In this way, youths find few restrains within the family. No one corrects them and they might feel invincible until they are caught by the juvenile justice system.

In families with inadequate parental guidance, the adolescent sometimes assumes a totally self-autonomous role that goes beyond age appropriate levels, often resulting in violence when parents attempt to step in and correct antisocial child behavior. In such cases, the adolescent strikes back in rage when his/her inflated expectation of entitlement is not realized or when the parent attempts to exert discipline. Similarly, in the case of parents who are unable to fulfill their role, children sometimes feel forced to shoulder the responsibilities of the unable parent. This burden can be overwhelming, resulting in frustration, and leading to violence toward parents as a means of rejection of the adult role. Similarly, when parents are overprotective and controlling, adolescent's violent behavior can originate as he/she struggles to gain age-appropriate levels of autonomy and power. Finally, the exposure to intrafamilial violence (e.g., child maltreatment and domestic violence witnessing) can establish a pattern of violent behavior as the norm in social interactions [96], and represents the genesis in the

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theory of intergenerational transmission of violence [43, 97]. The parental role is severely disturbed when parents feel threatened, intimidated, or controlled by the child's behavior or when parents believe they must adjust their own behavior to accommodate demands or avoid violence by the child [98]. This extreme case of coercive behavior from adolescent toward parents is also the most difficult to manage. Parental competence has most likely been low during the developmental years for this situation to develop.

7. Intervention

In general, interventions have been designed to target parenting styles and strategies to modify those factors which are contributing to the child's behavioral dysfunction. With varying efficacy, the success of such interventions shows that changes in children's behavior are possible to achieve through changes in parental behavior [99]. If we frame the problem in the context of the parent-child dynamic then parents must be the primary target for change. However, the bidirectional influence of the parent-child dyad, the characteristics of the child's temperament and psychopathology are of critical importance to be considered for the clinical treatment. Parenting behavior is strongly influenced by the child's behavior and therefore intervention programs would benefit from a systemic approach that target parents, children, and the interaction they establish in their day to day relationship. The overall direction of influences does highlight the importance of seeking to affect changes in the child's behavior in addition to parenting behaviors, working with the child directly and to include adjustments in the child's environment.

Any type of intervention should aim to reduce problem behavior displayed by the child by developing competent parenting skills. When parents develop the ability to react to their children's negative emotionality in an adaptive way, parent-child interactions become more enjoyable, the occurrence of problematic behavior decreases and the development of more serious behavioral problems later in life is prevented [100, 101]. Successful interventions emphasize that parents must maintain consistency in their parenting behavior and to minimize the display of hostility. Teaching parents how to stimulate and encourage their child to develop appropriate emotional regulation may have several benefits by preventing the coercive cycles to develop during parent-child interactions and facilitate the child's process of positive socialization [30]. Therefore, parenting programs should include the practice of providing cognitive strategies aimed at helping parents learn how to control their own negative emotional arousal [102]. Similarly, parents must learn to avoid entanglement in any defiant and challenging behavior the child may display, thereby reducing the likelihood that an episode of negativity intensifies into a coercive parent-child interactional exchange [103, 104].

By making parents knowledgeable about how to reduce children's episodes of unregulated emotional arousal, the risk for future coercive parent-child interactions should diminish for two reasons [30]. First, if parents are taught how to read their child's reactions to environmental stimulation they have the necessary tools to anticipate emotional reactions to any novel situation. Second, if the child's emotional arousal is restricted to levels that allow the possible

acquisition of internal regulatory strategies, the child has the opportunity to learn regulatory strategies that can be utilized in the future without the help of their parents. Thus, disrupting children's reliance on intensifying negative emotional arousal should reduce the reciprocal influences of emotion regulation through harsh parenting. Following Scaramella and Leve [30], parents need to learn (1) what are the indicators that the child is becoming emotionally over-aroused, (2) which types of situations produce emotional over-arousal, (3) how to avoid the occurrence of emotional over-arousal episodes, and (4) how to proceed when their children becomes emotionally over-aroused.

Cognitive-behavioral management training for parents has shown to be effective in improving parent-child relationships and parenting skills and is therefore regarded as suitable intervention for reducing child externalizing behavior problems [103–107]. Most of these parent management training programs include information on child development and care, instructions on how to build a positive parent-child relationship, and behavior management skills to reduce negative parenting. The increases in positive parenting, parental warmth, and parental feelings of self-efficacy are necessary components (but not enough by themselves) to improve child behavior [108]. A reduction in negative parenting in difficult parenting situations seems to have similar importance [103]. And finally, parents must avoid any reluctance to engage in disciplinary strategies out of a fear of the child's behavioral reaction, or they will likely see an increase in the child's opposition and defiance in response to any future effort of discipline [50].

The efficacy of the parent-training programs differs depending on the child disruptive condition [109]. Individual differences in difficult temperament, disruptive behavioral problems and the presence of CU traits predicate that treatment plans must be individually based. Multicomponent interventions that integrate behavioral parenting training, behavioral classroom management, and child skills training have shown to be effective in children with ADHD and conduct problems [110, 111]. While pharmacotherapy is considered by psychiatrist as the first-line treatment for ADHD [112], the core symptoms of ODD are not responsive to current medication and behavioral modification is the main target for intervention [113]. In children with CU traits, the risk for poor treatment outcomes is high. In such cases, social learning-based training has shown to be effective particularly when delivered early in childhood [114]. The clinical approach should target the specific reactivity problems of the child, the specific resources of parents and the current state of the parent-child relationship. It is important to consider ways of maintaining optimal parenting, especially when the child displays a difficult temperament. Parents frequently report that they are emotionally stressed, physically tired, harboring feelings that they do not know what to do and that they do not have any options about how to respond [115]. Promoting parents' psychological well-being, as well as enhancing their knowledge and understanding of their child's behavior, should be considered key components in the prevention and management of dysfunctional parent-child interactions [37].

And finally, what options are there for a parent with low competence who is facing a violent adolescent? The models that address coercive parent-child relationships [30, 116, 117] share several aspects. First, respect by both the parent and the adolescent is expected and must be given. This can be difficult as there are many layers of negativity, often created by years of

coercive interactions, to work through, but this step is essential to the restorative process. If violence is present in the relationship, parental competence must be increased as the parent is expected to manage the level of conflict during parent-child communications [98]. The parent has to learn to recognize the child's warning signals indicating that violence is imminent. When the parent notices these signals, s/he must firmly end the confrontation and create a separation until both parties are fully under control and the communication can resume. Second, the mutual understanding that collaboration is necessary for conflict resolution is needed. In order for improvements to take place, all parts must share the responsibility for existing problems. The adolescent has most likely developed an attitude of autonomy and will be resistant to give up this position, but it is necessary for the parent to reclaim authority of being head of the household. Thirdly, participants in the restoration process must feel that they are fairly treated and a desired part of the family. When a participant's actions are challenged, it should be done in a firm and noninflammatory fashion. In addition to these basic recommendations, there are a multitude of individual factors that must be taken into consideration when relationship restorations are attempted. Therefore, most intervention programs operate with a therapist/counselor who identifies problem-causing criteria and then designs a customized intervention [96, 118, 119]. Positive practices to reduce intrafamilial confrontations will be able, over time, to convert adversarial and coercive communication styles into supportive and respectful behavior on behalf of both parents and adolescents.

Author details

Teresa Silva* and Peter Sandström

*Address all correspondence to: teresa.silva@miun.se

Mid Sweden University, Sundsvall, Sweden

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Section 3

Parenting-based Interventions

Chapter 5

The Relationship between Parenting and Internalizing Problems in Childhood

Simona Scaini, Sara Palmieri and Marcella Caputi

Additional information is available at the end of the chapter

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Abstract

Several types of stress factors are likely to be implied in the development, maintenance, and transmission of internalizing symptomatology: genetic/temperamental factors, cognitive factors, family factors, and societal/cultural factors. Nonetheless, family factors—especially those related to parenting—seem to be crucial during childhood, because children are nested within their families and family factors are able to indirectly influence other factors as well. The current chapter focuses on the relationship between parental style and internalizing symptoms in childhood. In the first part of the chapter, the most important studies on the topic are reviewed in detail and differences in parenting behaviors between mothers and fathers are illustrated. A discussion on the cognitive and metacognitive factors as possible pathways of the relation between parenting and childhood symptoms is also proposed. The last part of the chapter reviews studies investigating the efficacy of parental involvement in cognitive behavior therapy for children who exhibit internalizing symptoms.

Keywords: childhood internalizing symptoms, parenting, anxiety, depression, metacognition, cognitive behavior therapy

1. Introduction

Internalizing problems in childhood and adolescence are a significant, persistent, and debilitating problem, undermining social and school functioning [1–3].

Epidemiological and clinical studies suggest that these disorders persist into adulthood and may contribute to an increased risk of suicide attempts, alcohol use, depression, and severe social restrictions [4–6].

Since these symptoms tend to manifest early in life, and are chronic and persistent, early recognition and treatment are especially desirable. However, surprisingly, internalizing disorders in children are still often overlooked and, consequently, underdiagnosed [7].

Although theoretical models suggest that family processes and parenting are important factors in the development, maintenance, and transmission of internalizing symptomatology [8, 9], meta-analytic and review contributions have provided mixed support for this association. In particular, previous studies identified a linkage between childhood anxiety and the broad parenting dimensions of rejection and control. Parental rejection is hypothesized to undermine children's emotion regulation by weakening self-esteem, promoting a sense of helplessness, and prompting development of negative self-schemas, leading to heightened sensitivity toward anxiety and depression [10, 11]. Parental control involves excessive parental regulation of children's life and activity, instructing the children on how to think or feel [12, 13]. Moreover, high control exerted by parents in contexts in which it would be developmentally appropriate for children to act independently, can induce decreased level of self-efficacy and perceived helplessness, thus increasing levels of anxiety and depression [10, 11, 14, 15]. Contrariwise, some parental practices encouraging children's autonomy and independence may increase children's perceptions of mastery over the environment.

Interestingly, several retrospective studies concluded that anxious adults generally remember their parents as being rejecting and controlling [16–18].

Nonetheless, the recent controversy over the theoretical models pointing out that parental practices are associated with child psychological problems have led to questions about the link between parenting and children's psychological health. Twin studies [19–23] have suggested that additional genetic effects account for a small portion of variance in children's trait anxiety and depression compared to non-shared environment (i.e. non-parenting factors). On the other hand, these kinds of studies have shown that, albeit small, the role of the shared environment factors in explaining children's differences for anxiety traits and depression symptoms is present, and it can include parenting influences. However, it is important to note that certain aspects of parenting (e.g. controlling parenting) could make children within a family alike, hence acting as a shared environmental influence for anxiety [24].

Two meta-analytic studies [25, 26] reported that parenting accounted for 4 and 8% of the variance in childhood anxiety and depression, respectively. Therefore, parenting behaviors—albeit not having an overall big impact—show stronger associations with depressive symptoms than with anxiety symptoms. It has been suggested that the observed stronger associations of parenting with depressive rather than anxiety symptoms may indicate that parenting is more likely to have an impact on children's mood compared to their fears (see below).

The intergenerational transmission of internalizing symptoms has been confirmed by both "top-down" studies, which have consistently demonstrated increased risk of anxiety disorder in children of affected parents, and by "bottom-up" studies, which have shown increased rates of disorder in the parents of affected children [27]. In a recent review, Eley and colleagues [28] suggest that maternal control may contribute more to the maintenance than to the onset of childhood anxiety, and that the association between maternal control and anxiety symptoms is significantly influenced by genetic factors.

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Etiological models of anxiety underlined the mutual relationship between parents and children in the development and maintenance of childhood anxiety. Several authors [14, 29] highlighted the importance of recognizing that both the parent and the child play a role in creating a shared dynamic of maternal control and childhood anxiety. Familiarity for anxiety can follow two distinct pathways, often interacting with each other: a direct biological/genetic vulnerability pathway and learning experiences. Specific learning experiences implicated in the development and/or the maintenance of anxiety in children could include directly experiencing aversive events (direct conditioning) and learning while observing experiences happening to others (observational or vicarious learning). In addition, children may increase their anxiety or fears through negative information or beliefs transmitted by others (e.g. parents, teachers, or peers). Thus, modeling of negative responding from parents, as well as moderating the effects of how children experience aversive events or fears when having a direct experience, observing others, or receiving fear relevant information from adults, can reinforce information-processing bias in children.

In addition to these two pathways, interactional mechanisms such as gene-by-environment interplay and active/passive/evocative correlations can complicate the framework. Child and parent behaviors and beliefs may reinforce or moderate each other in a feedback loop [30]. For example, young children's inhibited behaviors have been shown to evoke overprotective parental behavior, which potentially increases the level of children's inhibition across development, putting them at a higher risk for anxiety disorders [17]. Individual differences in temperament, behavior, and cognitive characteristics can influence parental behaviors and parenting in general.

However, investigating the role of parenting in relation to anxiety and depression remains difficult for several reasons [27]. Firstly, studies' methodology influences the degree of association between parenting and youth reported anxiety/depressive symptoms. Observational assessments of parenting and diagnostic interviews for anxiety/depressive disorders are typically associated with stronger effects compared to parent or child reports. Secondly, studies vary in the operational definitions of parenting. Finally, the importance of parental factors is likely to vary according to the different stages of children's development. Since published studies have considered children and adolescents of different age ranges, generalizable and conclusive results are far from being reported.

2. Parenting and internalizing symptoms in childhood

Overall, four types of stress factors are likely to be implied in the development, maintenance, and transmission of internalizing symptomatology: genetic/temperamental factors, cognitive factors, family factors, and societal/cultural factors [31–39].

Nonetheless, family factors—especially those related to parenting—seem to be crucial during childhood, because children are nested within their families and family factors are able to indirectly influence the other factors as well.

According to Pinquart [40], parenting dimensions can be described in terms of either a dimensional or a categorical approach. The first approach, on the one hand, focuses on individual dimensions of parental behaviors, such as responsiveness (i.e. being accepting, nurturing, supportive,

sensitive, and warm) and demandingness (i.e. control). Parental demandingness, in turn, can be employed through behavioral/harsh/psychological control and autonomy granting. Parental responsiveness and all the forms of parental demandingness have a different impact on child outcomes, mainly based on the frequency of their use and on the child characteristics. The second approach, on the other hand, defines four parenting styles (i.e. authoritative, authoritarian, permissive, and neglectful) according to the combinations of responsiveness and demandingness. Considering both the dimensional and the categorical approach in describing the relationship between parenting and internalizing problems can be useful, since different researchers often use different approaches and methodologies. Therefore, including both approaches—as in Pinquart's meta-analysis [40]—facilitates a clear and complete portrait of the possible associations.

Internalizing problems are those encompassing anxiety, depressive symptoms, somatic complaints, and social withdrawal [41]. The prevalence of internalizing symptoms, after the transition to formal schooling, is higher in girls than in boys [42]. Hundreds of studies have addressed the relation between parenting and one or more internalizing problems. Moreover, many reviews and meta-analyses tried to systematize the results deriving from all of the published researches [25, 26, 30, 43–45]. However, most of existing reviews and meta-analyses considered few studies; reported associations without distinguishing among different parenting behaviors/child outcomes; did not control for initial levels of internalizing symptoms; did not distinguish among results derived from different research designs and failed to describe possible moderators of the link between parenting dimensions and internalizing problems.

Recently, Pinquart [40] was able to overcome the abovementioned problems and found small concurrent and longitudinal associations between parenting dimensions/styles and internalizing symptoms. Specifically, harsh and psychological control were found to predict increases of internalizing symptoms over time; while parental warmth, behavior control, autonomy granting, and authoritative parenting were found to predict decreases of internalizing symptoms over time. At the same time, internalizing symptoms were predictive of parental psychological control. Moreover, the association between parenting and internalizing symptoms appeared to be moderated by effects of sampling, child age and gender, dependent variable (i.e. anxiety or depressive symptoms), parental gender, rater of parenting and internalizing symptoms, quality of measures, and publication status. Overall, controlling for such variables, a small amount of variance in internalizing symptoms remains to be explained by parenting, this leading to small effect sizes. Interestingly, significant gender differences emerged when comparing studies conducted on parenting and male versus female child anxiety. Pinquart's meta-analysis [40] reported stronger associations of parental warmth with internalizing symptoms in studies with more girls, attributing this result to gender differences in the prevalence of internalizing symptoms [42] and to girls' higher sensitivity to the quality of daily interpersonal relationships [46]. Moreover, stronger negative associations emerged between behavioral control and internalizing symptoms in studies with more boys, possibly indicating that parental monitoring is more important for neutralizing internalizing symptoms among boys [47].

Among internalizing disorders, social anxiety disorder represents the most studied condition so far. Parenting traits such as overcontrol, lack of warmth or rejection, and overprotection have been consistently described as predictors of social anxiety disorder [17, 31–33, 37, 48–51]. However, Brook and Schmidt's review [52] contributed to better specify all of the negative rearing practices associated with social anxiety disorder: practices of control, overprotection, rejection, neglect, lack

of warmth or affection, anxious parenting, insensitivity, restrictiveness, social isolation, criticism, shame tactics, behavioral rigidity, and concern with the opinions of others. Moreover, Brook and Schmidt [52] explained the mechanisms through which the parenting practices most frequently observed in association with children's anxiety would promote it. On the one hand, overcontrol exerted by parents is likely to diminish a child's ability to explore the environment autonomously, possibly promoting anxiety in situations of perceived fear. On the other hand, rejecting parents usually establish an insecure attachment with their children, which is in turn related to the development of anxiety disorders and depression.

The apparently robust relation between maternal/paternal overcontrol and child anxiety, though, is not found in early childhood. Needlessly helping or interfering with the child's behavior or feelings thus seems to be salient for the development of anxiety only when children grow older [43]. The same can be said for maternal autonomy granting, which is associated to anxiety in children older (but not younger) than 5 years [26, 43]. On the other hand, parental overprotection, which is characterized by excessively protective and cautious behaviors, is significantly associated with child anxiety even in early childhood [43]. Such a finding confirms that distinguishing between these two dimensions of overinvolvement is crucial at this age. Another interesting result regarding very young children is that the lack of paternal challenging behavior is associated with more anxiety. This speaks to the importance of investigating both mothers' and fathers' parenting, as parents have different roles within the family and dysfunctionality of the role of one of them might have specific consequences (see also the following paragraph of the present chapter).

As noted by Moller and colleagues [43], the association between parenting behavior and child anxiety is rather complex and several variables have been found to moderate it, at least in early childhood. Among the significant moderators of such relationship, there is the number of observational tasks that were used to measure child anxiety, so that higher effect sizes were found for studies with fewer observational tasks. Measurement method of parenting behavior also emerged as a significant moderator, with higher effect sizes for studies using multiple assessment measures. In the same vein, measurement method of child anxiety emerged as another significant moderator. Indeed, studies using questionnaires to measure child anxiety lead to opposite results compared with studies using observations to assess child anxiety. This counterintuitive finding has important implications for future research, as the unique aspects of child anxiety measured by questionnaires and observations suggest the importance of using multiple methods when assessing such a complex construct. Another moderator of the relationship between parenting behavior and child anxiety is represented by study design, as the studies which allow to catch a significant link are typically prospective or longitudinal, suggesting a low concurrent association between the two constructs (at least in early childhood). Nevertheless, very few longitudinal studies have been conducted on this topic, leaving the question regarding the direction between parenting behavior and child internalizing problems open. Two further research questions that need to be addressed by future researches concern the possibility that some children are more susceptible to effects of parenting than others and the generalizability of the results to single parent families or families with parents of the same gender. So far, studies were mostly conducted on two-parent families with a father and a mother present, who were generally non-anxious individuals of Caucasian origin and middle-high socioeconomic backgrounds [43]. Under these specific conditions, parenting

seems to affect emotionally reactive children to a larger extent than other children [53, 54]. In addition, even in the cases in which both maternal and paternal behaviors were assessed, simultaneous interactions among the child and both parents were not observed, thus limiting our comprehension of the full picture.

It is noteworthy to remember that we are far from being able to report conclusive knowledge on the association between parenting and internalizing symptoms, because a limited numbers of studies have been so far published on cross-lagged associations and in particular on cross-lagged effects of parenting styles [40]. Nonetheless, these are not the unique reasons, as the operationalization of both constructs—parenting and internalizing problems—is likely to be different in every study; multiple informants are often missing; experimental designs are rare, as well as researches conducted on ethnic minorities or atypical populations.

3. Differences in parenting behaviors between mothers and fathers

Research on parenting and internalizing symptomatology has primarily focused on the child and his/her mother. Thus, the father's contribution to parenting is encapsulated in the 'parent' response, implying both father and mother have identical parenting styles [52]. In order to increase knowledge on father behaviors and anxious symptoms, Greco and Morris [55] investigated the association of father behavior with child social anxiety. The results suggested that fathers were more controlling with socially anxious children during the collaborative task, but no more rejecting than fathers of non-socially anxious children. Thus, authors conclude that including fathers in psychopathology research is important for future investigations of anxiety, especially since it is probable that mothers and fathers make unique and individual contributions to the family environment.

However, very few studies have directly compared anxiety/depression-promoting parenting behaviors between mothers and fathers A few years ago, Hudson and Rapee [56] examined the use of parental control by mothers and fathers during interactions with their anxious and non-anxious children. Specifically, parents were asked to work together with their anxious child to complete a series of difficult puzzles and together with their other (non-anxious) child in a challenging task. Results indicated that fathers of clinically anxious children were more controlling during the task compared to mothers.

In contrast with Hudson and Rapee [56], Rork and Morris [57] did not find differences in the levels of parental warmth or control between mothers and fathers during a multi-family interaction task. Whereas another study, by Bögels and Van Melick [58], investigating differences in parental report of rejecting behavior and psychological control in mothers and fathers of non-anxious children, found that fathers rated themselves as more psychologically controlling and rejecting than mothers.

The recent study of Teetsel et al. [59] revealed that anxious fathers reported higher control compared to anxious mothers; and anxious mothers reported higher use of punishment and reinforcement of children's dependence in anxiety provoking situations compared to fathers.

Moller and colleagues [43] examined the associations between parenting and child anxiety, and investigated—by means of two meta-analyses—whether maternal and paternal parenting behaviors have different effects on the development and maintenance of child anxiety. The analysis of 31 studies published between 1997 and 2014 showed that, besides the overall small role played by parenting behaviors in early childhood anxiety, fathers' (and not mothers') challenging parenting behavior is associated with less child anxiety.

The study by Milevsky et al. [60], conducted on a sample of adolescents, aimed at investigating the effect of parenting on self-esteem, life-satisfaction, and depression in adolescence. The authors found that, although the advantage of authoritative mothering over permissive mothering is evident for each assessed outcome, such an advantage is less defined for fathers and only evident for depression.

Interestingly, the findings of the study conducted by McKinney and Renk [61] suggest that different combinations of maternal and paternal parenting (e.g. a permissive father with an authoritarian mother) are related to late adolescents' emotional adjustment. Specifically, late adolescents having at least one authoritative parent would show better adjustment.

4. The role of cognitive and metacognitive factors in the relationship between parenting and symptoms

Although a relationship between parental style and psychopathology in childhood has been established, few studies have explored in deep this relationship also considering possible link factors. Some studies proposed cognitive and metacognitive factors as possible pathways of the relation between parenting and childhood symptoms.

McGinn et al. [62], exploring the aforementioned variables, did not find a relationship between care or control from parents and anxiety in children. On the other hand, they found that negative cognitive schema mediated the relationship between abusive or neglectful parenting and depression [62].

Gallagher and Cartwright-Hatton [63] reported that a punitive, harsh, or inconsistent discipline is associated with trait anxiety. This parental discipline style was associated with both cognitive distortions and metacognition, which in turn partially mediate the relationship between parenting and anxiety. Moreover, children of over-reactive parents showed more dysfunctional beliefs about worry.

Another study, conducted on young adults (aged 18–23 years), found that intolerance of uncertainty mediated the relation between perceived anxious rearing behaviors and anxiety and worry [64].

A recent study by Nanda et al. [65] showed that parental psychological control was a predictor of child anxiety symptoms. Furthermore, the relationship between parental psychological control and anxiety is mediated by cognitions regarding perceived control.

Other authors have suggested that controlling parents prevent their children from developing independence, which in turn may contribute to feelings of helplessness or uncontrollability which are associated with symptoms of anxiety [66–68].

5. Parental involvement in cognitive behavior therapy for internalizing symptoms

Cognitive behavior therapy (CBT) has been found to be efficient for the treatment of anxiety disorders in children and youth [69–72]. Literature showed that CBT reaches an efficacy with an average of 60% remission at post-treatment [73].

In order to improve the efficacy of the treatment, a parental involvement has been considered. Principal aims for parental involvement are: removal of parental reinforcement of anxious child behavior, teaching anxiety management skills to parents, and reduction of family conflicts [74]. Specific components of protocols are: Psychoeducation, Parenting Training, Parental Modeling of Coping, Contingency Management, Cognitive Restructuring, Parental Anxiety Management, Collaborative Problem Solving, Communication skills, and Relapse Prevention [75].

Reviews [74, 76, 77] and meta-analyses [73, 78–80] have suggested that family-based CBT is efficient for the treatment of childhood anxiety; on the other hand, there are no differences in the outcomes among individual, group, or family-based treatment [75].

Studies comparing CBT treatments with parental involvement and control conditions (e.g. waiting list), showed a higher effect of the first condition, even if inconsistent findings derive from studies comparing parent-involved CBT and child-focused CBT [75]. Barrett et al. [81] and Wood et al. [82] (2006) showed that both family anxiety management (in addition to child-focused CBT) and family CBT produced greater efficacy than child-focused CBT alone. Other studies did not find differences between parent-involved CBT and child-focused CBT [69, 83, 84].

Although existing results are variegated, the efficacy of the treatment seems to be affected by children's age and gender, and presence versus absence of parental anxiety [85]. Some studies highlighted a positive effect of involving parents in the treatment when children are young [81, 86] or male [87], and when a parent has an anxiety disorder [85, 86]. Other studies did not find these results or found that parental involvement was less effective when parents suffered from anxiety disorders [83].

6. Conclusions

The purpose of this chapter was to integrate theoretical and empirical knowledge regarding the association between parenting and childhood internalizing problems. A strong body of evidence supports the relationship between these two constructs. Meta-analytic analyses, in particular, revealed that parental control is more strongly associated with child anxiety than parental rejection and that various sub-dimensions of parenting are differentially associated with childhood depression, especially parental hostility toward the child.

Although the literature on the topic suggests there may be a role of parenting in the development of internalizing disorders, many questions about the direction and mechanisms underlying the link also stay on [88]. For example, few studies have explored the role of temperament

in children's reactivity to different types of parenting or in influencing the type of parenting. Additionally, more studies are needed on the role of shared genetic factors in the association between parenting, parents and child personality/temperament, and risk for anxiety pathology [30].

Moreover, the great majority of studies include a single parent, who is almost always the mother. Thus, it is hard to generalize results to the caregivers in general, or understand if they are specific to parents of a particular sex or in a particular childcare role. More studies exploring differences in parenting styles and child-rearing outcomes in different cultures, ethnicities, and socioeconomic status are necessary to extend the results to diverse populations.

As reported by McLeod et al. [25, 26], a very modest association between parenting and child internalizing symptoms exists. This could derive from the fact that many studies focused on the role of single factors in association with anxiety and depression. Future researches should therefore investigate interactional mechanisms between parenting and a range of other variables, including biological vulnerability and life events/lifestyle factors [89] in order to fully understand this complex relationship.

Based on the literature, it is clear that a shared genetic risk factor contributes to a general vulnerability for anxiety, and that unique individual characteristics and environmental experiences may mediate the specific expression of this vulnerability. In addition, parenting characteristics such as modeling of negative responding, as well as moderating the effects of how children experience aversive events or fears when having a direct experience, observing others, or receiving fear relevant information from adults, can reinforce information-processing bias in children.

Although parenting *per se* may not be the strongest predictor of internalizing disorders, identifying children who present a combination of vulnerability factors (e.g. problematic parenting and difficult temperament) may address the development of timely interventions. In addition, tailoring interventions focused on parenting behaviors associated with childhood depression and anxiety, may represent an important goal for future research in order to improve clinical care of children affected by internalizing disorders and to prevent the full-blown manifestation of such conditions.

Author details

Simona Scaini[1]*, Sara Palmieri[1,2] and Marcella Caputi[3]

*Address all correspondence to: s.scaini@milano-sfu.it

1 Department of Psychology, Sigmund Freud University, Milan, Italy

2 Studi Cognitivi, Cognitive Psychotherapy School and Research Center, Milan, Italy

3 Child in Mind Lab, Faculty of Psychology, Vita-Salute San Raffaele University, Milan, Italy

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Chapter 6

Parent Training Interventions for Children and Adolescents with Aggressive Behavioral Problems

Pietro Muratori, Valentina Levantini, Azzurra Manfredi, Laura Ruglioni and Furio Lambruschi

Additional information is available at the end of the chapter

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Abstract

Children who display early disruptive and aggressive behavior are also at greater risk for delinquency, mood and anxiety disorders, and substance use in the long term. As is the case for many forms of childhood psychopathology, a number of factors are associated with the emergence of aggressive and disruptive behavior, including family factors. Indeed, conduct problems during childhood are usually associated with peculiar parenting practices, such as increasingly coercive cycles of harsh parenting and noncompliance exhibited by child; insensitive and nonresponsive parenting; inconsistent, severe discipline and vague commands and directions; lack of parental warmth and involvement; and absence of parental monitoring and supervision. That is why behavioral parent trainings (BPTs) represent one of the gold standard interventions for conduct problems. The main goal of BPT is to decrease coercive interchanges and, consequently, children aggressive problems by teaching parents strategies in order to apply a more effective discipline. Therefore, the putative mechanism for change in youth behavior in BPT is change in parent behavior. Some of the most employed parent training interventions for aggressive behavior problems are presented.

Keywords: child aggressive problems, family contextual factors, parenting practices, treatment, behavioral parent training

1. Introduction

Children who display early disruptive and aggressive behavior are also at greater risk for delinquency, mood and anxiety disorders, and substance use in the long term. Moreover,

longitudinal studies indicated that children with conduct problems initiated in childhood are at heightened risk for exhibiting persistent criminal behavior into adulthood. The presence of neurological deficits, which lead to difficulties managing peer conflicts, regulating emotions, and controlling impulses, and families with longstanding history of antisocial behavior prevents these youth from making important life transitions serving to further entrench them into a criminal lifestyle [1].

As for many forms of childhood psychopathology, a number of factors are associated with the emergence of aggressive and disruptive behavior. A contextual social-cognitive model has been employed to summarize the empirically identified risk factors for conduct problems in children [2, 3]. A set of neurobiological, family, peer, and social risk factors appear to be involved in the etiology of aggressive behavior problems.

There are several prenatal factors that can have an effect on a child's developing brain and result in later conduct problems, including in utero drug and tobacco exposure and severe maternal nutritional deficiencies [4, 5].

Furthermore, child temperaments characterized by a "lack of control" (e.g., short attention span, negativism, restlessness, and emotional lability [6]), high emotional reactivity levels, difficult temperaments in general, and fearful and highly active children [7] are associated with behavior problems. Besides, genetic effects on children's development of conduct problems are primarily manifested in interaction with environmental risk factors, such as child maltreatment, marital problems, and parental substance abuse [8].

The contextual social-cognitive model also focuses on children's sequential cognitive processing and on contextual parenting processes; it assumes that aggressive children have distortions in their social-cognitive appraisals and deficiencies in their social problem-solving skills and that their parents have deficiencies in their parenting behaviors.

Aggressive children have cognitive distortions and deficiencies at two stages: appraisal and problem solution. Firstly, children have difficulty encoding incoming social information and in accurately interpreting social events and others intentions. Aggressive children tend to approach social situations with a hostile attribution bias: they assume the intention of others' behavior is provocative and hostile in nature [9]. Furthermore, aggressive children tend to generate maladaptive solutions for perceived problems and have nonnormative expectations for the likelihood of success of aggressive and nonaggressive solutions to their social problems. Specific deficiencies have been noted in the solutions aggressive children offer in social situations: they often generate aggressive strategies because they expect that aggressive behavior will lead to the desired outcome.

Conduct problems have been shown to be influenced by the social context around the child, and the manifestations of the conduct problems directly affect family members, peers, and other persons in the children's social context [10].

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2. The role of family contextual factors in aggressive behavior problems

A wide range of family contextual factors lead to elevated risk of child conduct problems. Conduct problems during childhood are usually associated with characteristic family features. Particularly, they have been linked to poverty [11]; parent criminality; parental psychopathology, such as substance use, paternal antisocial personality disorder, or maternal depression [11]; marital conflict [12]; single and teenage parenthood [13]; stressful life events [11]; as well as insecure attachment in infancy and in preschool age, particularly disorganized attachment and avoidant attachment [14–16]. These familial risk factors can exert an effect on parenting practices, which in turn can exert an effect on child behavior.

The presence of parental psychopathology influences how parents perceive their child behavior and their educational practices. For example, mothers who suffer from depression see their child behavior as more upsetting during the worst period of depression [17]. Higher levels of maternal depression also predict caregivers' use of inconsistent discipline, and the use of inconsistent discipline predicts aggressive behavior in children [18]. Studies demonstrated that maternal psychopathology is associated to a change of the perception of child behavior that is interpreted as deliberate and malevolent, and this could lead to the greater use of harsh discipline, which aggravate children behavioral problems.

Disruptive and aggressive behavior problems are associated with peculiar parenting practices. Parenting practices that have been associated with conduct problems in childhood include, as described by Patterson [19], increasingly coercive cycles of harsh parenting and noncompliance exhibited by child, beginning in the preschool/toddler years, particularly for children who display challenging and difficult temperament styles. It is common in insensitive and nonresponsive parenting at age 1, with reliability and pacing of parental reactions not adequately meeting the child's needs. Inconsistently, severe discipline, as well as confusing or vague commands and directions, also characterizes parenting practices. Distinct lack of parental warmth and involvement and absence of parental monitoring and supervision represent risk factors for aggressive problems especially as children mature into adolescence [20]. Besides, the associations between child conduct problems and parenting factors are bidirectional, as the behavior and temperament displayed by the child can also affect the behavior the parent adopts [21]. For example, Patterson's coercion model suggests that both parent and child are active participants in their interactions [22], and the model proposes a four-step process of escape conditioning [23]. At first, the parent commands the child to perform a behavior or scolds the child for their misbehavior. Then, the child responds to the parent's request with an aversive behavior. Step 3 is the stage where the negative parent-child interaction can occur: if the parent stops the request, the child has escaped from the parent's request. Lastly, the child withdraws their aversive behavior almost immediately after the parent terminates their request, thus reinforcing the parent's withdrawal of the request.

Several studies point out that affective quality of parenting affects the quality of development on a prosocial, moral, and educational level [24, 25].

In an interesting recent longitudinal study [26], the development of aggressive behavior at the age of 8 was predicted by the appearance of similar early manifestations during early childhood, and this relationship was clearly mediated by the ways in which the mother tried to modulate and handle this child's behavior since its onset, at around 2 years of life. In the insecure dyads, the mother tended to assert her power and control through coercive educative methods in order to manage the child's disruptive behavior. In the secure dyads, instead, in the face of similar dysregulated behavior of the child, the mother activated responsive behaviors, without the need to take control of them or to assert her power in a coercive way.

The ability to give rules, structures, and boundaries, linked to a good affective sensitivity and responsiveness (sensitive discipline), is the focal component of parenting: connected to each other, they contribute to the development of a harmonious self-organization of the child, interacting with his temperament and his basic resources. As confirmed by several studies [27, 28], the individual and environmental factors interact with each other, and the context in which the child grows can act as a detonator or as a protective factor against possible neurobiological vulnerabilities. A "difficult" temperament does not necessarily negatively affect the quality of development, but acts in interaction with the environment by increasing child's permeability to the influences of his context [29].

The task of developmental clinic psychology, with the strict contribution of the research, is intervening to reduce these possible escalations, in the interaction between the neurobiological vulnerability of the child and the parent's mental state, with appropriate programs of proven effectiveness.

3. Behavioral parent training

Parent training programs, which represent one form of parental intervention, are based on the premise that parenting practices contribute to the genesis, progression, and maintenance of both externalizing and internalizing problems. Competencies related to the self-regulation of emotion, cognition, and goal-directed behavior are shaped through repeated transactions between children's biological characteristics and the social contexts in which they develop [30], especially the parent-child relationship. It is thought that parenting practices control variables for child behavior patterns and may serve to potentiate the expression of biological vulnerabilities and in doing so enhance risk that is carried forward across the life span [31].

From a theoretical perspective, BPT descends from the social interactional model, which was proposed by Patterson and his colleagues to explain how parents can shape externalizing problems of their children and adolescents [32].

As highlighted by Kaminski and colleagues in a review [33], BPTs often share a range of common contents. They usually focus on child development knowledge and care, in order to give parents information about how to provide appropriate physical care and environment and

information about typical child behavior and development. Another crucial component concerns the importance of positive and non-disciplinary interaction with children: parents are taught to use adequate strategies to promote positive parent-child interactions, such as demonstrating enthusiasm, following child's interest, and providing appropriate attention. During BPTs, parents also learn how to respond sensitively to child's emotional and psychological need and to provide developmentally appropriate physical contact and affection; emotional communication is an important component too: parents are trained to use communication skills (e.g., active listening), to help children identify and express emotions. Parent training interventions largely focus on disciplinary communication and behavior management: so, parents learn to give clear and developmentally appropriate directions, to set limits and rules, and to state behavioral expectations and consequences; they are also taught to use adequate discipline strategies, monitoring and supervision practices, specific reinforcement, and punishment techniques. Parents should be trained to teach children to share and cooperate, use good manners, and get along with parents, siblings, and adults. Finally, BPTs focus on promoting children's cognitive and academic skills.

Behavioral parent trainings are usually group interventions. The group setting allowed parents not to feel alone, blamed, criticized, or judged; they feel accepted and supported, which enable them to reflect upon their parenting approaches and to be open to new parenting practices. The group offers behavioral strategies and provides a collaborative, supportive context within which parents can express themselves and change. The group process promotes the parents' ability to reflect on their histories and on their particular parenting styles. It invited them to disclose their thoughts, feelings, and behaviors about parenting and examine those of their children as they discussed various aspects of their parenting and of their parent-child relationships [34].

Therapeutic alliance is crucial for successful parent training interventions, and group's leader behavior plays a key role. Indeed, leader's positive behaviors predicted change in parent's positive behaviors toward children [35]. Specifically, leader praise and reflective behaviors are demonstrated as important categories because of their impact on the very same parent behaviors. The level of leader praise significantly predicts change in the parental use of praise: the more praise modeled by the leader to parents in the group, the more likely parents use praise with their children at home [36]. Especially when parents are sharing their experiences, the group leader should highlight and praise parents' improvements, even if they are small, in order to create a supportive context and let parents be able to express themselves.

4. Parent training interventions for disruptive and aggressive behavior problems

Behavioral parent training (BPT) has been studied with rigorous research designs and is recognized as the leading intervention strategy for disruptive and aggressive behaviors (for a review see [37]). Some of the most employed parent training interventions for aggressive behavior problems are presented below.

4.1. Coping Power Program

The Coping Power (CP) Program is a multicomponent treatment program, delivered in a group setting, and was developed using a contextual social-cognitive model as a conceptual framework for identifying intervention objectives [3]. The contextual social-cognitive model focuses on the contextual parenting practices and on children's sequential cognitive processing in the development and rise of children's behavioral problems. The CP Program includes a CP-child component, which consists in 36 group sessions and 16 parents' sessions, both delivered over 12 months. Parents are met in groups of five families; typically, only one parent per family joins the groups. The child and his/her parent received the treatment on the same day.

Researches on risk factors within the contextual social-cognitive model have led to the development of specific modules within the CP Program, with a structured manual. The CP-child component focuses on children's ability to pursue long-term and short-term goals and their academic and study abilities. Children learn to recognize the emotions and their physiological and cognitive features, mainly anger, and to manage anger arousal (using self-statements, distractions, and relaxation). Children also improve their perspective talking skills, attribution retraining, and social problem-solving skills. Finally, children are couched to use strategies in order to cope with peer pressure and make new friend, avoiding deviant peer groups.

The CP-parent component aims to increase positive parental attention and reward appropriate child behaviors. Parents learn to ignore minor disruptive behaviors, to give effective instructions, and to establish adequate rules and expectations for their children at home. Parents are also taught to use efficient consequences to negative child behaviors. The CP Program aims to empower family communication and reduce parental stress. Specifically, parents are taught principles of social learning theory and a description of how continuous exposure to negative social information maintains unhelpful emotion and negative behavior patterns. Instruction is provided as to cognitive approaches to track and alter dysfunctional thoughts that contribute to negative parenting patterns and to functional thoughts that may contribute to alternative positive parenting approaches to emotion regulation. Moreover, parents are instructed on skills to effectively ignore minor disruptive behavior, give effective instructions, and establish rules and expectations; they are instructed on approaches to punishment that facilitate appropriate social and emotional development. Information and rationale to devalue physical punishment are provided and discussed. Parents learn strategies to implement time-out, privilege removal, work chores, and "total reward shutdown" for negative child behavior. Finally, parents of children with aggressive/disruptive behavior experience high degrees of stress and disproportionate life challenges. The development of effective strategies to manage stress and cope with life challenges provide a "base" from which parenting strategies can be developed. In these sessions parents are taught strategies to regulate their emotions, ways to relax, and approaches to organize their time.

Numerous studies demonstrated the efficacy of the Coping Power Program in reducing disruptive and aggressive behaviors in children and that this reduction is maintained at follow-up evaluations [38–40].

4.2. Incredible years

The Incredible Years (IY; [41, 42]) includes three different but linked evidence-based programs: the parents, the teachers, and the children's series. Their goal is the promotion of social and emotional skills, as well as the prevention and treatment of conduct problems.

The IY BASIC Parent Programs [43] are addressed for parents of children of different ages, from babies (6 weeks–1 year) to school-age (6–12 years). All these programs include age-appropriate examples of culturally diverse families and children with different temperamental features. The IY BASIC Parent Programs train parents in child-directed play skills, praise, and rewards, limit setting, and how to handle misbehavior. Parents are trained to increase the use of positive and consistent strategies in order to strengthen children's prosocial behaviors and social skills. These programs are offered weekly for 9–20 sessions to groups of 8–12 parents; they emphasize developmentally age-appropriate parenting skills that help children accomplish key developmental milestones. The main goals of the programs include the promotion of parent skills and the empowerment of family's relationship by increasing positive parenting, parent-child attachment, and confidence about nurturing; parents also learn to use child-directed play interactions to increase children's social-emotional, academic, verbal, and persistence skills. The program proposes to reduce harsh and physically violent discipline and increase positive discipline strategies such as ignoring and redirecting, logical consequences, time-out, and problem-solving. The IY BASIC Parent Programs highlight the importance of increasing family assistance systems, as well as the empowerment of home-school alliance and parents' participation in school-related activities.

Furthermore, there are two additional parenting programs addressed for specific populations [44]. The ADVANCE parenting program delivered after conclusion of the BASIC preschool or school-age programs was developed for particular high-risk and designated populations and focuses on parents' interpersonal risk factors. The School Readiness Program for children aging 3–5 years is a brief prevention program designed to teach parent's academic, social, and emotional coaching and strategies to help children develop preliteracy competencies.

The efficacy of the IY BASIC Parent Programs for children with aggressive behavior problems has been demonstrated in a large number of studies [45, 46]. Other studies [47] also indicated the additive benefits of the ADVANCE parenting program on children's prosocial solution generation and parents' marital interactions. Several studies have also shown that IY treatment effects are durable 1–3 years posttreatment [48].

4.3. Triple P: Positive Parent Program

Triple P (Positive Parenting Program) is a multilevel, preventively oriented, parenting, and family support strategy developed by Sanders and colleagues at the University of Queensland in Brisbane, Australia [49, 50]. The Triple P's purpose is the prevention of behavioral, emotional, and developmental problems and child maltreatment by increasing family protective factors and reducing risk factors related with child abuse. The program aspires to enhance the knowledge, abilities, self-esteem, independency, coping skills, and resilience of caregivers and to encourage caring, positive, non-violent, and low-conflict environments for children and young people.

The Triple P also promotes children's social, emotional, language, intellectual, and behavioral skills through positive parenting practices. The program targets different developmental periods, from infancy, toddlerhood, and preschool age to preadolescence and adolescence.

The program also includes five levels of intervention. The first one is the Universal Triple P, a media-based parenting information campaign; the second level is the Selected Triple P which is addressed for parents with specific concerns about their children's behavior or development. Primary Care Triple P is a narrow-focus parenting skills training for parents who require consultations or active skills training. The fourth level includes the Standard Triple P, Group Triple P, Self-Directed Triple P, which are broad-focus parenting skills training, and typically targets parents of children with more severe behavior problems. Finally, there is the Enhanced Triple P, a behavioral family intervention, specifically addressed for parents of children with concurrent child behavior problems and family dysfunction.

Five core positive parenting principles are used in Triple P to address specific risk and protective factors known to promote positive developmental and mental health outcomes in children and reduce child maltreatment: developing positive relationships, encouraging desirable behavior, teaching new skills, teaching new behaviors, and managing misbehavior.

4.4. Parent-Child Interaction Therapy

Parent-Child Interaction Therapy (PCIT; [51]) is a brief and effective intervention for young children with conduct problems. PCIT is an empirically supported treatment [52] involving two distinct stages. Child-Directed Interaction (CDI), based on attachment theory, was designed to coach parents to establish tender and sympathetic interactions with their children, and Parent-Directed Interaction (PDI), based on social learning theory, was designed to teach parents to monitor and employ consequences to modify child's negative behaviors. In PCIT, parents learn specific skills that foster a close, secure relationship with their child, as well as skills that facilitate constructive, consistent, and predictable limits and discipline.

In the first phase, CDI, parents are taught to use traditional play therapy skills while they play with their child, with the goals of strengthening the parent-child relationship, building the child's self-esteem, and increasing the child's prosocial behaviors. In the second phase, PDI, parents learn behavior modification principles and are guided in the use of specific techniques such as giving effective commands and using time-out.

4.5. The Connect Program

The Connect Program [53] is a manualized attachment-focused program for parents of adolescents who engage in aggressive, violent, and antisocial behavior. Parents attended weekly 1 h group sessions for 10 weeks. Each session of the Connect Program begins with the introduction of an attachment principle that captures a key aspect of the parent-teen relationship and common parenting challenges. The main principles of the Connect Program are the following: (a) attachment is for life, (b) conflict is part of attachment, and (c) and understanding, growth, and change begin with empathy. The program intends to enhance recognition that attachment needs continue throughout life but are expressed differently as children develop; consequently,

parents develop skills in reframing children's behavior in terms of their developmental level and attachment needs. The Connect Program also intends to enhance recognition and acceptance of conflict as a normative part of relationships, particularly during adolescence, which often communicates attachment needs. Parents develop skills in regulating affect, maintaining connection, and negotiating in the face of conflict. Moreover, the Connect Program highlights the crucial role of empathy for children and parents, and parents learn skills in empathic listening with others in conflict situations.

In order to show the principle and build parenting skills and knowledge, the program uses role-playing and reflection exercises. Precisely, the Connect Program focuses on the empowerment of abilities related to the essential components of secure attachment: parental sensitivity, partnership and mutuality, parental reflective function, and dyadic affect regulation.

Two pilot studies of the Connect Program with parents of adolescents referred for serious antisocial and aggressive behavior revealed significant pre- to posttreatment reductions in youth's internalizing and externalizing problems [54, 55].

Author details

Pietro Muratori[1]*, Valentina Levantini[1], Azzurra Manfredi[1], Laura Ruglioni[1] and Furio Lambruschi[2]

*Address all correspondence to: pmuratori@fsm.unipi.it

1 IRCCS Stella Maris Foundation, Calambrone, Pisa, Italy

2 Bolognese School of Cognitive Psychotherapy, Bologna, Italy

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Through parenting, adults raise their children and introduce them into the belonging community. Parents are active determinants of their children's well-being, but children themselves are too. The volume focuses on some relevant theoretical issues related to children's and adolescent adjustments, adult maternal and paternal behaviors, and their self-efficacy beliefs and competence interacting with children's characteristics. The volume also presents evidence-based treatments involving parents as key components of the intervention strategies for childhood internalizing/externalizing disorders. Parent behaviors produce changes and consequences in the child's emotive-behavioral adjustment; thus, a modification of the parenting style may be an effective way to help children and to ameliorate the family climate. Practitioners interested in parenting will find in the updated studies here reviewed new suggestions for preventive family interventions.

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