Symposium Title: Parenting, Parental Well-Being and the Well-Being of Children with an Intellectual or Developmental Disability

Chair: Vaso Totsika

Discussant: Katie Cebula

Overview: In the field of intellectual and developmental disabilities (IDD), research effort to understand well-being in children with IDD has mostly focused on maternal mental health problems. Evidence has clearly established that mothers of children with IDD are at higher risk for mental health problems. Our research efforts have recently turned to two further dimensions: (a) more positive aspects of psychological well-being in parents (mostly mothers) of children with IDD, and (b) parenting practices. In this double symposium, six presentations focus on parenting and positive aspects of maternal well-being (self-efficacy, sense of competence, optimism, and positivity), their association with maternal mental health problems and child behavioral outcomes. The three presentations in Part 1 focus on maternal psychological well-being. The first presentation examines the role of maternal positivity in the relationship between maternal psychological distress and later child behavior problems. The second presentation aims to identify salient child and parent characteristics associated with maternal parenting satisfaction and parenting self-efficacy. The third study of Part 1 focuses on social support, one of the most important determinants of well-being, and examines longitudinal factors related to social support and, in particular, the association with self-efficacy. Part 2 includes two studies that examine these associations over a period of ten years, and an intervention evaluation. Study 1 of Part 2 examines the association between early maternal well-being (mental health problems and optimism) with child externalizing problems at age 13. Study 2 examines the role of early years’ parenting (adversarial parenting and positive relationship) in the path between early adversity and children’s behavior problems in mid-childhood. Finally, Study 3 of Part 2 presents findings from the first large community-based implementation of a parenting intervention (Stepping Stones) and its effects on parental well-being, parenting and child well-being. Overall, findings from these six studies identify significant avenues for early intervention in families with a child with IDD, and provide insight into family processes that shape children’s well-being.

Part 2 Paper 1 of 3

Paper Title: A Decade Later: Children with ID or Typical Development and their Families, from Child Age 3 to 13 Years

Authors: Naomi Rodas, Jan Blacher, & Bruce L. Baker

Introduction: Children with intellectual disabilities (ID) are at risk for heightened behavior problems compared to their typically cognitive developing (TD) peers (Emerson, et al., 2010; Stromm & Diseth, 2000). Moreover, these heightened behavior problems appear as young as child age 3 years, when parents of children with ID themselves report greater stress and psychological distress than parents of children with TD (Baker et. al., 2003). Studies have shown the continuity of these heightened difficulties in children and their parents across early childhood (Crnic et al., 2017; Woodman et al., 2015; Zeedyk & Blacher, 2017), as well as the continuity of more positive aspects of impact. The present study examines the relationship of child behavior problems and maternal well-being over a decade from child age 3 to 13.

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Aims: 1. To assess the developmental trajectory of child externalizing behavior problems over a decade (3 to 13 years). 2. To examine mother characteristics at child age 3 as predictors of behavior problems at age 13 and change in behavior problems from age 3 to 13. Predictors studied were: (a) psychopathology, (b) reported negative impact of the child on the family; and (c) dispositional optimism.

Methods: This study utilized data obtained from 211 mothers and their children with or without ID. Data were collected at child ages 3, 4, 5, 6, 7, 8, 9, and 13. Measures include the Family Impact Questionnaire (FIQ; Donenberg & Baker 1993), the CBCL (Achenbach, 2000), the Symptom Checklist (SCL; Derogatis, 1993), and the Life Orientation Test (LOT; Scheier et al. 1994). We employed latent growth curve modeling utilizing Mplus to test the two study aims. Parent report of externalizing behavior problems on the CBCL at child ages 3, 4, 5, 6, 7, 8, 9, and 13 were used as indicators to estimate two latent factors. The intercept factor was centered at child age 13. Therefore, the intercept factor should be interpreted as the level of externalizing behavior problems at age 13.

Results: Mother psychopathology at child age 3 positively predicted child behavior problems at child age 13 (B= .093, p<.01). Parents’ perception of the child’s negative impact on the family measured at child age 3 positively predicted behavior problems at child age 13 (B= .164, p<.05). Further, mother’s dispositional optimism measured at child age 3 was inversely related to change over time (quadratic slope) in behavior problems from ages 3-13 (B= -.009, p<.01).

Discussion: We know from prior research that mother psychopathology matters with respect to child psychopathology. However, these findings extend prior research by demonstrating that these effects are long-term (extending into adolescence). Therefore, parental psychopathology could be an effective target of early childhood intervention. Parents could benefit from interventions particularly targeting cognitive reframing, both of mothers’ views of the child’s impact and, though more likely resistant to change, mothers’ dispositional optimism.

References/Citations:
between earlier parental psychological distress and later child outcomes. The aim of the study was to test this model in families of children with ID.

**Methods:** We analysed data available on 555 children with ID who had participated in the UK’s Millennium Cohort Study. Data were drawn from waves 1, 2, 3, 4 and 5. Family poverty and parental psychological distress were measured at 9 months. Parenting in the early years focused on adversarial parenting and positive relationship between the ages of 3 and 5 years. Children’s behavior problems were examined at ages 7 and 11.

**Results:** Structural equation models (SEM) examined whether parenting mediates the path from early adversity to children’s behavior problems in mid-childhood and whether mediation took place through increases in adversarial parenting, decreases in positive relationship, or both. Adversarial parenting significantly mediated (full mediation) the effect of early adversity (poverty and maternal psychological distress) on children’s behavior problems at 7 and 11 years (hyperactivity, conduct problems, emotional problems, and total behavior problems). Contrary, a positive parent child relationship only mediated (full mediation) the effect of early adversity on children’s conduct problems. Multiple mediation was not present.

**Discussion:** In trying to describe developmental pathways to children’s behavior problems, the present study examined the FSM for the first time in this population. Findings seem to suggest that the route to behavior problems in mid-childhood begins with poverty and parental psychological distress in the first few months of the child’s life. This early adversity significantly impacts on parenting in the early years (3-5) both by reducing positive relationships and increasing adversarial parenting, but it is the latter that is crucial for behavior problems in mid-childhood. Findings from this UK population based study have clear implications for early intervention.

**References/Citations:**
behavior and emotional problems, parent psychosocial wellbeing, and parenting style, along with a range of demographic variables.

**Results:** A total of 251 community-based professionals across Victoria and Queensland were trained in Stepping Stones Triple P. Of the 365 children and their families followed pre intervention, post intervention, and at 12 months post intervention, 70.4% were male, and 63% had parent reported diagnoses of ASD. The children ranged in age from 2-10 years (M=6.07). Overall child behavior and emotional problems decreased significantly from pre to post intervention, and these effects were maintained at 12 month follow-up. A similar pattern of results was found for parent depression, anxiety, and stress. Parenting skills (consistency, positive encouragement) improved from pre to post intervention, and use of coercive parenting strategies decreased. These improvements were maintained at 12 month follow up. In examining one of the potential mechanisms of change in child behavior and emotional problems, a greater change in coercive parenting was associated with a greater change in child behavior and emotional problems.

**Discussion:** A community-based implementation of the SSTP programme demonstrated significant decreases in child behavior and emotional problems, parent wellbeing, and significant improvements in parenting skills, particularly coercive parenting, during the intervention period, with improvements maintained over 12 months. Coercive parenting had a strong influence on child behavior and emotional problems, more so than other parenting styles. The implications of these results in relation to the provision of family-focused interventions at a population level will be discussed.

**References/Citations:**