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Parental Self-Efficacy and Parenting through Adversity

Christian Scannell

Abstract

This review examines the relationship between life adversities, parental well-being, parental self-efficacy, and social support as potential factors mediating parent-child relationships and children's outcomes. Generally, research on adversity has focused on children's experiences and the long-term impact of adversity on development and health trajectories. More recently, a focus on resilience and growth after adversity has received increasing attention. Existing literature has identified how parents can best support their children through adverse events and suggested parenting programs that emphasize skill-building to parent children who have experienced adversity. Yet often overlooked is the critical impact of adverse events on the parent and how this may interfere with the cultivation of an environment of support and increase stigmatization due to unmet parenting expectations. While parenting occurs in context, it is often judged based upon societal expectations of childrearing practices and optimal outcomes with little understanding of the factors that contribute to parenting behaviors. The experience of adversity has the potential to impact parental sense of competence and parenting practices. However, parental self-efficacy and social supports can play mediating role in the experience of adversity and parenting stress. The integration of these contextual factors allows for the development of expectations that are best suited to meet the needs of vulnerable family systems.

Keywords: parenting, adversity, parental self-efficacy, resilience, parenting stress, cumulative risk, competence

1. Introduction

Parenting is a role that is often perceived as having both great rewards and significant demands. The role of a parent requires that an individual has the resources necessary to ensure the well-being of their child(ren) for many years. This includes not only competence in childrearing practices but also the ability to respond to the physical and behavioral cues and the emotional needs of the child(ren). Parenting is best viewed as a multidimensional concept that incorporates parenting behaviors and perceptions of oneself as a parent [1, 2]. Positive parenting practices, such as warmth, acceptance, belonging, and responsiveness are correlated with healthy development and outcomes even in the face of adverse life situations [3–6]. According to Yamaoka and Bard, positive parenting practices can provide a buffer against the negative impact of adversities particularly in early development and the absence of this type of parenting can be viewed as an adversity itself [6]. Success in the parenting role creates an internalized sense of safety and trust for the child,

which is a critical ingredient to the development of self-regulation responses and adjustment throughout the lifespan [7].

The expectations of a parent to effectively manage the day to day demands of childrearing can create a moderate stress reaction even in situations that are considered relatively normative [8, 9]. Abidin's parenting stress model identifies the connection between stress and parenting practices, suggesting that increased parental stress leads to less optimal parenting behaviors [2]. Further, this model highlights the connection between parental appraisal of their experiences in the parenting role and the emergence of parenting stress with parenting stress serving as a motivating force for parents that have resources to draw upon [2]. The purpose of this chapter is to explore the factors that influence the relationship between adverse experiences and parenting behaviors on parent-child relationships and outcomes for children.

Many parents navigate this stress effectively and find satisfaction and positive regard for this role. Yet parental stress can become exacerbated when parenting is occurring in the face of adverse life situations. Parental stress levels and behaviors are influenced by the level of self-efficacy that a parent experiences in their role [10] and may be mediated by the social supports that occur in context [11]. Parental self-efficacy, the confidence that one can manage effectively the parental role and assist their children in managing problems that occur, has been found to be correlated to adaptive family environments and positive outcomes for children [12]. Parental expectations and the perception of stigma can increase the stress experienced by adverse situations and deplete already taxed resources. In a society that places great emphasis on the quality of childrearing practices, the pressure that is placed upon parents to ensure optimal outcomes for their children is immense, and the way these practices and outcomes are judged can be harsh [13, 14].

While adversity is a routine part of the human experience, the impact that it has on individual and family functioning is quite varied, with much research dedicated to understanding why some individuals adapt more effectively than others. An exploration of parenting in adverse situations, parental self-efficacy, resilience, and parenting in context will allow for the development of supports that can improve outcomes for families and decrease vulnerabilities. Understanding the way parents experience stress in the face of adversity provides insight into the resources that parents can access for parenting practices and behaviors and the impact of adverse events on the parents themselves. When planning interventions and services, this knowledge can aid in recommendations that add value and additional resources in order to decrease individual stress responses and adverse family dynamics. It is essential to understand the factors that influence the ability to maintain healthy trajectories amid stressful life situations as even though the experience of adversity cannot be eradicated, the sensitivity by which we provide support and understand the experiences of parents can be enhanced.

2. Adversity and its impact on parenting

2.1 The experience of adversity

Adversity is part of the normal life cycle, and very few individuals will live their entire existence without experiencing an adverse life event. The lived experience of adversity is universal in the human experience [15]; however, the impact of these experiences on individuals and families is quite varied. Adversity has been widely defined as experiences that have the potential to disrupt normative functioning and create undesirable life outcomes [16, 17]. In other words, when individuals experience situations that work against their ability to maintain a sense of balance, safety, and security, the ability to maintain a healthy life trajectory may be compromised.

Adversity can occur on the individual and family levels and in many environmental contexts. At the individual level, children directly experience adverse events such as abuse or neglect, mental illness, disability, bullying and homelessness [18]. At the family level, adversity can take the form of family instability/divorce, family discord lack of safety, substance abuse, and parental incarceration [18]. At the contextual level, adversity in childhood is often related to disadvantaged socioeconomic status, poor school systems, violent neighborhoods, and a resulting lack of resources that can negatively influence health trajectories [18]. The concept of adversity is not easy to construct as it can have many sources, as well as varying levels of intensity and duration. Individuals who experience adverse life events are more likely to have poorer health outcomes, decreased quality of life, and increased risk factors for psychological, emotional, and physical effects [9, 18–20]. In order to maintain functioning in the face of adversity, individuals and families must draw upon all of their resources to cope with and manage stress.

Adversity has often been utilized interchangeably with trauma [21]; however, there is a distinction that is important to draw as not all adverse situations will lead to the experience of trauma. Further, some attempts at the operationalization of resilience have described the absence of pathology [22, 23], such as posttraumatic stress disorder, as a key factor yet this detracts from the multiple levels of coping and reduces the concept to a binary construct [23]. Yet both trauma and adversity have the potential to impact health and social outcomes negatively and to have lasting effects [15, 19, 24].

Children can experience adversity as early as birth, and some might argue in utero. This experience will continue throughout the lifespan, with estimates from the National Survey of Children's health reporting that 46 percent of children under the age of 18 have experienced an adverse event, and 11 percent have experienced three or more adverse events [25]. Some adverse events are more common than others with disadvantaged socioeconomic status being experienced by 1 in 4 children, and 25 percent of children have experienced parental separation or divorce [25]. While these numbers are significant, the likelihood that an individual will experience an adverse life situation increases exponentially with age. Although there is a connection between the experience of adverse life situations and negative health outcomes, not all individuals who experience adversity have long-lasting adverse effects. Research has attempted to identify the characteristics that allow some individuals to manage adversity more effectively than others as well as the contextual and social factors that contribute to less optimal outcomes in the face of adversity [15, 18–20, 26, 27]. The effects of adversity can be long-lasting and include excessive and prolonged stress responses, making the discovery of mediating factors critical. Under the right circumstances, experience adversity can lead to an increase in resilience in the future; with resilience being defined as the ability to manage and adaptively function in the face of adverse life events [23, 28, 29]. Luthar, a seminal author on resilience, emphasized that the development of resilience emerges from the presence of an adverse life event and the resulting functional adaptation [29]. Resiliency is not necessarily an innate quality, but rather the result of the interaction between life contexts, protective and psychosocial factors [23, 30]. While resiliency is a possible outcome, more often than not, adversity undermines parents' sense of competence and lead to less effective parenting [31, 32].

2.2 Adversity in the parenting role

The vast majority of literature on adversity and children's outcomes focuses on parenting, creating a wealth of knowledge about the environments that contribute best to development in adverse situations and what children need to build resilience

and stress hardiness [4–7, 17, 32, 33]. Emphasis has been placed on poor parenting practices in the face of adversity as the reason that adverse events have long-term effects, thereby pathologizing parenting behaviors and ignoring the experiences of parents themselves [34]. Further, Herbers, Cutuli, Supkoff, Narayan and Masten cautioned that during periods of adversity it is important not to interpret parent–child behaviors as maladaptive as while they may seem chaotic, it is reflective of a process of re-stabilization [7]. The experience of childhood trauma can make it difficult to form bonds with their children and parents who have not experienced consistent positive parenting in their own upbringing can have difficulties in creating warmth and connectedness in their relationships with their children [5, 35]. This also can influence perception of parenting competence and coping strategies for managing the challenges that occur in the parent–child dynamic [5, 36].

Despite contributions to knowledge regarding the types of parenting behaviors that lend themselves to the development of resilience and adaptation in children, often overlooked are the contexts and experiences of the parents themselves, which is the critical component to influencing outcomes. Benatov, in a study of parents reactions to their child’s victimization via bullying, found that parents emotional responses to the event was correlated to the level of adaptive coping responses with guilt leading to more maladaptive responses such as avoidance and sadness contributing to adaptive coping responses and support for the child [37]. Further, the level of perceived adversity was related to parental self-efficacy with high levels of victimization leading to less adaptive coping strategies and undermining self-efficacy for parents [37].

The exploration of parental resources, i.e., material, social and psychological resources, and influential contextual factors, presents a holistic picture of the potential determinants of parenting behaviors and stress responses. Parent/child relationships exist within the context of the environment and with the resources that are available to them at any given time. Belsky’s ecological model identified the importance of understanding the multiple levels of psychosocial factors that influence parenting [38]. This model recognizes the influence of parenting on healthy child development and identified three types of determinants of parenting behaviors including parental psychological resources, child characteristics, and contextual factors such as the environment [38]. Adversity often depletes the psychosocial resources that individuals have available to them, and parents who experience cumulative or co-occurring adverse events have fewer social supports and resources available to manage parenting stressors [36].

Adversity experienced in the parenting role creates obstacles that can disrupt parenting abilities, increase frustrations, and parent stress levels. There is a need to explore the psychosocial factors for parents who are experiencing adverse life situations and the way these factors contribute to parenting behaviors. Research has linked adverse childhood experiences to potential health and psychological issues throughout development, and one of the critical factors to consider is the way that adverse life events impact the parent and change the parent/child relationship dynamic [10]. For example, childhood illness, particularly illness that has an uncertain trajectory, has been found to be related to parenting stress which increased parental perception of the vulnerability of their child [39]. This perception of vulnerability can increase the presence parental overprotection behaviors [39] which decrease opportunities for the development of autonomy for the child. Parenting of children who have behavioral issues or developmental disabilities has been correlated to an increase in parenting stress which can increase parents’ experiences of emotional dysregulation [40, 41]. Parenting stress can decrease the likelihood that a parent can respond effectively to the behaviors of their child via overreacting, being

less sensitive to the needs of the child, using less effective coping strategies, and a decreased ability to seek out support resources for their child which in turn increase child risk factors [41].

The influence of adverse events on parenting practices is an overlooked and critical component to successful outcomes for children and their families. Glazer and colleagues explored parenting after the loss of a spouse and found that parents not only question their parenting skills in the face of this adversity but also perceived stigma from others regarding their ability to parent effectively [42]. Not only did these parents question their skills to parent, they also expressed a lack of confidence in parenting a child who was also experience a grief reaction [40]. Research suggests that parental responses, particularly adverse reactions, are connected to the level of distress that is experienced by the child [34, 43]. If parental stress responses can increase the risk of a stress response in the child, then attention to parental experiences will expand opportunities to mediate stress responses.

Parenting behaviors and practices vary among individuals, regardless of whether or not adversity is present, and not all parents have access to the same resources to support parenting competence. Parents who lack psychosocial and contextual resources to draw upon in adverse situations may not manage these situations as effectively and may experience increased stress fulfilling the obligations of the parenting role. Parents often find themselves in conflicting and mutually demanding roles, creating stress related to which demand to attend to first and how to choose between competing demands. For example, research has found that the experience of severe socioeconomic hardship has the potential to constrain a mother's ability to engage in sensitive childrearing practices, which can lead to personal distress [8]. Adverse life situations and stressors create intense psychological and physiological demands that can interfere with functioning and increase vulnerability to adverse outcomes [8]. Adversity can lead to disruptions in the parent/child relationship when a parent's resources are taxed by the demands of their own dysregulation and stress responses [8]. Adversity can create situations where parents experience a loss of confidence and feelings of uncertainty about how to respond to their child effectively [43]. This may take the form of fear, apprehension, self-doubt, feelings of inadequacy, etc. [43]. The ability to find balance in parenting demands during stressful life situations can mediate the potential negative outcomes associated with adversity and increase feelings of competence.

2.3 Vulnerable parents/vulnerable families

Exposure to adverse life events by itself is not enough to trigger a long-term negative outcome or prolonged stress response as many individuals who experience adversity adapt effectively with little life disruption. Attempts to explore the types of stressful life situations that evoke adverse outcomes has produced with meager results due to the recognition that it is not the events alone that influence adaptation and coping [21]. Existing research has attempted to quantify risk and protective factors to predict outcomes; however, this fails to consider how the experience is perceived by the individual which plays a critical role in long-term trajectories [18]. Individual differences in vulnerability have been attributed to pre-existing mental health conditions, lifetime exposure to social stressors, the experience of conflict, financial hardships [11, 18, 21]. Barnyard, Williams and Siegel found that experiences of trauma were related to problems in parenting, with physical and sexual abuse resulting in less optimal parenting behaviors and negative perceptions of parenting abilities [3]. Hagan and colleagues identified that socioeconomic adversity and conflict in the parent-child relationship or parental harshness increased the

likelihood of poorer physical health trajectories for children [44]. Further, positive parent-child relationships or parenting environments was seen to buffer against negative outcomes associated with socioeconomic diversity [44].

While adversity has often been looked at in the context of individual events [22], the experience of multiple adversities is common [45], and increases the cumulative risk for negative outcomes. Individuals who experience multiple adverse events throughout their lifetime, report higher levels of personal distress, decrease in functionality, lower reports of life satisfaction, and [22] poorer parenting outcomes [3]. Cumulative stress exposure increases the likelihood of adverse outcomes even when previous stressors are not related to the current adverse event [21, 22] making context and personal factors an intersection that plays a crucial role in adaptation. The ability to counteract adverse events with social supports or periods of reparation can serve as a mediator to stress responses and appears to decrease the potential for negative long-term outcomes [3, 11]. Parents and families that experience repeated exposure to adversity are vulnerable due to a depletion in resources from which to manage stress responses. While risk factors can increase vulnerability for individuals and families, the presence of risk in and of itself is not enough to predict future outcomes. The identification of vulnerabilities and risk factors is beneficial only in so far that it allows for the implementation of mechanisms that can counteract and balance out the risks, thereby creating adaptation strategies that produce healthy outcomes.

2.4 Parenting stress and parenting under scrutiny

Parents often experience stress related to this role in the face of normative life situations [9]. Parenting stress is a negative psychosocial response to parental obligations and expectations [46] and includes emotional challenges that occur in coping with and managing their children [47]. Abidin identified beliefs about oneself in the parenting role and self-expectations as being influential to the development of parenting stress [2]. In this model, parenting stress is the result of this self-evaluation process and the available resources that support parenting behaviors [2]. Raikes and Thompson found that parents with socioeconomic disadvantage, parenting stress can be mediated by psychological and psychosocial resources such as social support and self-efficacy [11]. Higher levels of self-efficacy were found to be directly correlated to lower levels of parental stress making and moderated the effects of socioeconomic disadvantage for families [11]. Parenting stress has been found to be directly related to child behavior problems, particularly externalizing behaviors [46]. Parental stress appears to occur in a transactional relationship with childhood stress, with each experience having a potential additive effect on the experience of the other [46]. Children of parents who report high levels of stress and anxious or altered perceptions of their parenting behaviors in the face of adversity, such as natural disasters, have greater difficulties following an adverse situation [34]. A factor that is often associated with parenting stress is expectations about childrearing practices and behaviors [13, 14].

When a family experiences adversity, such as socioeconomic disadvantage or caring for a child with a disability, the expectations that they perceive, whether by society or self-imposed, have an additive effect on the emotional stress of the event itself [13]. The expectations of being good parents and being judged should they fail to meet social expectations of parenting responsibilities, play a significant role in adaptation and coping mechanisms available and utilized [13, 14]. The very nature of identifying how parents can contribute to the development of resilience in their children, creates the expectation that this outcome is within their control and the perception of failure should it not occur [48]. Parents of children with disabilities,

particularly invisible disabilities, or mental health issues have reported feeling blame from others and a greater likelihood for the perception that their moral deficits have caused the child's behaviors and problems [13]. While there is a tendency to place blame and pass judgment on parents when the family is going through an adverse situation, the reality is that not all problems that a child or parent experiences are the result of poor parenting or a deficit in parental competence.

The experience of adverse situations that are outside of one's control contributes to an increase in psychosocial stress and a decrease in feelings of competence and adequacy in the parenting role [32, 40]. This experience intensifies when a parent experiences stigma in their parenting role, which can increase vulnerability for distress and disruptions in parenting behaviors. Stigma, often defined as an experience in which the reactions of others negatively influence one's identity perception [48], can have lasting effects on an individual's ability to cope with adverse situations. Stigma often occurs in indirect ways, yet the impact on the individual experiencing it remains negative. Parents who experience adversity report experiencing stigma that is felt by the actions or inaction of others and also stigma that is enacted upon them [13]. Similarities across studies have found that parents report experiences of blame, avoidance, unwelcome attention, lack of offered support or interest, negative labeling, discrimination, and unhelpful advice [13, 14, 49, 50]. Parental stigma is often not the direct result of parenting behaviors or children's actions but a reflection of societal expectations regarding what parenting behaviors and situations are good or bad, with parenting being judged as a binary construct [13]. Francis found that stigma often resulted in feelings of isolation [13] and stigma has also been found to decrease the likelihood that parents will seek help or social support [14]. While many of these stigma behaviors are often subtle or unintentionally harmful in the case of failure to offer support, the result is often isolation, feelings of rejection and shame, and intense loneliness, which exacerbate existing stressors.

3. Parental self-efficacy, resilience, and parenting in context

3.1 Parental self-efficacy

Parental self-efficacy, the belief in one's ability to parent effectively, and the confidence that one can successfully handle the problems that their child may experience, has been associated with adaptive family environments and improved outcomes for children [12, 51]. Parental self-efficacy can have a reciprocal relationship with stress and coping strategies as parents who believe that they can have a positive influence on the development of their child are more likely to utilize adaptive coping strategies to reduce stress reactions [51]. Parents who believe that they have the power to influence children's behaviors and experiences have an increased ability to identify effective parenting strategies, thus creating positive parent/child interactions [5]. Even for parents who grew up in unfavorable circumstances and environments parental self-efficacy has been found to be related to positive parenting practices and parental beliefs that nurturing behaviors will increase positive outcomes for their children [5]. Parental self-efficacy can serve as a buffer against adverse risk factors such as disadvantaged socioeconomic situations and mediate the risks associated with individual parent and child risk factors.

Self-efficacy, the belief that one's life is within their control, has been found to serve as a mediator between stressful life events and depressive symptoms [52] as well as a protective factor for psychological health. Hastings and Brown found self-efficacy to be a mediator between child behavior problems and anxiety and depression in mothers [53]. Further, the reciprocal relationship between emotional

states/stress and the perception of coping efficacy are predictive of future parenting outcomes [54]. Environmental stressors and pressures influence the development and maintenance of self-efficacy. Raikes and Thompson identified that adverse events, particularly socioeconomic disadvantage, can impact how one views their personal characteristics and competencies [11]. Self-efficacy also contains expectations regarding the likelihood of being successful at tasks and amid adversity [11], making it vulnerable to contextual factors that are outside of the control of the individual, such as availability of resources or access to health insurance. A negative self-appraisal has been linked to increased mental health issues and decreased perception of competence as a parent [55].

While studies have shown that general parental self-efficacy is associated with positive child outcomes of psychological health and adaptation, little is known about parental self-efficacy in the context of adversity [42]. Parents with high self-efficacy have been found to increased competence and responsiveness to the needs of the child. In contrast, parents with low self-efficacy have been found to have increased difficulty with parenting decisions, feelings of inadequacy, shame, and increased parental stress [51]. The perception of self-efficacy is linked to how a parent perceives their own and their child's experiences of adversity and adaptation.

Parental self-efficacy has been correlated to parental sense of competence, parental psychosocial functioning, and childhood socioemotional adjustment. Particularly interesting is that parental self-efficacy is of significant importance in adverse life situations. However, this is also the time where parents are likely to have a hard time feeling control due to the added stress placed upon previously existing resources. Research indicates that individuals who experience adversity are less likely to report feelings of self-efficacy, particularly when the adverse situation is something outside of their control [56]. High levels of parental self-efficacy has the potential to positively influence parenting behavior and buffer against the stress related to adverse life events, especially the effects of poverty [11]. Self-efficacy provides parents with the psychological resources necessary to manage adversity and productively engage with stressors. Conversely, individuals with low self-efficacy are more likely to disengage due to feeling that they cannot overcome the adverse situations with the resources available to them [57].

3.2 Resilience

Many individuals will experience adversity and will effectively adapt and move forward without significant disruption to their developmental or health trajectory. These individuals are often described as having resilience, internal and external qualities that lead to positive outcomes in adverse situations [22, 27, 29]. Often times, resilience is referred to as the ability to "bounce back" after an adverse life situation, however, this implies that an appropriate way to manage adversity is to be able to go back to a previous state of being [22, 58]. This may not accurately describe what occurs after adverse life situations. Other explanations of resilience include experiencing an adverse life event and not having it disrupt developmental trajectories in a negative way [59]. My preference when looking at adversity is to emphasize having gotten through a stressful life event and emerging from it with the knowledge that one can survive adversity and that the skills utilized can be applied to future challenging situations. This strength-based approach allows for an individual to recognize the skill set that now can serve as a resource for coping, building a sense of self-efficacy.

Resilience and adversity are both a natural part of the human condition. While it was once believed that resilience was only present in some individuals, this adaptation strategy can be taught and accessed under the right circumstances. The ability

to develop and utilize adaptive coping strategies is directly related to the intersection of environmental and personal factors that have been described throughout this chapter, and include the presence of self-efficacy and appropriate social supports to buffer the negative effects of stressors and to encourage recovery from adversity [16]. Adaptive coping strategies may be one way that resilience is demonstrated, however, resilience is a much larger umbrella that encompasses factors at the individual, family and contextual levels.

Resilience occurs at the intersection of risk and protective factors and allows individuals to navigate their way toward healthy adaptation strategies in the presence of social support mechanisms [16]. Protector factors, such as the presence of responsiveness, positive affect, effective parenting practices, social support, supportive kin relationships, and positive self-concept have been found to decrease stress reactions in children experiencing adverse life events [17, 60]. Park and colleagues found that adolescents who perceived stress as a growth opportunity had more positive responses to adverse events than those who believed that stress is detrimental [61]. The development of this mindset may be the result of examples that they have been exposed to of influential adults managing stress and adversity [61]. There is a great deal of research on identifying risk factors related to the development of maladaptive responses; however, an emphasis on targeted social support and systemic contextual factors may allow for protective factors to balance out identified risks. Risk factors for children such as parental mental illness, family discord, high-risk environments, lack of parental supervision, and poor school systems increase the likelihood that adverse events will impact developmental trajectories [60]. Macmillan and Violato found that the presence of two or more forms of parental adversity was correlated with unfavorable emotional and behavioral health [17].

Caution is essential when using the word resilient and when applying it to parents and children. The identification of an individual as resilient, while it is pointing to positive characteristics, is also creating a category of individuals who would not be considered resilient and, therefore, potentially less than optimal [48]. The expectation that resilience is a skill that can be taught to children by their parents and other influential adults while emphasizing opportunities for growth and buffering of negative outcomes also creates opportunities for stigma and criticism should a child not appear to be resilient [48]. Have these parents now somehow failed, should this marker not be met? The creation of additional opportunities for stigma and judgment should be approached with caution as there are always multiple sides to what appears to be a solution.

3.3 Parenting in context

One of key factors that assists in understanding the experience of parents in the face of adversity is the context in which they are parenting. Belsky's Ecological Model provides an understanding of contextual factors that influence parenting on many different levels, and how they combine in systematic ways to influence outcomes [3]. Belsky purports that there is not a linear path to child maltreatment and that parenting practices exist on a continuum between those that inhibit developmental growth and those that facilitate healthy growth and development [62]. This model requires moving beyond traditional research that has looked at individual factors to the inclusion of a parent's immediate context and also the broader community environment, society, and the systems within [2, 3]. Contexts therefore can be categorized as the individual, family, community and cultural milieus that an individual and family are embedded in [62]. A systematic approach makes room for the experience of cumulative adversity and co-occurring stressors and the influence that this has on an individual's functioning and parenting behaviors.

While society has expectations about right and wrong ways to parent, these constructs do not describe the situations in which parenting is occurring in the face of adverse life situations. Little is written or taught about the development of parenting competence in the context of adversity, making this a common yet poorly understood phenomenon. Belsky makes a distinction between placing an emphasis on development and emphasizing the context in which development occurs which helps to identify factors that may contribute to how someone comes to have the parenting skills and behaviors that they possess [62]. As discussed earlier, failure to recognize the context in which an individual is parenting leads to unrealistic expectations and the perpetuation of stigma and judgment.

When an individual experiences adversity, there is the potential for alterations in psychological and physiological functioning both in the short and long term [8]. These alterations can lead to changes in perception and action both on an individual and family level. Altered perceptions can influence how a parent views their capability to handle stressors, to manage their child's reaction to adversity, and their overall competence to parent effectively. Research has shown that contextual stressors and support are central influences on parenting behaviors and can mediate adjustment to adverse situations [63]. A parent's psychological stability can affect outcomes in a child beyond what is observed through parenting practices, with contextual stress playing a key role in reparation after adversity [63].

4. Social support and potential interventions

4.1 Social support

Social support that occurs in direct relationship to the stressor experienced has been found to increase the perception of positive adaptation and decrease stress [64]. While social support has been linked to improved outcomes in the face of adverse life situations, support that is tailored to the source of the stress, for example, parenting stress, has been found to have the greatest influence on reduction of stress and improvement in outcomes for both parents and children [64]. Crnic and Booth found when support services emphasized challenges faced in the parenting role, that this was useful in managing their child's behaviors [9]. Further family support, friendships and intimate support from a partner are helpful in buffering the adverse influence of challenges in the parenting role [9]. Perhaps of greatest concern is the abundance of literature that supports social support and the buffering effect in the face of adversity. Yet, studies that explore parents' experiences of adversity regularly report a lack of support and feeling isolated [49].

Social support is critical to parent success in the face of adversity, and it also increases the ability of children to manage adverse situations [65]. In fact, the absence of social support creates an adversity for children and parents [9]. Social support has also been shown to function as a buffer against the long-term effects of parenting stress. Further, a parent who has access to social support, particularly related to parental stress, can, in turn, provide similar support to their child. Social support can help develop resilience and buffer against the negative impact of adversity [3, 17, 65]. Social support increases an individual's sense of competence to cope with stressful life events and improves available resources, which helps to maintain healthy developmental trajectories [17].

4.2 Potential interventions

Parental self-efficacy and social supports have been found to be critical ingredients to adaptation following adverse situations. A parent's ability to regulate stress,

recognize the needs of their child, and interpret behavior are crucial to successful navigation of stressful life events [4–7]. Interventions should target the building of resources for parents that address multilevel contextual factors. While previous research has identified the significance of addressing both parent and child needs in the face of adversity [32], little guidance exists regarding how to cultivate self-efficacy and social support in parents who are experience adversity. Identification of parents and children who are at risk of distress related to adverse events and making connections to health care providers can decrease negative outcomes such as child behavior problems or lack of preparedness to enter school [32]. Parents who experience adversity have additional stressors than those that naturally exist in the parenting role and decreased opportunities to garner supports and resources. Interventions that focuses on increasing parental self-efficacy can have positive effects on the mental health of parents who are raising children with disabilities [53]. Behavioral family intervention programs that seek to address the multiple adversity factors such as the Triple P-Positive Parenting Program [66] have been found to be effective in families with child behavior problems by enhancing parenting skills and strategies, improving stress coping skills for parents, and strengthen support skills in families [6, 66].

Current interventions that target parents mainly focus on the management of children's difficult behaviors or emotions and do not target the experience of the parent [2–7, 17, 32, 33], particularly how they are affected by the adversity themselves. Interventions that provide social support targeted at the stressor will increase the resources that parents have available to them and allow for greater ease in engaging in the parenting role [64]. Social support can mediate parenting stress, thus increasing the likelihood of optimal outcomes for parents and children [64]. While many interventions exist to teach parents targeted skills and responses to their children [2–7, 17, 32, 33], expanding this to include a focus on parental well-being and health will buffer against the potential for adversity to increase parenting stress [11]. Emphasis on parental experiences will also allow for parents to be supported in their own emotional and physiological reactions to adverse situations and will decrease the pathologizing and judgment experienced [34]. Creating room for an emphasis on the parent's experience allows for focus on how to develop the skills necessary to read children's cues, respond effectively to distress in the face of their own responses, and assist in the development of behavioral and emotional self-regulation.

5. Conclusions

Adverse events have been shown to have an impact on health outcomes for both parents and children; however, it is not the events themselves that create negative outcomes. It is essential to recognize that the intersection between adverse life events and contextual factors, such as psychological and social support resources, is where the quality of outcomes is determined. When parents experience threats to their safety or security without opportunities for reparation, the potential for lasting negative impacts on development and health trajectory increases significantly. Social support and self-efficacy are important resources that can influence parenting stress and the experience of adversity [11]. Interventions that target the development of parental self-efficacy and target social support can substantially increase parents' sense of competence, satisfaction in the parenting role, and resilience for all members of the family.

Conflict of interest

The author declares no conflict of interest.

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