

# A typological analysis of parental stress in families at psychosocial risk

Javier Pérez Padilla,<sup>1</sup> Susana Menéndez Álvarez-Dardet<sup>1</sup>

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## SUMMARY

The aim of this study was to explore the level and type of parental stress and coping strategies in a sample of 109 mothers from at-risk families under the care of Social Services. A cluster analysis revealed three groups: *Adapted-Strategic*, *Clinical-Avoidant*, and *Extreme-Passive*. A multinomial logistic regression analysis showed that a parental sense of competency, a parental locus of control, and family cohesion influenced the probability of inclusion of the mothers in each group. Implications for intervention strategies are discussed.

**Key words:** Parental stress, coping, sense of competency, parental locus of control, family cohesion.

## RESUMEN

Este estudio examina el grado y tipo de estrés parental y de estrategias de afrontamiento en una muestra de 109 madres en situación de riesgo con un expediente activo en los Servicios Sociales Comunitarios. Los análisis de conglomerados realizados mostraron tres perfiles diferenciados: *Ajustado-Estratégico*, *Clínico-Evitativo* y *Extremo-Pasivo*. Un análisis de regresión logística multinomial indicó que el sentimiento de competencia parental, el *locus* de control como progenitor y la cohesión familiar influían en la pertenencia de las madres a cada uno de los grupos. Se discuten las implicaciones prácticas de estos resultados de cara a la intervención con estas familias.

**Palabras clave:** Estrés parental, afrontamiento, sentido de competencia, *locus* de control parental, cohesión familiar.

Parental stress is a complex process in which progenitors feel overwhelmed by the demands they face in their role as fathers or mothers.<sup>1</sup> According to Abidin,<sup>2</sup> this psychological dimension is characterized by being an activator element that incites the use of available resources to satisfactorily be able to fulfil the parental role; the complete lack of activation as well as extreme stress levels being so harmful. Located within the general stress model of Lazarus and Folkman,<sup>3</sup> the parental stress model by Abidin<sup>2</sup> proposes that the sensation of being overwhelmed is based as much on a self-assessment of one's own resources in the face of parental demands, as it is on setting out coping strategies to resolve the difficulties associated with the task of educating one's children. Abidin distinguishes between two specific components: stress associated with the general requirements of parenting and that which specifically derives from one's own son or daughter.<sup>4</sup>

A fundamental dimension when analyzing parental stress is made up of coping strategies used by the parents to deal with it, and the use of a set of cognitive or behavioral processes established with the aim of dealing with the de-

mands of a situation which seems overwhelming or which exceeds one's personal resources.<sup>3</sup> There exist a number of proposals which seek to classify these processes, from grouping behaviors into active *vs.* evasive to the conceptualization of over 100 strategies.<sup>5</sup> It should be pointed out that the use of one or more types of coping strategy does not intrinsically reduce stress; as such, the different strategies cannot be qualified *a priori* as adaptive or maladaptive.<sup>6</sup> However, the use of active strategies can reinforce parents and families against overwhelming situations, avoidance being an indicator of psychological alterations.<sup>7,8</sup>

There is a considerable international bibliography on parental stress, and the accumulated evidence indicates that a heightened feeling of being overwhelmed is related to negative indicators both in parents as well as children. As such, various studies have documented that fathers and mothers with heightened parental stress levels tend to present depressive symptoms, anxiety, an external *locus* of control, and usually employ dysfunctional education practices, including mistreatment.<sup>9,10</sup> In the same vein, minors who live with very stressed parents tend to have more prob-

<sup>1</sup> Department of Evolutionary Psychology and Education. Universidad de Huelva, Spain.

Correspondence: Javier Pérez Padilla. Department of Evolutionary Psychology and Education. Universidad de Huelva. Campus del Carmen. Av. Tres de Marzo s/n. 21071 Huelva (Spain). Tel. (+34) 959 21-9208 Fax. (+34) 959 21-9201. E-mail: javier.perez@dpee.uhu.es

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lems with internalization and externalization of emotional regulation.<sup>11,12</sup> As such, parental stress has been raised as a relevant dimension in studies of families and interactions between their members; however, studies on parental stress tend to be based on the level of stress, usually being carried out quantitatively, to the detriment of analysis focused not just on the level but on the typology of the parents and how they experience it.

According to different studies, the experience of stress is associated both with the parents' individual dimensions and the family dynamic. With regard to the former, an analysis of the perception of the role as progenitor has been especially relevant. As such, the feeling of parental competency is related with the experience of stress in such a way that perceived effectiveness as a father or mother can act as a protective element against stress.<sup>13-15</sup> Parental satisfaction is a dimension that is closely related with the perception of effectiveness, and could promote an adaptive response to tension perceived by parents.<sup>16</sup> On the other hand, confronting stress is also influenced by the feeling of parental competency. As emphasized by Jones and Prinz,<sup>13</sup> there are different investigations that associate passive coping with the joint effect of low perception of effectiveness as a parent and an external style of causal attribution. Understood as the expectations of the father or mother around behavioral contingencies and the consequences observed in terms of the tasks within their role,<sup>17</sup> parental *locus* of control has been related as much with stress as it has with strategies used to overcome it. As such, in situations perceived as controllable, the use of active coping strategies tends to reduce stress.<sup>5,17,18</sup> Furthermore, parents with an internal *locus* of control usually present lower levels of stress and better indicators of psychological wellbeing in difficult situations.<sup>19,20</sup>

Together with individual dimensions of maternity and paternity, other facets of the family dynamic can also influence parents' perception of being overwhelmed. Family cohesion (that is, moderately strong emotional bonds between family members) tends to act as a buffer against the negative effects of elevated parental stress. This emotional link was studied by Amerikaner, Monks, Wolfe, and Thomas<sup>21</sup> in order to explore the psychological health of family members, named as a key determining factor. In the same vein, and in accordance with Ramírez, Manongdo, and Cruz-Santiago,<sup>22</sup> satisfactory family cohesion has a buffering effect in stressful and violent environments. With regard to coping, according to Hardy, Power, and Jaedicke,<sup>23</sup> emotional support between family members is related to the type and number of strategies used by the children, especially with less avoidance of uncontrollable situations.

As such, parental stress influences the adjustment of both the parents and the children, and is found to be related to the perceptions that parents have of themselves and with the dynamics that are developed within the family. However, although the analysis of parental stress can provide

relevant information, studies centered on this are usually descriptive, relational, and to a lesser extent, explicative in nature. Furthermore, as has been previously stated, there are few typological approaches that, more than analyzing stress levels, offer keys to the different forms of experiencing and coping with stress, and at the same time information about how to intervene and work with these parents in a manner that is adapted to their needs.

There are various examples of evidence about the suitability and interest in a typological analysis of stress, as in the work of Krohne,<sup>24</sup> for example, which distinguishes four typologies of people with respect to the coping strategy they employ.

At-risk families are a specific group characterized by significant stress levels as a consequence of the adverse circumstances they experience, both personally and in the environment around them.<sup>25</sup> These families have significant difficulties in dealing adequately with the needs of their minors, but without reaching a point that justifies separating them from their parents.<sup>26</sup> The international bibliography on the subject indicates that the parental heads of these families are found to be highly stressed and overwhelmed, even to clinical extremes.<sup>27</sup> As is the case with studies of families not declared at-risk as previously described, there are different individual and family dimensions associated with parental stress in families in adverse situations. With respect to the dimensions of cognitive nature related to the role as parents, various studies indicate that many of these fathers and mothers tend to perceive themselves as very effective at the time of assessing themselves as such, largely due to the external-type attributions they tend to make when explaining causes of their children's problems.<sup>13,26</sup> In terms of the family dynamic, in a sample of women who lived in conditions of poverty and who attended family support programs, Vandsburger, Harrigan, and Biggerstaff<sup>28</sup> found that cohesion promoted resilience of the family system against the accumulation of stressful factors. Along the same lines, a revision by Zolkoski and Bullock<sup>29</sup> indicated that family cohesion promotes resilience of the minors in environments of poverty, violence, and substance abuse. Once again, as in the more general bibliography around parental stress, research into at-risk families has prioritized a quantitative approach centered on examining the level of stress related to the role of the progenitor. However, there is varied evidence that supports the suitability of complementing this focus with typological analyses in the study of stress in at-risk families. For example, Ayoub, Willet, and Robinson<sup>30</sup> identified five groups of stress in terms of the experience and types of stressors undergone: situational, chronic, emotional, multi-stress, and multi-stress with violence. This type of grouping is helpful for different types of families to benefit from interventions adapted to their needs and strengths.<sup>31</sup>

As such, the dimensions described in this work are interesting due to their influence in the complex process of

stress experienced by fathers and mothers, both in general and specifically in those families that are in adverse situations and who, in extreme circumstances, could be in a context of child abuse. According to the meta-analysis conclusions of Stith et al.,<sup>32</sup> dysfunctional family cohesion and high levels of parental stress are relevant risk factors for physical abuse and neglect. Along this vein, the coping method for the stress of child abuse by Hillson and Koupier<sup>33</sup> proposes that the use of maladaptive coping strategies (cognitive/behavioral withdrawal, focus on the state of irritability, etc.) can lead to negligence or physical abuse. However, research into interventions in at-risk families or those with depressed members indicates that the perception of parental stress is a dimension that can be worked with and that, furthermore, it can be reduced to optimum levels.<sup>34-36</sup> In Spain, there are few investigations into parental stress in at-risk families, however, the preliminary results of Padilla, Máiquez, and Rodrigo<sup>37,38</sup> indicate that this dimension is sensitive to family intervention as well as a reliable indicator of its efficacy. Furthermore, the dimensions considered in this study are susceptible to being modified through working with families, thus reducing the perception of being overwhelmed and unhappiness among progenitors.<sup>15,28,35</sup> However, although there is a growing interest in characterizing and analyzing different psychosocial dimensions present for at-risk families in Spain,<sup>25,26,31,39</sup> there are few studies that have examined the constructs exposed, despite their relevance being demonstrated in international literature.

This work centers on the analysis of the level and type of parental stress experienced by progenitors of at-risk families who are Community Social Services users. Specifically, this study seeks to cover the following objectives:

1. Carry out a descriptive and typological examination of parental stress experienced by these progenitors and the coping strategies they employ to deal with it.
2. Analyze the relationships between the level and type of stress and certain individual and group dimensions related to maternity and paternity: the feeling of parental competency, the parental *locus* of control, and family cohesion.

## METHOD

### Participants

The sample was made up of 109 mothers of families in at-risk situations with an active file under the Community Social Services of the council and city of Huelva, Spain. The inclusion criteria was that the family fit into a profile of medium risk that is characteristic of those for whom interventions are developed for family preservation and reinforcement. The average age of the women was 35 years ( $M=35.35$ ,  $TD=7.25$ ), and their level of education was primarily low: the

majority had not completed basic education (42.6%) or had primary education (21.8%). Some 36.1% of the mothers were in paid work, but important levels of insecurity (50%) and the lack of a contract (45.2%) indicated significant working instability. The families were comprised of approximately four people ( $TD=1.26$ ) and two to three sons or daughters ( $M=2.41$ ,  $TD=1.20$ , and 40.2% of cases were single-parent families. A comparison of annual income (corrected per unit of consumption) with official population data for each year revealed that 56% of these families lived below the poverty threshold.<sup>40</sup>

### Instruments

The data presented in this work was obtained using the scales described at a later stage. In all cases, self-administered instruments were used, which provided results that indicated that the higher the level of the dimension, the higher the value obtained.

- *Parental stress* (PSI-SF).<sup>4</sup> This test is comprised of 36 reactives with a Likert scale of five response options, and it assessed the level of stress experienced by the person in their role as progenitor. The Spanish adaptation<sup>41</sup> reveals a bi-factorial structure and recommends correction criteria that allow results to be obtained on two subscales through a final score of parental stress: stress generally associated with paternity or maternity (*personal unrest*, 12 reactives), and specifically the raising of one's own son or daughter (*stress derived from childcare*, 24 reactives). Assessed using Cronbach's alpha, the reliability of this test in this sample was  $\alpha=.89$  for the total score and  $\alpha=.79$  and  $\alpha=.85$  for the subscales of *personal unrest* and *stress derived from childcare*, respectively.
- *Coping strategies for stress*. (COPE-AS).<sup>42</sup> This scale assesses the strategies used to cope with different problematic situations related to childcare, and it comprised 28 reactives with a Likert scale of four response options. The adaptation for Spain by Crespo and Cruzado<sup>43</sup> offers results on three subscales that provide information on *problem-centered coping strategies* (six reactives,  $\alpha=.73$ ), *emotion-centered coping strategies* (10 reactives,  $\alpha=.50$ ), and *avoidance-centered coping strategies* (six reactives,  $\alpha=.67$ ).
- *Parental sense of competency* (PSOC).<sup>44</sup> This test explores the perceptions progenitors have around their competency as parents and the satisfaction experienced from carrying out their role. It is formed of 16 reactives on a Likert scale of six options, and provides information on perceived *effectiveness* as progenitor (six reactives,  $\alpha=.73$ ) and *satisfaction* with the parental role (nine reactives,  $\alpha=.50$ ).
- *Parental locus of control* (PLOC).<sup>17</sup> Through 47 reactives ( $\alpha=.71$ ), this scale assesses the type of attributions mothers and fathers give to certain childhood behaviors. Each phrase is responded to on a Likert scale of five options

and provides an overall score that reflects an internal or external *locus* of control on its highest or lowest values, respectively.

- *Family cohesion.* The corresponding FACES-III<sup>45</sup> scale was used, made up of ten reactivities with five Likert response options about the emotional union and affective bonds that exist between family members. The reliability in this study was  $\alpha=.79$ .

### Procedure

The research team held a meeting with the male and female psychologists of the Community Social Services to explain the objectives of the study, the characteristics of the blank population, and their participation in the field work. In this meeting, 62.5% of the professionals in the psychosocial intervention teams showed their willingness to collaborate. Each technician selected a group of users from their center, and after obtaining their voluntary participation in the study, they ran a session in the social center attended by a member of the research team, to administer the set of assessment instruments in the family context that included the scales described above.

## RESULTS

### Descriptive and bi-variant examination of the dimensions

The parental stress score reached an average (Table 1) that sat above the critical value, from which the authors of the scale establish that extreme stress scores should be discussed (86.4),<sup>4</sup> such that 45.95% of the sample was characterized by extreme stress levels, and 15.6% by clinical stress levels. Both parental unease as well as stress derived from childcare were related to the majority of the dimensions studied. As such, a higher frequency of avoidance behaviors, an external *locus* of control, a lower feeling of effectiveness, lower satisfaction, and lower family cohesion were all related with greater feel-

ings of unease associated with the role of progenitor. The coping strategy centered on the problem was positively related with family cohesion, while avoidance was made with the external *locus* of control and dissatisfaction. In terms of personal and family dimensions, the parental *locus* of control was negatively correlated with effectiveness and satisfaction as progenitor, while the family variables were not significantly associated with the individuals.

### Typological analysis of stress indicators

A cluster analysis was carried out with the aim of making a typological examination of the various stress indicators. This multivariate statistical procedure allows for a classification of a set of cases in groups (clusters) that are heterogeneous among themselves but internally homogeneous,<sup>46,47</sup> in such a way that the similarity in terms of the dimensions considered is maximized within each group and minimized between the groups.<sup>48</sup> Although this statistical technique is very robust to the failure of previous assumptions of parametric statistics,<sup>46</sup> according to Pérez,<sup>47</sup> before carrying out this type of analysis it is important to examine both the presence of extreme cases as well as the existence of problems of linearity. An examination of the box and whisker plots of each variable and the calculation of the Mahalanobis distance did not reveal the existence of extreme univariate and multivariate cases respectively, and the bivariate correlation analyses between the different dimensions (Table 1) did not in any case exceed the value  $r=.80$ , therefore indicating that co-linearity problems do not exist.<sup>49</sup>

In accordance with the recommendations of various authors,<sup>46-48</sup> two types of cluster analysis were carried out; the first with an exploratory character, and the second for confirmatory purposes. In order to avoid problems deriving from the different scaling of the variables, we worked with the scores once they were standardized. An agglomerative hierarchical clustering analysis was run first, repeating the process with different clustering methods (between-group linkage, furthest neighbor, and Ward's method). In all cases, the visual examination of each dendrogram revealed the ex-

**Table 1.** Correlations between stress indicators and personal and family dimensions

	M (TD)	2	3	4	5	6	7	8	9
1. Parental stress – unease	31.94 (10.32)	.555***	.048	.115	.266**	.421***	-.225*	-.354***	-.265**
2. Parental stress – children	62.14 (16.76)	-	.112	.137	.154	.545***	-.209*	-.426***	-.245*
3. Coping – problem	17.04 (4.26)		-	.502***	.114	-.067	-.110	-.035	.269**
4. Coping – emotion	21.21 (5.24)			-	.331**	.013	.188	-.090	.192
5. Coping – avoidance	11.48 (3.97)				-	.314**	.046	-.217*	-.101
6. Parental <i>locus</i> of control	115.62 (18.61)					-	-.259**	-.303***	-.178
7. Feeling of parental effectiveness	29.24 (6.91)						-	.153	.087
8. Parental satisfaction	30.00 (6.90)							-	.000
9. Family cohesion	37.51 (7.94)								-

\* $p<.05$ ; \*\* $p<.01$ ; \*\*\* $p<.001$ .

**Table 2.** Descriptions and contrasts of means among clusters in terms of stress indicators

Dimensions	Adapted-Strategic (35.1%)		Clinical-Avoidance (22.3%)		Extreme-Passive (42.6%)		ANOVA	
	M	(TD)	M	(TD)	M	(TD)	F	DMS
Parental stress – Unease	24.55	(7.68)	44.76	(8.79)	31.32	(6.88)	41.40***	1-2*** 1-3** 2-3***
Parental stress – Children	50.61	(11.26)	82.90	(11.68)	62.30	(13.40)	44.23***	1-2*** 1-3*** 2-3***
Coping – Problem	20.09	(3.40)	18.00	(3.26)	13.90	(3.11)	34.14***	1-2* 1-3*** 2-3***
Coping – Emotion	24.21	(5.04)	22.67	(5.03)	17.97	(3.49)	19.30***	1-2 1-3*** 2-3***
Coping – Avoidance	12.21	(4.37)	14.28	(3.62)	9.40	(2.56)	14.34***	1-2* 1-3*** 2-3***

\*p<.05; \*\*p<.01; \*\*\*p<.001.

istence of three different groupings. In order to confirm this solution, a k-median cluster analysis was made seeking the definition of three groups. The iteration history showed that the convergence (and as such, the absence of changes in the centers of each cluster) reached the sixth iteration.

The data that allows a detailed definition of the final solution of three groups is offered in table 2, which collects the results of the variance analysis of this typology and the medians in each cluster of the direct scores for the dimensions introduced in the cluster analysis.

As can be observed in table 2, the three groups were formed differently in terms of all the stress dimensions included in the study. As such, Group 1 (*Adapted-Strategic* mothers) was defined by moderate levels of unease (both parental and derived from childcare), by many coping strategies centered on the problem and the emotion, and by a medium level of avoidance. Group 2 (*Clinical-Avoidant*) was characterized by clinical levels of parental stress, an approach centered on the moderated problem and emotions, and a high frequency of avoidance. Finally, Group 3 (*Extreme-Passive*) was distinguished by extreme levels of personal unease and stress derived from childcare, few coping strategies, and avoidance.

### Personal and family determinants of the level and type of parental stress

With the aim of estimating the influence of the individual and family dimensions considered in the three typologies, a multinomial logistic regression analysis was made. This test is most robust against the failure of standard assumptions and it offers more information on the intervening variables than discriminate analysis, thanks to the OR (*Odds*

*Ratio*) values which indicate the increase of the likelihood of inclusion in a group for each increase in the unit of the independent variable.<sup>49,50</sup> In the case of this study, the model resulting from this analysis estimates the factors associated with the probability that a mother in the *Clinical-Avoidant* or *Extreme-Passive* group would move over for inclusion in the *Adapted-Strategic* group, which is that characterized by best indicators in terms of parental stress and coping strategies used. As such, at the time of predicting which group they belong to, this analysis allows the specific weight of each co-variable to be identified (in this study, the parental *locus* of control, progenitor satisfaction, perceived effectiveness as a father or mother, and social cohesion).

Firstly, an analysis was made of the variance between the three groups, and the dimension indicated to select what variables would be taken into account to form the model. These analyses are presented in table 3, and it can be seen that all of them were significant, except the perception of effectiveness as a mother, which was therefore not included as it was not a sensitive indicator of inclusion in a group. As such, three co-variables were used in a sample of 109 subjects in such a way as to broadly meet the requirement for sample size for this type of analysis.<sup>51</sup>

Once the co-variables were selected, they were introduced in a single step in order to establish the model of logistical regression. Table 4 presents the factors associated with the typologies of stress, taking as a reference the *Adapted-Strategic* group. Whether each one constitutes an element that increases the likelihood of inclusion in each group can be established by examining the B scores of each co-variable, and the ORs.

The *Clinical-Avoidant* group was influenced by the three variables chosen for the logistical regression model. Paren-

**Table 3.** ANOVA between the three typologies of stress and personal and family dimensions

Dimensions	Adapted-Strategic (35.1%)		Clinical-Avoidance (22.3%)		Extreme-Passive (42.6%)		ANOVA	
	M	(TD)	M	(TD)	M	(TD)	F	MSD
Parental <i>locus</i> of control	107.94	(15.37)	130.14	(14.91)	115.07	(18.63)	11.364***	1-2*** 1-3 2-3***
Effectiveness	30.33	(6.77)	25.81	(6.85)	29.50	(6.99)	2.982	1-2* 1-3 2-3*
Satisfaction	31.61	(6.71)	24.86	(6.78)	30.18	(6.66)	6.863**	1-2*** 1-3 2-3**
Cohesion	41.91	(4.89)	33.85	(7.29)	35.53	(8.97)	9.767***	1-2*** 1-3*** 2-3

\*p<.05; \*\*p<.01; \*\*\*p<.001.

tal satisfaction and family cohesion scored negatively with respect to the first group; that is, the increase of a point in these co-variables respectively increased by 64% and 77% the probabilities of inclusion in the *Adapted-Strategic* cluster. The parental *locus* of control was the dimension that scored the highest (251% of probability for each point) with a B negative, in comparison with the reference group. In other words, the increase of family cohesion and parental satisfaction, as well as a more internal *locus* of control increased the probability of mothers in the *Clinical-Avoidance* group moving to belong to the *Adapted-Strategic* group. In comparison to the first group, the *Extreme-Passive* group was seen to be influenced only by family cohesion. This dimension was the one that provided most information to the model, with a probability of inclusion in a reference group of 70% for each point increase if that co-variable was modified.

The decision to consider the final model was made in terms of the parsimony principle that should govern this type of analysis, as well as other indicators that offer information on the validity and adjustment of the same: good-

ness of fit through the Chi-squared test, the contrast likelihood ratio between models, and the quality of the final model through the Nagelkerke R2.<sup>49,50</sup> The primary indicator of importance that allows knowledge of the correspondence of the model with the data is the goodness of fit, measured through deviation ( $\chi^2 = 149.30, p = .913$ ), concluding that the model is adequate for the fit of the data. The Chi-squared test for likelihood ratio (-2LL) of the final model was statistically different to the first ( $\chi^2 = 44.62, p < .000$ ). Regarding the quality of the model, Nagelkerke's R-squared pseudo parameter was situated at .44 points, which led to the conclusion that the model was adjusted and valid for explaining 44% of the variance in the data.

## DISCUSSION

The objective of this work was to analyze parental stress experienced by progenitors of at-risk families, and the coping strategies they employed to deal with this, as well as to explore the relationship between the level and type of stress and certain individual and family dimensions related to maternity and paternity. In relation to the primary objective, the analyses carried out showed three different profiles: mothers with a moderate level of stress and active strategies to deal with it in the first group, another group with clinical levels of stress and avoidance strategies, and finally, passive parents with extreme levels of stress. The appearance of these three groups supports the idea that at-risk families form a heterogeneous group with very different needs, and that any intervention should be specialized in nature.<sup>24,30,31,39</sup> In this way, the typological analysis of parental stress and the processes associated with it offers key points that deepen the knowledge of these types of families, making clear the necessity to study these dimensions from a complementary focus. The group labelled

**Table 4.** Estimations of parameters, taking the *Adapted-Strategic* group as reference

	B	$\chi^2$ Wald	p	OR	OR 95%	
					Inf.	Sup.
<b>Clinical-Avoidance</b>						
• Intersection	-0.812	3.71	.054			
• Parental <i>Locus</i> of control	1.257	9.28	.002	3.51	1.56	7.89
• Satisfaction	-1.029	6.94	.008	0.36	0.17	0.77
• Cohesion	-1.474	12.71	.000	0.23	0.10	0.51
<b>Extreme-Passive</b>						
• Intersection	0.519	3.38	.066			
• Parental <i>Locus</i> of control	0.423	2.31	.128	1.53	0.88	2.63
• Satisfaction	-0.238	0.87	.351	0.79	0.48	1.30
• Cohesion	-1.189	12.22	.000	0.30	0.16	0.60

as *Adapted-Strategic* reinforces Abidin's<sup>2</sup> thesis that some moderate stress levels aid the use of parents' resources to satisfactorily deal with the tasks associated with parenthood, the adequate use of these strategies being a key factor for mothers to be able to face different stressful situations relating to childcare.<sup>7</sup> Along the same lines, both the *Clinical-Avoidance* and the *Extreme-Passive* groups present dysfunctional coping strategies in the mid- to long-term, when considering that experiencing high levels of stress and not coping adequately can be a symptom of psychological alterations and can promote mistreatment behaviors.<sup>8,32,33</sup> It is fundamental that within the sphere of the CSS's work, users who present these characteristics are identified in order to develop timely and appropriate clinical and psychosocial interventions.<sup>31</sup>

The second objective of this study was centered on relations between this typology and the perceptions of mothers about themselves and their families. Starting with parental effectiveness, the negative relationship this dimension has with parental stress is noted in the bivariate analyses presented in this work,<sup>13,15</sup> as well as the low perception of effectiveness presented by mothers in the *Clinical-Avoidance* group. In terms of progenitor satisfaction, the results obtained indicate that positive emotional feelings related with the parental role can reduce the sensation of stress<sup>16</sup> such that if the women in the *Clinical-Avoidance* group felt more satisfied as mothers, they would have been included in the *Adapted-Strategic* group. Continuing with individual perceptions that mothers have about themselves, the parental *locus* of control has also resulted as relevant for the configuration of the groups. As such, the perception of control in terms of parental tasks favors some adequate stress levels in adverse situations, further facilitating the use of active strategies to cope, as opposed to avoidance of the same.<sup>18-20</sup>

Equally, an analysis of emotional family bonds has provided vital information around the typology found. Family cohesion is the only dimension that has had an influence on both the explanation of the *Clinical-Avoidance* and the *Extreme-Passive* profiles in terms of the best fit. In this way, just as with Vandsburger et al.,<sup>28</sup> emotional support between family members fosters a satisfactory adaptation of mothers to stress, and in especially adverse circumstances, it constitutes a basic dimension to buffer against its more harmful effects.<sup>22,29</sup> Furthermore, and in accordance with Hardy et al.,<sup>23</sup> family cohesion has been especially relevant when explaining the variety of active coping strategies used by different members of the family, therefore offering key points for understanding the difference between the *strategic* and the *passive* groups. As such, the dimensions analyzed have been shown to be of interest when intervening with families at psychosocial risk.

Although this work suggests useful keys for interventions carried out with at-risk families, a series of limitations should be pointed out, the majority of which are related

with contact difficulty and the fieldwork necessary to carry out a study on these types of families. Because of this, the sample size is reduced (although we should point out that it is larger than many investigations in the sphere of international research on this subject), and the results come from a single informant. Even so, this study offers some practical implications ahead of intervention with these mothers, given that it presents a typology through two instruments which were standardized and adapted to Spain.<sup>41,43</sup> Equally, the psychological dimensions analyzed in this work have been shown to be relevant for work with families who are also susceptible to intervention.<sup>34-38</sup> As such, the results obtained delve into the different profiles of the at-risk families as well as the knowledge of their needs, offering key points for both clinical and psychosocial interventions with the aim of strengthening the protection factors that can be made to be more resistant and adjusted to the adverse situations in which they find themselves.

## REFERENCES

1. Webster-Stratton C. Stress: A potential disruptor of parent perceptions and family interactions. *J Clin Child Psychol* 1990;19:302-312.
2. Abidin RR. The determinants of parenting behavior. *J Clin Child Psychol* 1992;21:407-412.
3. Lazarus R, Folkman S. *Stress, appraisal and coping*. New York: Springer; 1984.
4. Abidin RR. *Parenting Stress Index (Short Form)*. Odessa, USA: Psychological Assessment Resource; 1995.
5. Campos M, Iraurgi D, Velasco C. Afrontamiento y regulación emocional de hechos estresantes. Un meta-análisis de 13 estudios. *Boletín Psicología* 2004;82:25-44.
6. Boss PG. *Family stress management*. Newbury Park, USA: Sage; 1988.
7. McKelvey LM, Fitzgerald HE, Schiffman RF et al. Family stress and parent-infant interaction: The mediating role of coping. *Infant Ment Health J* 2002;23:164-181.
8. Riquelme A, Buendia J, Rodríguez MC. Estrategias de afrontamiento y apoyo social en personas con estrés económico. *Psicothema* 1993;5:83-89.
9. Crnic K, Low C. Everyday stresses and parenting. En: Bornstein MH (ed). *Handbook of parenting: Vol. 5. Practical issues in parenting*. Mahwah, USA: Lawrence Erlbaum; 2002.
10. Deater-Deckard K. Parenting stress and child adjustment: Some old hypotheses and new questions. *Clin Psychol-Sci Pract* 1998;5:314-327.
11. Costa NM, Weems CF, Pellerin K et al. Parenting stress and childhood psychopathology: An examination of specificity to internalizing and externalizing symptoms. *J Psychopathol Behav Assess* 2006;28:113-122.
12. Feldman R, Eidelman AI, Rotenberg N. Parenting stress, infant emotion regulation, maternal sensitivity, and the cognitive development of triplets: A model for parent and child influences in a unique ecology. *Child Dev* 2004;75:1774-1791.
13. Jones TL, Prinz RJ. Potential roles of parental self-efficacy in parent and child adjustment: A review. *Clin Psychol Rev* 2005;3:341-363.
14. Jackson AP, Huang CC. Parenting stress and behavior among single mothers of preschoolers: The mediating role of self-efficacy. *J Soc Serv Res* 2000;26:29-42.
15. Sanders MR, Woolley ML. The relationship between maternal self-efficacy and parenting practices: implications for parent training. *Child Care Health Dev* 2005;31:65-73.
16. Carpenter A, Donohue B. Parental satisfaction in child abuse and neglect: A review of standardized measures. *Aggress Violent Behav* 2006;11:577-586.

17. Campis LK, Lyman RD, Prentice-Dunn S. The parental locus of control scale: Development and validation. *J Clin Child Adolesc Psychol* 1986;15:260-267.
18. Lyon B. Stress, coping, and health. En: Hill-Rice V (ed.). *Handbook of stress, coping, and health*. Washington DC: Sage Publications, Inc; 2000.
19. Lloyd T, Hastings RP. Parental locus of control and psychological well-being in mothers of children with intellectual disability. *J Intellect Dev Dis* 2009;34:104-115.
20. Treacy L, Tripp G, Baird A. Parent stress management training for attention-deficit/hyperactivity disorder. *Behav Therapy* 2005;36:223-233.
21. Amerikaner M, Monks G, Wolfe P et al. Family interaction and individual psychological health. *J Couns Dev* 1994;72:614-620.
22. Ramírez GJ, Manongdo JA, Cruz-Santiago M. The family as mediator of the impact of parent-youth acculturation/enculturation and inner-city stressors on Mexican American youth substance use. *Cultural Diversity Ethnic Minority Psychology* 2010;16:404-412.
23. Hardy DE, Power TG, Jaedicke S. Examining the relation of parenting to children's coping with everyday stress. *Child Dev* 1993;64:1829-1841.
24. Krohne HW. Individual differences in coping. En: Zeidner M, Endler NS (eds). *Handbook of coping: Theory, research, applications*. Nueva York: Wiley; 1996.
25. Lorence B, Hidalgo MV, Dekovic M. Adolescent adjustment in at-risk families: The role of psychosocial stress and parental socialization. *Salud Mental* 2013;36:49-57.
26. Rodrigo MJ, Máiquez ML, Martín JC et al. *Preservación familiar. Un enfoque positivo para la intervención con familias*. Madrid: Pirámide; 2008.
27. Anderson LS. Predictors of parenting stress in a diverse sample of parents of early adolescents in high-risk communities. *Nurs Res* 2008;57:340-350.
28. Vandsburger E, Harrigan M, Biggerstaff M. In spite of all, we make it: Themes of stress and resiliency as told by women in families living in poverty. *J Fam Soc Work* 2008;11:17-35.
29. Zolkoski SM, Bullock LM. Resilience in children and youth: A review. *Child Youth Serv Rev* 2012;34:2295-2303.
30. Ayoub CC, Willett JB, Robinson DS. Families at risk of child maltreatment: Entry-level characteristics and growth in family functioning during treatment. *Child Abuse Negl* 1992;16:495-511.
31. Rodríguez G, Camacho J, Rodrigo MJ et al. Evaluación del riesgo psicosocial en familias usuarias de servicios sociales municipales. *Psicothema* 2006;18:200-206.
32. Stith SM, Liu T, Davies LC et al. Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggress Violent Behav* 2009;14:13-29.
33. Hillson MC, Kuiper NA. A stress and coping model of child maltreatment. *Clin Psychol Rev* 1994;14:287-299.
34. Begle AM, Dumas JE. Child and parental outcomes following involvement in a preventive intervention: Efficacy of the PACE program. *J Prim Prev* 2011;32:67-81.
35. Bloomfield L, Kendall S. Parenting self-efficacy, parenting stress and child behaviour before and after a parenting programme. *Prim Health Care Res Dev* 2012;1:364-372.
36. Smith M. Measures for assessing parenting in research and practice. *Child Adol Ment H-UK* 2011;16:158-166.
37. Padilla S, Máiquez ML, Rodrigo MJ. Influencia de las características familiares sobre el estrés parental en familias en riesgo psicosocial. Oviedo, España: XI Congreso Internacional de Infancia Maltratada; 2012.
38. Padilla S, Máiquez ML, Rodrigo MJ. Evaluación de un programa domiciliario: Crecer felices en familia. Oviedo, España: XI Congreso Internacional de Infancia Maltratada; 2012.
39. Hidalgo MV, Menéndez S, Sánchez J et al. Intervention with at-risk families: Contributions from a psycho-educational perspective. *Psychol Spain* 2010;14:48-56.
40. Observatorio de la Infancia en Andalucía. Pobreza y desigualdad. Cifras y Datos n° 10. Sevilla, España: Consejería de Salud y Bienestar Social; 2013.
41. Diaz-Herrero A, Brito A, López JA et al. Estructura factorial y consistencia interna de la versión española del Parenting Stress Index -short form. *Psicothema* 2010;22:1033-1038.
42. Carver CS. You want to measure coping but your protocol's too long: Consider the Brief COPE. *Int J Behav Med* 1997;4:92-100.
43. Crespo M, Cruzado JA. La evaluación del afrontamiento: adaptación española del cuestionario COPE con una muestra de estudiantes universitarios. *Anál Modif Conducta* 1997;23:797-830.
44. Johnston C, Mash EJ. A measure of parenting satisfaction and efficacy. *J Clin Child Psychol* 1989;18:167-175.
45. Olson DH, Portner J, Lavee, Y. *FACES III*. St Paul, Minnesota, USA: University of Minnesota; 1985.
46. Pardo A, Ruíz MA. *SPSS. Guía para el análisis de datos*. Madrid: McGraw-Hill; 2005.
47. Pérez C. *Técnicas de análisis multivariante de datos. Aplicaciones con SPSS*. Madrid: Pearson-Prentice Hall; 2004.
48. Henry DB, Tolan PH, Gorman-Smith D. Cluster analysis in family psychology research. *J Fam Psychol* 2005;19:121-132.
49. Tabachnick BG, Fidell LS. *Using multivariate statistics*. Quinta edición. Boston: Pearson Education; 2007.
50. Jovell AJ. *Análisis de regresión logística*. Madrid: Centro de Investigaciones Sociológicas; 1995.
51. Ortega M, Cayuela A. Regresión logística no condicionada y tamaño de muestra: Una revisión bibliográfica. *Rev Esp Salud Pública* 2002;76:85-93.

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