



The association between parental attributions of misbehavior and parenting practices in caregivers raising children with prenatal alcohol exposure: A mixed-methods study



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ABSTRACT

Background and aims: Limited research has focused on parenting practices used by caregivers raising children with fetal alcohol spectrum disorders (FASD). The current study hypothesized that parental attributions of children's misbehavior would relate to the parenting strategies caregivers utilize with children with FASD. This study also aimed to develop a coding scheme to allow quantification of these treatment-relevant constructs in future intervention trials.

Methods: Thirty-one caregivers of children with FASD (age 4–8) were interviewed with the Parenting Practices Interview (PPI), a study-developed qualitative interview. Quantitative measures of FASD knowledge, parenting sense of competence and stress, and child behavior problems were included. Mixed-method analyses assessed the relationship between parental attributions of misbehavior and parenting practices.

Results: Caregivers who attributed their child's misbehavior to underlying neurodevelopmental disabilities were more likely to use antecedent strategies and feel more confident in managing their child's behavior. Parents who attributed their child's misbehavior to willful disobedience were more likely to rely on consequence strategies and feel more ineffective. **Conclusions:** Results are consistent with theoretical models for FASD parent training interventions. Assessment of theorized mechanisms of change in intervention trials is needed; the development of the PPI and quantitative coding system will facilitate this type of research.

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What this paper adds?

This is the first known study to investigate the association between parental attributions of misbehavior and parenting practices in caregivers raising children with FASD. These constructs are integral in theorized mechanisms of change in parenting interventions for this population and are primary targets in several interventions with empirical support. Very little research has been conducted on the parenting practices of caregivers raising children with FASD. The current study advances the field by documenting robust associations between parental attributions of misbehavior and parenting strategies. The mixed-method approach combines the advantages of both qualitative and quantitative methods to identify patterns among constructs and quantify these effects after controlling for relevant factors. This study also advances the field through

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the development of a relevant, semi-structured qualitative interview and quantitative coding system that will facilitate measurement of parental attributions and parenting practices in future intervention trials.

1. Introduction

Active case ascertainment studies estimate that 2–5% of children in the United States have neurodevelopmental disabilities associated with prenatal alcohol exposure (PAE) (May et al., 2014). The term fetal alcohol spectrum disorders (FASD) encompasses the range of effects associated with PAE, and includes formal diagnoses of fetal alcohol syndrome (FAS), partial FAS (pFAS), and alcohol-related neurodevelopmental disorder (ARND; Hoyme et al., 2005). Children with full FAS present with a characteristic pattern of subtle facial features, growth delay, and central nervous system (CNS) damage or dysfunction. Children with pFAS have many of the same features, but typically lack a history of growth delays. Children with ARND have confirmed prenatal alcohol exposure and CNS dysfunction, but lack the pattern of facial dysmorphology or growth delays. Research has demonstrated that children with or without the characteristic facial features associated with PAE have similar patterns of CNS dysfunction (Mattson, Riley, Gramling, Delis, & Jones, 1998). The pattern of CNS dysfunction is somewhat variable by individual, but often involves impairments in complex information processing, learning and memory, executive functioning, social communication, and adaptive skills (Kodituwakku & Kodituwakku, 2014; Mattson, Crocker, & Nguyen, 2011). Additionally, children with FASD often display significant internalizing and externalizing behavior problems that interfere with their social relationships and functioning in home, school, and community settings. Individuals with FASD are at high risk for secondary conditions, such as mental health problems, school disruption, and trouble with the law, especially as they enter adolescence and adulthood (Streissguth et al., 2004).

Behavior problems and secondary conditions contribute to the high cost and caregiving burden for families raising children with FASD (Olson, Oti, Gelo, & Beck, 2009; Popova, Stade, Bekmuradov, Lange, & Rehm, 2011; Tsang, Lucas, Olson, Pinto, & Elliott, 2016). Many children with FASD are raised in some form of out-of-home care (e.g., foster, adoptive, relatives, residential) due to their biological parents being unable to provide a stable and nurturing home (Astley, 2010). Regardless of caregiver type, recent research has documented that caregivers of children with FASD often experience higher levels of stress relative to caregivers of typically developing children or caregivers of children with other types of developmental disabilities, such as autism (Paley, O'Connor, Frankel, & Marquardt, 2006; Watson, Coons, & Hayes, 2013). Identifying effective parenting approaches for children with FASD is critical for intervention development and improving family functioning.

A growing body of research has documented the efficacy of intervention programs targeting the cognitive and behavioral challenges associated with FASD (Petrenko, 2015). The majority of interventions developed for preschool and school age children with FASD have incorporated parent education and training to improve children's behavior and adaptive functioning and aid in child skill generalization outside of the treatment setting. The current study investigates the association between parental attributions of behavior and parenting practices, two treatment-relevant constructs that are often targeted in intervention programs. This study also provides a critical foundation for future research to directly test theorized mechanisms of change in family-focused interventions for FASD.

1.1. Parenting children with FASD

Previous research has documented that caregivers raising children with FASD utilize similar parenting behaviors (e.g., consistent discipline, involvement with children, positive parenting approaches) in comparison to parents of typically developing children (Olson et al., 2009). However, children with FASD frequently display significant behavior problems, even in the context of families using consistent, standard parenting approaches. As a result, their caregivers often experience considerable stress and feel discouraged about their parenting skills (Olson et al., 2009; Paley et al., 2006; Watson et al., 2013). This discrepancy leads to the logical conclusion that interventions for families raising children with FASD may need to focus on different types of parenting practices than those typically used with children with externalizing behavior problems.

Positive behavioral support (PBS) is an optimal framework for families raising children with FASD as it takes into account the neurological impairment that co-occurs with children's challenging behaviors (Olson et al., 2009). PBS originated within the field of developmental disabilities and evolved from three major sources: applied behavior analysis, the normalization/inclusion movement, and person-centered-values (Carr et al., 2002). PBS focuses on expanding the child's behavioral repertoire while also adapting the child's environment so that they can function more adaptively and enjoy a better quality of life (Carr et al., 2002; Koegel, Koegel, & Dunlap, 1996). PBS involves systematic observation and analysis of patterns of behavior within the child's environmental contexts to identify the relevant factors (e.g., intrapersonal, interpersonal, environment) that predict or maintain challenging behaviors. Behavior plans are then developed, often with an emphasis on antecedent strategies. These types of strategies address setting factors and ways to set up the environment so that the child's behavior is more functional. They involve a process of proactively finding ways to change the caregiver's behavior, modify the child's environment, or adjust daily schedules to anticipate and prevent misbehavior.

The underlying theory in existing parenting interventions that incorporate PBS for children with FASD proposes that caregivers who view their children's behavior from a neurodevelopmental perspective (versus willful disobedience) are more likely to use antecedent strategies and strategic behavior plans (Bertrand, 2009; Olson & Montague, 2011; Olson et al., 2009). In line with this theory, parenting interventions have incorporated psychoeducation and cognitive behavioral strategies to target caregivers' attributions of their children's behaviors. Programs also train parents to use antecedent

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