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Parenting self-efficacy and problem behavior in children at high risk for early conduct problems: The mediating role of maternal depression

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ABSTRACT

Parenting self-efficacy (PSE) has been positively linked to children's adjustment and negatively associated with maternal depression. However, most PSE research has been cross-sectional, limited to predominantly white, middle-class samples, and has not examined potential mechanisms underlying associations of PSE with children's behavior. The present study investigates: (1) how PSE changes over time, (2) the relationship between age 2 PSE and children's behavior problems 2 years later, and (3) the potential mediating role of maternal depression in relation to the association between PSE and child problem behavior. Participants are 652 ethnically and geographically diverse mothers and their children, at high risk for conduct problems. PSE increased between ages 2 and 4 and higher initial levels predicted lower caregiver-reported age 4 conduct problems after controlling for problem behavior at age 2. The relationship between PSE and later conduct problems was mediated, however, by maternal depression. These findings suggest maternal depression as a potential disruptor of caregiver confidence in early childhood, which has implications for the design and focus of parenting interventions.

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1. Introduction

The relationship between parenting and children's problem behavior has been well-documented (Dishion & Patterson, 2006; Gardner, Ward, Burton, & Wilson, 2003). Given the principle of hierarchical integration, it is generally true that successful parenting in early childhood sets that stage for the same in middle childhood and adolescence, to the beneficence of the developing young person. Research on parenting in early childhood confirms that parents play a more prominent role in children's socialization process relative to older ages (Campbell, Shaw, & Gilliom, 2000; Deater-Deckard, 2000; Fagot, 1997; Gardner, 1987; Pettit & Bates, 1990; Shaw & Bell, 1993).

An important component of human behavior, and change and adaptation of behavior, is the sense of efficacy to complete tasks or execute complex skills (Bandura, 1977, 2006). This principle has been applied to parenting, with the development of measures and studies of parenting self-efficacy (PSE). Perceived competence in the parenting role has been positively linked with observed parenting competence (e.g., warmth, sensitivity, & engagement). In fact, PSE has been found to mediate associations between parenting and children's developmental outcomes (Coleman & Karraker, 2003). In light of this promising research on PSE, it is somewhat surprising to find a dearth of literature on the developmental course or stability of PSE or lon-

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gitudinal data linking its development with children's socioemotional outcomes. In addition, most research on PSE has been conducted with predominantly European American, middle-class families (see Raver & Leadbeater, 1999; Zayas, Jankowski, & Mckee, 2005 for notable exceptions). Even fewer studies have examined potential mediating factors that might account for associations between PSE and child problem behavior. While PSE has been found to mediate associations between parenting and child outcomes, it is possible that underlying intrapersonal characteristics such as parental depression might contribute to PSE and its association with child outcomes. The current study sought to advance our knowledge on PSE by examining its developmental course from the toddler to preschool period, by exploring its longitudinal relation with emerging children's conduct problems, and testing whether associations between PSE and children's conduct problems were potentially mediated by maternal depressive symptoms. The study was carried out with a large sample of 652 children at high risk for developing early conduct problems based on the presence of socioeconomic, family, and child risk factors.

1.1. Self-efficacy and parenting

PSE has been defined as the degree to which parents expect to competently and effectively perform their roles as parents (Teti & Gelfand, 1991), and it is rooted in general self-efficacy theory. Guided by social learning theory, general self-efficacy refers to the belief in one's ability to perform behaviors successfully (Bandura, 1977). Overall, self-efficacy includes the motivation, cognitive resources, and courses of action necessary to implement control over a specific task or event (Ozer & Bandura, 1990). Self-efficacy reflects perceived self-competence as opposed to expectations of task success or failure (Bandura, 1977, 2006). In other words, an individual with high self-efficacy may anticipate task failure in a situation that would realistically require advanced expertise in a specific domain.

In general, high levels of self-efficacy has been found to predict competence in the face of environmental demands, conceptualize difficult situations as challenges, have less negative emotional arousal in the face of stress, and exhibit perseverance when challenged (Jerusalem & Mittag, 1995). In contrast, low self-efficacy is associated with self-doubt, high levels of anxiety when faced with adversity, assuming more responsibility for task failure than success, interpreting challenges as threats, and avoiding difficult tasks. Given that parenting in early childhood is characteristically complex and filled with change and unpredictability (Shaw & Bell, 1993), it would seem that the parent's sense of efficacy would be germane to understanding which parents will rise to the occasion, or alternative, which will become more discouraged and perhaps deteriorate over time, leading to increasing problem behavior in young children.

1.2. The developmental course of parenting self-efficacy

We know relatively little about its developmental course during early childhood, a period of time that has been found to be critical for parenting and children's subsequent adjustment (Shaw, Bell, & Gilliom, 2000). During toddlerhood, children rapidly acquire a repertoire of cognitive, social, and motor skills, challenging parents to tailor their parenting techniques to children's changing needs. In turn, children during this key developmental period are especially dependent on the influence of their caretakers in terms of their social and emotional adjustment. Because of the unique circumstances presented during this period of development not only for children, but also for the growth of parents, it is critical to understand how PSE unfolds specifically during early childhood. One study followed changes in PSE among low-income minority mothers from the third trimester of pregnancy to 3 months post-partum (Zayas et al., 2005). The authors found that PSE significantly increased during the transition to motherhood. In one of the few other longitudinal studies using an ethnically diverse, middle-class sample, Gross, Conrad, Fogg, and Wothke (1994) examined changes in PSE among two cohorts of children from ages 1 to 2 and 2 to 3, respectively, with measurements of PSE three times each year. PSE was found to increase between ages 1 and 2 in Cohort 1, but remain stable from ages 2 to 3 in Cohort 2. In light of these studies, there is some evidence that PSE initially increases in the first couple of years of children's lives and then shows moderate stability; however, longitudinal modeling of growth parameters across at least three measurement waves is needed to elucidate the developmental trajectory of PSE.

1.3. Parenting self-efficacy and children's socioemotional adjustment

As early-onset behavior problems have been linked to the development of more severe conduct problems in middle childhood and adolescence, such as delinquency and substance use (Campbell et al., 2000; Shaw & Gross, 2008), it is critical to identify factors in early childhood that contribute to or protect children from the maintenance of problem behavior. Based on PSE's theoretical and empirical links to several dimensions of parenting behavior (Bor & Sanders, 2004; Coleman et al., 2002), it is logical to consider its associations with problem behavior during early childhood. In fact, PSE has been linked to children's development in terms of behavioral adjustment (Bor & Sanders, 2004). For example, as early as 5 months, PSE was found to be positively related to concurrent ratings of infant soothability (Leerkes & Crockenberg, 2002). At age 2, Raver and Leadbeater (1999) found that PSE was inversely related to children's concurrent difficult temperament among a sample of urban impoverished families. Furthermore, children's observed compliance, negativity, and avoidance of mother at age 2 was found to be associated with concurrent ratings of PSE among predominantly middle-class, mother-toddler dyads (Coleman & Karraker, 2003). Among a demographically similar sample of mothers with school-aged children, higher PSE was concurrently associated with less emotionally reactive and more sociable behavior (Coleman & Karraker, 2000). In terms of problem behavior, lower levels of PSE among mothers of preschool-aged children at high risk for developing conduct

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