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Research Paper



Parental Self-efficacy and Proactive Coping among Parents of Children with Neurodevelopmental Disorders and Parents of Typically Developed Children

Haripriya A^{1*}, D P Deepthi²

ABSTRACT

Raising a child with a disorder of any kind, especially a neurodevelopmental disorder entails significant difficulties. Parental self-efficacy has been found to predict parenting stress, and coping and it has an impact on child upbringing. In this view, the parental self-efficacy and proactive coping among parents of children with neurodevelopmental disorders and that of parents of typically developed children were examined. Using purposive sampling for parents of children with the neurodevelopmental disorder and convenient sampling for parents of typically developed children, data was collected from a sample of 200 participants and after applying the inclusion and exclusion criteria, an independent sample t-test was done on the selected 200 data. The findings suggest that parents of children with neurodevelopmental disorders had similar levels of proactive coping and lower levels of parental self-efficacy than parents of typically developing children. Parental self-efficacy and proactive coping have an impact on children's healthy development. Thus, interventions could be introduced to promote parental self-efficacy and coping among parents in a healthy lifestyle.

Keywords: Parental Self-Efficacy, Proactive Coping, Neurodevelopmental Disorders

eurodevelopmental disorders (NDDs), which are extremely frequent, are the most common and rapidly growing psychiatric condition in early infancy and adolescence (Mandal et al., 2019). Growing awareness of neurodevelopmental impairments is accompanied by impressive advancements in our understanding of the genetic and neurological roots of many disorders (Dykens, 2015). From a traditional perspective, childhood impairments have always been seen only from the child's point of view. The conceptualizations of childhood impairment, however, have changed during the last twenty years. The International Classification of Functioning, Disability and Health (also known as the ICF) and Can Child's "F-words for Child Development" are two frameworks for health developed by the World Health Organization that guide contemporary thought and action. Lately, the family is viewed as the unit of interest, and the perspectives of the parents are crucial to all aspects of management (Rosenbaum & Novak-Pavlic, 2021).

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¹M.Sc. Clinical Psychology Student, Dept. of Psychology, Kristu Jayanti College, Bangalore, India

²Ph.D. Assistant Professor, Dept. of Psychology, Kristu Jayanti College, Bangalore, India

^{*}Corresponding Author

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Neurodevelopmental disorders are heterogeneous groups of disorders characterized by a plethora of clinical phenotypes such as cognitive impairment, communication deficits, impaired psychomotor skills, and inability to reach developmental milestones (Damianidou et al., 2022). Autism, attention-deficit/hyperactivity disorder (ADHD), learning disabilities, intellectual disability (also known as mental retardation), conduct disorders, cerebral palsy, and impairments in vision and hearing are conditions that fall under the umbrella of neurodevelopmental disorders (Khisty et al., 2022)

The hallmarks of autism include repetitive conduct, restricted interests, and noticeably poor verbal and nonverbal communication in social situations. By the age of three, the disease begins to show symptoms, although the severity of these symptoms varies widely among children depending on their chronological age, developmental stage, and linguistic proficiency (*APA Dictionary of Psychology*, n.d.). ADHD is a disruptive behaviour disorder defined by symptoms of inattention and/or hyperactivity-impulsivity that occur in many contexts and more frequently and severely than is expected for other people in the same developmental stage (Singh et al., 2015). International diagnostic standards define learning disorders (LDs) as a broad category of neurodevelopmental diseases that encompass a variety of learning disorders that influence a child's general aptitudes, primary and/or secondary academic performance, and learning (Cataudella et al., 2021). Children with distinct LDs are a pretty diverse population, both in terms of their neuropsychological and functional profiles and specific academic skills like listening, thinking, reading, speaking, writing, calculating, and spelling (Sorrenti et al., 2019).

A series of neurological conditions known as cerebral palsy (CP) damage the body's mobility and muscle coordination permanently once they first manifest in infancy or early childhood. Damage to or anomalies in the developing brain that impair the brain's capacity to govern movement, maintain posture, and maintain balance are what lead to cerebral palsy (Patel et al., 2020). Intellectual functioning and adaptive behaviour are limited in people with intellectual disabilities due to neurodevelopmental impairments which start at birth and become apparent before the age of 18, and they can be linked to a wide range of other issues that are connected to or comorbid with them, such as mental health issues including depression and anxiety, neurodevelopmental issues like ADHD and autism spectrum disorders, neurological disorders such as infantile cerebral palsy, and medical conditions (Lee et al., 2022).

These disorders are characterized by developmental defects that result in impairments of personal, social, intellectual, or occupational functioning and are often diagnosed early in development, generally before the child reaches grade school. There are chances that these disorders can occur comorbidly (DSM-5; American Psychiatric Association, 2013).

Each and every individual, especially those with neurodevelopmental problems, benefits from the influence of their family, mostly parents (Bush et al., 2020). They provide their kids support, encouragement, love, acceptance, and affection. According to APA, parents offer the most intimate environment for nurturing and safeguarding children as they grow physically, intellectually, emotionally, socially, and in terms of personality and identity.

There are several parenting styles, such as permissive, authoritarian, and authoritative. Later, these styles were expanded to four, including an uninvolved style. These four approaches to parenting blend demand and control with acceptance and response (Bhatt et al., 2020).

Parenting competency is influenced by the child's intellectual handicap, parental education, employment, and perceived stress (satisfaction and self-efficacy) (Finardi et al., 2022; Jandrić & Kurtović, 2021). The findings of Jandric and Kurtović (2021) imply that parental work moderates the association between a child's impairment and parenting stress perception and satisfaction.

Parenting Children with Disabilities

Families are impacted differently by young disabled children, but it is a recurring finding in the research that parents of disabled children are more stressed than parents of typically developing children (Woodman et al., 2015). Raising a child with a disability of any kind entails significant difficulties in terms of cost, time, modifications, and lack of time for other relationships. The stress level of parents and the entire family structure is impacted by a child's impairment (Rosenbaum & Novak-Pavlic, 2021). A few difficulties parents have when raising a disabled kid include understanding about the impairment, looking for, identifying, and using appropriate services and therapies and handling the emotional and physical responsibilities of providing assistance to an individual with a disability (Taderera & Hall, 2017).

Investigations have found a clear connection between parental knowledge and child outcomes, such as fewer behavioural issues and better results on tests of cognitive and motor function (Gadsden et al., 2016).

Children with special needs behave differently from typically developing children and frequently display challenging problem behaviour. Parents may feel more failure and, as a result, have reduced parenting efficacy if their children display challenging conduct. Parents' self-efficacy may be badly impacted by the special traits of children with disabilities (Smart, 2016). Parent-child connection might suffer if a child has a temperament that is more challenging. In turn, this has an impact on parenting and the growth of parenting self-efficacy (Weaver et al., 2008). However, given the heritability of many impairments, parents of children with particular disabilities may experience their own challenges and find parenting to be much more challenging. According to self-efficacy theories, parents' self-efficacy as parents is poorer as a result of perceived parenting failures, challenging child temperament and behaviour, as well as parents' personal stress and emotional challenges (Smart, 2016). These variables that diminish parental self-efficacy are more likely to be experienced by parents of disabled children (Weaver et al., 2008).

Self-efficacy, according to Albert Bandura (1977, 1982), is the belief in one's capacity to carry out a task competently. Self-efficacy, according to Bandura (1986), has a direct impact on behaviour and increases the likelihood that people would stick with challenging activities. Since a person's beliefs influence what they do with their knowledge and skills, Bandura (1986) proposed that self-efficacy is a better predictor of future success and failure than a person's actual competence. Self-perceptions or assessments of one's capacity for parent achievement are known as parenting self-efficacy. A person can increase their parenting self-efficacy by evaluating their perceived level of parenting success or failure (Smart, 2016).

Parental self-efficacy (PSE) is an extension of self-efficacy in the field of parenting, which refers to the perception of effective parenting ability and belief in the ability to perform parenting tasks (Boruszak-Kiziukiewicz & Kmita, 2020). It is a crucial cognitive mechanism

for generating goal-oriented and positive coping behaviours, is a concept rooted in self-efficacy theory and is situated as the key factor affecting how parents adapt to stress (Chen et al., 2021).

There is strong evidence connecting PSE to parental competence and a more tenuous link between PSE and parental psychological functioning, according to Jones and Prinz's review on the potential roles of parental self-efficacy in parent and child adjustment and the role of parental cognitions in understanding behaviours and emotions within families. It was also found that Parental self-efficacy impacts child adjustment directly but also indirectly via parenting practices and behaviors (Jones & Prinz, 2005). Lower parental self-efficacy makes it harder for parents to handle the stress of parenting, according to a number of research. Higher self-efficacy encourages parents to make decisions and take actions that promote children's growth and improve their capacity to actively manage the stress of parenting (Sun et al., 2016). The association between parental self-efficacy, parenting stress, and the development of children with neurodevelopmental disorders is therefore yet unknown, despite the fact that self-efficacy has been found to predict parenting stress across a wide range of children and families (Chen et al., 2021).

Parental self-efficacy has an influence on both the development and wellness of the children with neurodevelopmental disorder as well as the parents themselves and their general level of functioning (Weaver et al., 2008). Ben-Naim et al.(2018) of Peres Academic Center found that compared to non-ADHD parents, parents of children with ADHD reported greater levels of parental stress as well as poorer levels of self-efficacy and marital satisfaction. Parental stress and self-efficacy completely explained the relationship between ADHD parents and marital satisfaction, demonstrating that people draw on their own qualities and situational awareness while under pressure and stressful circumstances.

Coping is seen as a reaction to current pressures or unfavorable occurrences. People do, nevertheless, occasionally start coping in advance of feared adverse circumstances (Allen & Leary, 2010). It is important to take into account both coping styles and strategies while dealing with stress (Cherkil et al., 2013). Coping styles are a deliberate technique to deal with stress, whereas coping strategies refer to more precise behaviours (Stanisławski, 2019). There are several ways to conceptualise coping mechanisms, but there are five main categories: problem-focused coping, emotion-focused coping, social support coping, religious coping, and meaning-making coping (Algorani & Gupta, 2022). Researchers Chukwu et al. (2019) examined the coping mechanisms used by the families of people with learning disabilities. They found that there are three main types of family coping strategies: problem-focused, emotion-focused, and spiritual/religious-focused. Additionally, the coping mechanisms used by families to deal with a learning disability were influenced by their level of awareness of the individual's condition.

There is research literature on coping strategies in the context of various diseases and disabilities. Yet, even so, it is constrained. The usage of coping mechanisms differs between parents of children with and without impairments, but not between the two disability groups, according to Alós et al (2022). The most stressful events that parents of children with disabilities have gone through with their child in the past year are when avoidance methods are used more frequently (Bujnowska et al., 2021). In addition, regardless of the kind of disability their child has, parents frequently employ avoidance techniques (Alós et al., 2022).

There is a new focus in positive psychology research and it is proactive coping (Sohl & Moyer, 2009). It forecasts outcomes like engagement, functional independence, and life happiness. Schwarzer and Taubert in 2002 posit that proactive coping is a method of assessing future goals and setting the stage to achieve them successfully.

The emphasis on upcoming obstacles and relentless goal pursuit distinguishes proactive coping from other coping strategies (Deepthi et al., 2022). Proactive coping is different from anticipatory and preventative coping. The important event that will take place soon is dealt with via anticipatory coping. As a result, it is a brief interaction with uncertain circumstances, as opposed to proactive coping, which involves anticipating difficulties that might be seen as promoting oneself (Schwarzer & Luszczynska, 2008). The goal of preventive coping is to raise overall resistance resources in order to reduce the likelihood of stressful situations occurring in the far future. In contrast to proactive coping, which focuses on coping to foster personal growth, preventive coping emphasizes coping to avert misfortune. Some overt behaviours, such as skill development, resource accumulation, physical fitness improvement, and long-term planning, are shared by proactive and preventive coping. However, there are a number of ways in which proactive coping is different from preventive coping, including danger assessment, amount of concern, and goal management. Threats are seen as challenges in proactive coping, which is less anxious than preventive coping and concentrates more on risk management than self-regulatory goal management (Deepthi et al., 2022). The goal of preventive coping is to raise overall resistance resources in order to reduce the likelihood of stressful situations occurring in the far future. In contrast to proactive coping, which focuses on coping to foster personal growth, preventive coping emphasises coping to avert misfortune. Some overt behaviours, such skill development, resource accumulation, physical fitness improvement, and long-term planning, are shared by proactive and preventive coping (Schwarzer & Luszczynska, 2008). According to Aspinwall and Taylor (1997) the five stages of proactive coping are as follows: (1) resource accumulation; (2) recognition of potential stressors; (3) initial appraisal; (4) preliminary coping efforts; and (5) elicitation and use of feedback regarding preliminary efforts (Sohl & Moyer, 2009).

The effects of chronic stress are frequently linked to ambiguous expectations for the future, where current stresses are exaggerated and expectations for the future are discounted. Positive psychological functioning has been linked to thinking about the future. Meiring and Corne Jeanne (2011) have highlighted that some parents of autistic children are able to conceptualise hopeful future expectations while employing proactive coping mechanisms in the midst of challenging present circumstances. Proactive coping techniques would enable parents to anticipate potential difficulties in the future and, in some situations, entirely avoid them, which would ultimately contribute to effective parenting and excellent mental health (Sohl & Moyer, 2009).

Purpose of the study

The current study focused on assessing and comparing the level of parental self-efficacy and proactive coping among parents of children with and without neurodevelopmental disabilities. In addition, the relationship between self-efficacy and proactive coping among parents with and without neurodevelopmental disorders is also explored.

It is an established fact that there is a mutual relation between proactive coping and self-efficacy (Veresova & Mala, 2012). Although there have been studies on proactive coping

among different populations including teachers and students there are few studies conducted among the parents. Parenting styles and stress, and self-efficacy are being explored by many researchers but the level of Proactive coping among parents remains less explored. Researchers could only find a handful of research done on self-efficacy and proactive coping. Proactive coping studies done on the parent population are very limited. So, the study will fill the existing research gap. The study can also lead to a way to develop intervention plans based on the research findings.

Researchers could also not find any comparative study between self-efficacy and proactive coping among the parent population. Since this is the first attempt, the current study proposed a hypothesis that there is a significant difference in parental self-efficacy between parents of children with neurodevelopmental disorders and parents of typically developed children and there is a significant difference in the level of proactive coping among parents of children with neurodevelopmental disorders and parents of typically developed children.

METHODOLOGY

Objectives

The following objectives was decided to answer the research question will there be a difference in parental self-efficacy and proactive coping among parents of children with neurodevelopmental disorders and parents of typically developed children.

- 1. To compare the parental self-efficacy between parents of children with neurodevelopmental disorders and that of parents of typically developed children.
- 2. To compare the proactive coping among parents of children with neurodevelopmental disorders and that of parents of typically developed children.

Hypothesis

H1: There is a significant difference in parental self-efficacy between parents of children with neurodevelopmental disorders and parents of typically developed children.

H2: There is a significant difference in the level of proactive coping among parents of children with neurodevelopmental disorders and parents of typically developed children.

Research design

Correlational research design was used in the current study. A correlational design is one in which two or more variables are measured and the statistical relationship between them is assessed with no manipulation of an independent variable.

Sampling technique

The sample consisted of 200 participants (100 parents of children with neurodevelopmental disorders- 56 females and 44 males and 100 parents of typically developed children- 60 females and 40 males, aged between 28 and 60). Purposive sampling method was used to select parents of children with neurodevelopmental disorders and convenience sampling was used to select parents of typically developed children.

Inclusion criteria

- Participants are parents of children between the age group of 3-18.
- Both the parents- either the mother or father could be a participant.
- Participants are aged between the age group of 28-60.

- Parents must be having children with neurodevelopmental disorders such as ADHD, Autism, learning disabilities, intellectual disability, conduct disorders, and cerebral palsy that were diagnosed by a certified clinical psychologist.
- Participants residing in Kerala only participated in the study.

Exclusion criteria

• Parents who have any kind of mental disturbances were not included in the study.

Measures

Administration

Google forms were used to collect data. The first section of the form collected the demographic details and the further sections consisted of the consent form and two questionnaires that measured the study variables.

Tools

The tools used for the study for assessing parental self-efficacy is the Parental Sense of Competence scale and for proactive coping is Proactive Coping Inventory.

The Parental Sense of Competence Scale (PSOC; Gibaud-Wallston & Wandersman, 1978), a 17-item scale was developed to measure parental self-esteem. Answers to each question range from strongly disagree (6) to strongly agree (1) on a 6-point scale The scale consists of two skill-knowledge and value-comforting scales known as efficacy and satisfaction that were rationally derived. For the Efficacy measures, Gibaud-Wallston and Wandersman (1978) obtained an alpha value of .70 (APA, 2019).

The **Proactive Coping Inventory** (PCI) developed by Greenglass et al. (2018). It has seven subscales and 55 items total. Proactive coping, strategic planning, preventative coping, instrumental support seeking, emotional support seeking, reflective coping, avoidance coping, preventive coping, and other subscales make up the PCI, which was created to measure many aspects of the proactive approach to coping. The only scale that evaluates proactive coping has 14 items. A 4-Likert-Type scale (not at all true, slightly true, somewhat true, and absolutely true) is used to rate each item. Reliability values (α) of 0.85 and 0.80 in the two samples show that PCI subscales have strong internal consistency (Greenglass et al., 2018).

RESULTS

Table 1

Data in table 1 shows the demographics of the participants of this research study. The sample consisted of 100 parents of children with neurodevelopmental disorders (NDD) (56 females and 44 males) and 100 parents of typically developed children (60 females and 40 males).

Table no. 1 Socio-demographic characteristics of participants

Gender	Parents of children with NDD	Parents of typically developed children	n%
Male	44	40	42%
Female	56	60	58%

Table 2 t-test comparison of parental self-efficacy and proactive coping between parents of children with neurodevelopmental disorders (NDD) and typically developed children.

Logistic parameter		Mean	SD	t-value
Parents of children with NDD	Self-efficacy	53.44	5.44	6.44*
	Proactive coping	39.03	5.7	
Parents of typically developed	Self-efficacy	59.6	7.89	1.1
children	Proactive coping	39.87	5.09	

DISCUSSION

The aim of this study was to compare parental self-efficacy and proactive coping among parents of children with neurodevelopmental disorders and that of parents of typically developed children. The data was collected from 200 participants (100 parents of children with neurodevelopmental disorders and 100 parents of typically developed children aged between 28 and 60) who are residing in Kerala.

The first objective of the study was to compare the parental self-efficacy between parents of children with neurodevelopmental disorders and that of parents of typically developed children which was examined using t-test analysis. The results revealed a significant difference emerging in the parental groups on parental self-efficacy (t=6.44, p<0.01). The result indicates that compared to the parents of typically developed children (M=59.6), the parents of children with neurodevelopmental disorders (M=53.44) have lower levels of parental self-efficacy. The results of this study are consistent with findings in the literature which demonstrates that the parents of children with neurodevelopmental disorders especially autism and learning disabilities have lower levels of self-efficacy when compared to the parents of typically developed children (Smart, 2016).

The results in comparison of the level of proactive coping among parents of children with NDD and typically developed children shows that there is no significant difference (t=1.1, p<0.01) which indicates that parentals of children with neurodevelopmental disorders and typically developed children have a similar level of proactive coping. Both parents of children with and without neurodevelopmental disorders have an average level of proactive coping. Existing schemes that support the parents like the Snehayanam scheme by the Social Justice department, Swasraya scheme for parents, etc; social supporting factors, socioeconomic background of the participants inclusive education, and life experiences can act as contributing factors for the obtained result. The age limit considered in the study could also be one factor that shows the least significant difference among genders. This study was however limited by the sampling technique chosen, and its restriction to one specific geographical location and thus could contradict the findings of other studies as well.

CONCLUSION

The purpose of this study was to examine parental self-efficacy and proactive coping among parents of children with neurodevelopmental disorders and parents of typically developed

children. The findings suggest that parents of children with neurodevelopmental disorders had similar levels of proactive coping and lower levels of parental self-efficacy than parents of typically developing children. Several factors could have influenced the results.

Implications

Parental self-efficacy and proactive coping among parents are areas that need further exploration. As there is only a hand full of works of literature available on the variables, an extensive study can be done to find the relation between proactive coping and self-efficacy among parents. Increasing amounts of empirical data support the benefits of early intervention for parents of children with neurodevelopmental disorders. Researchers Hohlfeld et al (2018) demonstrate that parenting training programs are successful in boosting the self-efficacy of parents of children with neurodevelopmental impairments.

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Conflict of Interest

The author(s) declared no conflict of interest.

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