

Parental Stress and Parents' Perceptions of Preschoolers' Behaviors Across Home and School

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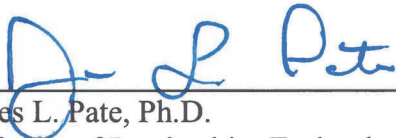
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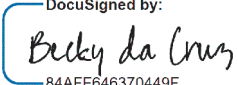


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ABSTRACT

This explanatory sequential mixed-methods study examined the relationship between parental stress and preschoolers' externalizing behaviors across home and school contexts. Phase I employed quantitative methods to investigate the extent to which parental stress predicted parental satisfaction and perceived loss of control using the Parental Stress Scale (Berry & Jones, 1995). Participants included 153 parents of preschool-aged children enrolled in early learning programs in South Georgia. Regression analyses revealed that higher levels of parental stress were significantly associated with lower satisfaction ($R^2 = .32$) and greater loss of control ($R^2 = .50$). The most frequently reported stressors included balancing work and parenting (33.8%), lack of time for self-care (30.5%), and managing child behavior (30.7%).

Phase II utilized semi-structured interviews with nine parents to explore how stress and coping are experienced in daily life. Thematic analysis produced three overarching themes: navigating caregiver overwhelm, behavioral duality (home as a safe haven), and conscious parenting evolution. Parents described the interplay between emotional regulation, environmental context, and support systems in shaping stress and parenting responses. Triangulation of quantitative and qualitative findings demonstrated that stress operates as a dynamic process influenced by family systems and coping resources.

Grounded in Bronfenbrenner's ecological systems theory, Lazarus and Folkman's transactional model of stress and coping, and Bandura's social learning theory, this study highlights the importance of parental self-regulation, support networks, and intentional coping in promoting family well-being and healthy child development.

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DEDICATION

This dissertation is lovingly dedicated to my mother, Dr. Alma G. Noble, whose brilliance, compassion, and unwavering pursuit of excellence paved the way for me to follow in her footsteps. Your legacy of advocacy for children's development continues to inspire every part of my work and my life.

To my sons, Preston, William, and Jarrett, thank you for your love, patience, and understanding throughout this journey. You are the reason I strive to be better every day. Watching you grow reminds me that perseverance and purpose can coexist with joy.

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Finally, this work stands as a tribute to every parent and educator who shows up, even on the hardest days, to guide, nurture, and uplift the next generation.

Chapter I

Introduction

The parent-child relationship is the first relationship a child experiences. Moglia (2015) described attachment as a pattern of interactions between parents and children. These specific interactions determine the overall parent-child relationship and whether a child has a secure or insecure attachment to their mother, father, or both parents. Children acquire their primary emotions—joy, anger, sadness, and fear—from which all other emotions develop during the first 12 months of their lives (Kostelnik et al., 2018). While joy is an emotion associated with a secure parental attachment, anger, sadness, and fear can stem from an insecure attachment, leading a baby to instinctively shield itself from a disagreeable parental situation (Moglia, 2015). Insecure attachments could distress the youngest of children, so they should be avoided (Kerns & Brumariu, 2014). Stone et al. (2016) found that a child’s development of internal or external problems was influenced by several individual and environmental factors, including the most significant early childhood factor: parenting. Dagan et al. (2021) stated that children with an insecure attachment to both parents were later classified as “disorganized” and had more “externalizing behavioral problems” than their counterparts with secure attachments to both parents (pp. 66-67).

Some parents considered parenting a double-edged sword as it could provide pleasure and pain. Parental units struggle to balance work, parenting duties, life, and other responsibilities, which can cause significant stress. In psychology, unhealthy stress is defined as a physical or psychological disturbance that individuals experience due to perceived adverse or

challenging circumstances (Moglia, 2015). There are several types of stress: acute, chronic, minor, and major. Additionally, each overarching type of stress can be further categorized as follows: acute parental stress, chronic parental stress, minor parental stress, and major parental stress. Most stress has some physiological impacts on the body; however, Yale Medicine (2023) reported that “chronic stress can cause damage” to the brain and the body, including but not limited to hypertension, obesity, Type II diabetes, mood and anxiety disorders, and addictive disorders such as drugs and gambling (Yale Medicine, 2023). Coulacoglou and Saklofske (2017) defined parental stress as a specific form of stress that occurs when a parent’s available resources are insufficient to meet the perceived demands of parenthood. Neuspiel (2023) defined parental stress as a disruption in the parent-child relationship that can impact a parent’s sense of self-worth and value. For this study, parental stress was defined as a unique form of stress that occurs when a parent’s resources are insufficient to meet the perceived demands of parenthood, resulting in disruption of the parent-child relationship and a parent’s sense of value and self-worth. When ranking sources of stress, parenting stress is often listed as one of, if not the most prominent, sources (Stone et al., 2016). Chronic parental stress is typically associated with parents experiencing chronic stressors with long-lasting effects; typically, chronic parental stressors are related to parental care of children struggling with long-term illnesses or disabilities (Karney et al., 2005; Quittner et al., 1990, p. 1267; Randall & Bodenmann, 2009, p. 107).

Stressful events, or stressors, elicit a wide range of physiological responses in individuals, influencing their emotional state, cognitive abilities, problem-solving strategies, and social behavior (Moglia, 2015). Parenting stress is relevant to the development, maintenance, and improvement of the mental, emotional, and behavioral health of youth (Holly et al., 2019). Past research has linked parental stress, dysfunctional parenting behaviors, and child behavioral

problems (Crnic et al., 2005; Deater-Deckard, 2004; Neece et al., 2012; Prandstetter et al., 2023). Dysfunctional parenting patterns can be exemplified in dysfunctional discipline strategies, such as “physical punishment, overt expression of anger, and permissive and lax behaviors” (Prandstetter et al., 2023, p. 1255). Further, MacKenzie et al. (2015) discovered an association between dysfunctional discipline strategies and the development of problems in children, such as behavioral and emotional problems, which can lead to internalized and externalized behavior disorders.

According to research, parental stress could have negative lifelong effects on several aspects of child development, including, but not limited to, social-emotional development (Golfenshtein et al., 2016). The detrimental effect of parenting stress on a child’s development has been well documented (Crnic & Low, 2002, pp. 258-259). As children develop, they begin to acquire the skills necessary to self-regulate their emotions as early as infancy (Kostelnik et al., 2018). Avoidance, suppression, and self-soothing are among the self-regulation skills children learn (Golfenshtein et al., 2016; Kogan & Carter, 1995; Tinsley et al., 2002).

Statement of the Problem

This study examined parental stress, which might lead to detrimental parenting practices. Consequently, detrimental parenting methods might lead a child to exhibit disruptive external behaviors across multiple environments. At the heart of this study was the understanding of these two concepts, “promotive effect vs. protective effect,” as posed by Sameroff (2009). Dershowitz (2024) examined the findings of an American Psychological Association report in which half of adults surveyed in the United States (U.S.) said that stress negatively impacted their behavior. With this reported increase in stress, it was essential to discover the long-lasting impact of harmful parenting practices resulting from mishandled parental stress during the early developmental stages (i.e., prenatal to preschool) of a child’s life.

According to Voigt et al. (2018), the occurrence rate of behavioral or emotional disorders in children in the U.S ranged from 11% to 20%. Developmental and behavioral disorders ranked among the top five chronic illnesses that result in functional impairment in children.

Nevertheless, pediatric healthcare providers have limited ability to detect developmental-behavioral abnormalities in primary care settings solely through clinical judgment, without the aid of a standardized test. In 2019, the National Academies of Sciences, Engineering, and Medicine assessed advancements in child development research and recommended fostering Mental, Emotional, and Behavioral (MEB) health in the coming decade (National Academies of Sciences, 2019). This ad hoc committee was composed of individuals with expertise in behavioral research, child development, and child and adolescent psychiatry. They found that MEB disorders frequently manifested during childhood, imposed significant burdens on families, and accounted for the highest rates of disability in the U.S. population in 2015. They also contributed to rates of school dropouts, incarceration, and homelessness (National Academies of Sciences, 2019). Of all disorders studied, “anxiety disorders are the most common MEB disorders among children and adolescents (31.9%), followed by behavior disorders (19.1%), depression (14.3%), and substance disorders (11.4%)” (National Academies of Sciences, 2019, p.17). Approximately 40% of young people who met the criteria for one of these disorders also met the criteria for at least one of the others (National Academies of Sciences, 2019).

There is a gap in identifying and treating MEB disorders as it relates to children’s social-emotional development. As previously demonstrated, MEB disorders can have a crippling effect on individuals, families, and societies. Systems such as education, commerce, health, government, etc., are not equipped to handle an abundance of MEB diagnoses in young children. The preschool system in Georgia, for instance, has a referral process for childcare workers

seeking assistance to better manage children exhibiting continuous disruptive behaviors and increase their success. The process includes behavior specialists from Bright from the Start, Georgia's Department of Early Care and Learning, observing the students and teachers in the classroom. When they observe the behavior, they do not diagnose, mitigate nor provide adequate solutions to address the disruptive behaviors exhibited by children. Instead, they are responsible for providing approved training, support, resources, and practical services to ensure the successful inclusion of all children in early learning programs. Unfortunately, they do not address the practical treatment of disorders. Thus, the underlying problems persist, and the vulnerable population remains untreated. Early care providers and parents are educated to codify rather than rectify the situation. Additionally, early care and education providers, childcare operators, or owners might be advised to use exclusionary practices such as suspension and expulsion. MEB disorders stemming from poor social-emotional development in children have lasting stigmas that resulted in a growing population of adults with poor self-regulation, resulting in less contribution to society. They can sometimes impose economic burdens on taxpayers (National Academies of Sciences, 2019).

Moreover, McAloon and de la Poer Beresford (2023) postulated that recent evidence corroborated the significance of early attachment relationships for the child's subsequent "social, emotional, and behavioral development," underscoring their specific influence on emerging "neurophysiological and regulatory processes" (p. 379). It was estimated that roughly 19% of children with impairment caused by mental health symptoms would not cross any diagnostic threshold for a diagnosable mental disorder (Foy, 2018). Based on research, the United States should prioritize protecting children's mental health, the nation has fallen behind on its mandate to ensure the successful growth of its youth into productive adults (National Academies of

Sciences, 2019).

Preschoolers' Problematic Behaviors

Williford and Vitiello (2020) emphasized the adverse impact of preschoolers' disruptive behaviors on educators' classroom practices, classifying these behaviors as aggressive, disruptive, and destructive. These behaviors might be associated with several disorders, including conduct disorder, oppositional defiant disorder, and impulse-control disorder, which indicate the child's ability for self-regulation (Elmaghraby & Garayalde, 2021; Emond et al., 2007). Educators frequently saw these external behaviors as "off-task behavior and attention issues" (Bierman et al., 2013; Williford & Vitiello, 2020), thereby intensifying classroom management difficulties and undermining the quality of teacher-child relationships. The authors proposed that a teacher's manner during behavioral escalations is crucial in either exacerbating or mitigating the situation. They determined that adverse interactions often intensified disruption.

Early Childhood Suspension and Expulsion

Malik (2017) highlighted figures on expulsion and suspension rates in early childhood education (ECE), derived from the Center for American Progress' analysis of the 2016 National Survey of Children's Health (The Child & Adolescent Health Measurement Initiative, 2017; Ghandour et al., 2018). The survey revealed that nearly 50,000 preschoolers experienced suspension at least once, with an additional 17,000 being expelled, indicating an average of 250 preschoolers suspended or expelled each day across both private and public educational institutions (Zinsser et al., 2022). According to the Head Start Early Childhood Learning & Knowledge Center (ECLKC), preschoolers experience expulsion at rates three times higher than K-12 students, with child misbehavior identified as a primary factor influencing expulsion practices in early childhood education settings (U.S. Department of Health & Human Services et

al., 2025). In 2014, the U.S. Department of Health and Human Services and the U.S. Department of Education issued a joint policy statement regarding expulsion and suspension in ECE. This policy underscored the detrimental effects of withdrawing preschoolers from their educational environments on their social-emotional and behavioral development, as well as on their cognitive development, which is essential for future academic achievement (U.S. Department of Health and Human Services & U.S. Department of Education, 2014).

Social-Emotional Development

Zinsler et al. (2022) emphasized the benefits of high-quality early childhood education, particularly in enhancing children's social-emotional competencies and school readiness. It was essential to acknowledge that some children might be deprived of the benefits of these programs due to challenges in managing challenging behaviors or extreme emotions (Zeng et al., 2019). When children were suspended or expelled from early childhood education facilities, they were likely to lose critical services and referrals during their absence from the childcare setting (Murano et al., 2020).

Boyd et al. (2005) emphasized the significant influence of educators and primary caregivers on children's social-emotional development. Ten percent of children under the age of five experienced mental health disorders and emotional difficulties. According to research, there is an association between caregiving and observed behavioral issues. Ortiz and Barnes (2019) emphasized the significance of analyzing parenting styles and temperament in relation to interactions. Parental stress and parenting approaches could affect a child's outcomes, leading to maladaptive consequences and behavioral issues. Parents were crucial in socialization and emotional self-regulation, and their mental health might exacerbate familial pressure.

Bates et al. (2015) and Kiff et al. (2011) asserted that children who experienced difficulties with frustration, self-regulation, and impulsivity were at an increased risk of exhibiting externalizing behavior problems when subjected to poor parenting techniques. Parental mental health and the quality of early childhood care can significantly impact a child's development of behavioral issues.

Statement of Purpose

The purpose of this explanatory sequential mixed-methods study was to examine parents' perceptions of parental stressors that impact the problematic behaviors of preschoolers in South Georgia. The study's secondary purpose was to enable parents to identify parental stressors and their impact on the social-emotional and disruptive behaviors displayed by preschoolers in both settings. The quantitative element of the study consisted of a survey that collected data from parents on their ratings of parental stress, loss of control, and parental satisfaction (Berry & Jones, 1995). Additionally, the survey included questions about prioritizing parental stressors, types of parental support, and acknowledging unwanted external behaviors displayed by the child at home and at school. Following the quantitative data collection phase, I utilized responses to identify parents to interview. The interview provided qualitative data, allowing me to examine the parents' perceptions of the impact of parental stress on their child's disruptive externalized behaviors.

Research Questions

Within this explanatory sequential mixed-methods study, I answered the following research questions (RQ):

RQ1: To what degree is parental stress associated with parental satisfaction and loss of control?

RQ2: What parental stressors do parents perceive as impacting a preschooler's externalized behaviors?

RQ3: What strategies are parents implementing to mitigate parental stress?

Conceptual Framework

This explanatory sequential mixed-methods study used the frameworks of three theories: ecological systems theory (Bronfenbrenner, 1979), social learning theory (Bandura, 1977), and the transactional model of stress and coping (Lazarus & Folkman, 1984). The ecological systems theory served as a framework for exploring exclusion due to negative externalized behaviors (Bronfenbrenner, 1979; Tamagni & Wilson, 2020). Additionally, ecological systems theory has been utilized to examine negative behaviors at home and school (Esposito, 2017). Esposito (2017) found that there was a significant positive correlation between parental stress, parental depression, and a child's externalized behaviors while using the ecological systems theory as a framework. Likewise, Bandura (1977) employed social learning theory to investigate how behaviors are acquired through modeling, value judgments, and imitation. Home life might present the most opportunities for a child to learn behaviors modeled by their parents. Therefore, it was necessary to understand the links between preschoolers' externalized behaviors and the observable range of parental behaviors. The transactional model of stress and coping framed the impact of parental stress on modeled externalized behaviors. Overall, the ecological systems theory underpinned and connected the theoretical framework of this study, underscoring the idea that behaviors across multiple environments might influence a child's behavior in the moment.

Ecological Systems Theory

The underlying theory of this study was Bronfenbrenner's (1979) ecological systems theory, introduced in his book *The Ecology of Human Development*. Bronfenbrenner explained the principles of environments and their interconnective impact on human development. He proposed that environments functioned as systems and could be examined beyond individual behaviors within them (Bronfenbrenner, 1979). For example, when a teacher observed a child's behavior (at that moment), the child's behavior resulted from the interactions between several informing environments (i.e., a child from a divorced home with joint custody). Bronfenbrenner (1979) posited that researchers should be aware of the concrete (observable) environment and the importance of the developing person's response to stimuli and other individuals within their purview. Zinsser et al. (2022) used ecological systems theory to frame a systematic review of exclusionary discipline practices in early childhood settings. As a framework, the ecological systems theory enabled me to examine the levels (i.e., micro-, meso-, and exo-systems) of influence that impact the child's development and behavior. My assumptions were based on the structures of the Early Childhood Care and Education (ECCE) settings, which predicted how children's behavior would be assessed and addressed, depending on access to, or lack of, quality mental health services.

Social Learning Theory (SLT)

Bandura (1977) proposed social learning theory (SLT), which suggests that individuals learn from social interactions, specifically through observation, imitation, and modeling. Initially, the theory was known as the observational learning theory and encompassed four processes that influenced learning: attention, retention, motor reproduction, and motivation (Bandura, 1977, pp. 24-29). Tenets of the observational learning theory were identifiable within

the SLT using the terms and phrases of imitation and reproduction. Bandura proposed that individuals made value judgments about which behaviors they would like to imitate and possibly incorporate into their behavior scheme. For this study, I employed SLT as a construct to conceptualize the learning of modeled behaviors at both home and school. New response patterns can be developed through direct experience or observation, as people are not born with fixed behavioral routines. According to Bandura, some complex behaviors can be produced only through modeling; thus, new forms of behavior can be expressed effectively only through social cues, making modeling a pertinent aspect of learning (pp. 12-13). Therefore, I examined the impact of modeling at home and disruptive externalized behaviors displayed at school. Additionally, I had an ongoing interest in modeling classroom behaviors and their impact on the child's disruptive externalized behaviors in the preschool classroom. All complex behaviors have different points of origin and do not emerge from a single pattern; rather, they result from the integration of many activities that converge in behavior development (Bandura, 1977). Ultimately, this helped showcase the connection between social learning theory and ecological systems theory, as learning occurs across all these environments.

Transactional Model of Stress and Coping

Bronfenbrenner's (1979) ecological systems theory provided a framework for me to understand the interconnectedness between the home environment and the school setting. As demonstrated, the abstract nature of the home environment warrants understanding the link between observable school behaviors and the microsystems of home life. For instance, I had to understand additional home-life factors that might lead to parental stressors, thereby gaining insight into the transactional model of stress and coping. Lazarus and Folkman (1984) defined

the transactional model of stress and coping (TSC) as distinguishing an individual's perception of a situation as either benign or stressful.

An individual's cognitive judgment and ability to make meaning of a benign or challenging situation would result in a reflective response (Lazarus & Folkman, 1984). If the situation were deemed stressful, there were two subcategories: challenging or threatening (Lazarus & Folkman, 1984). For example, if a parent reaches their maximum stress capacity, a benign interaction with a child could be perceived as challenging and threatening, thereby leading to a harmful parenting practice. The transactional model of stress and coping (Lazarus & Folkman, 1984) served as an additional lens through which to observe home life. In combination with this model, the transactional model of child development (Sameroff, 2009) served as a lens through which to see child development in the home and school environments, as illustrated in Figure 1.

Figure 1

Model of Theories



Note. This figure is a conceptual map connecting the theories and ideas used in this study and evaluates a child's in-the-moment, externally observable behaviors.

In summary, the ecological systems theory provided the foundational understanding for this study, which illustrated the need to understand the impact of multiple environments and interactions with individuals (close to the child), as one child might imitate problematic modeled behaviors (Bandura, 1969). Additionally, children's problematic behaviors served as a factor of parental stress and adversely impacted parenting functioning (Baumrind, 1991; Berry & Jones, 1995; Kotchick & Forehand, 2002). Thus, a cyclical relationship was observed among parental stress, parenting functioning, parents' modeled behaviors and externalized problematic behaviors.

The impact of parental stressors on parenting practices can best be observed through the transactional model of stress and coping, as it is the parent's perspective of a situation, wherein they deem the situation as either benign or stressful (Baumrind, 1991; Belsky, 1984; Bronfenbrenner, 1979; Lazarus & Folkman, 1984). The stressor is considered challenging or threatening if the situation is stressful (Lazarus & Folkman, 1984). As noted above, a benign interaction with a child when a parent is at maximum capacity can be categorized as challenging and threatening, thus eliciting a harmful parenting practice (Lazarus & Folkman, 1984). Following this, it is worth noting that some children may imitate the negative parental response, based on research that child development is rooted in imitation (Bandura et al., 1963; Piaget, 1962). Therefore, SLT is essential for understanding how children acquire behavior patterns and for understanding children's internalized and externalized behaviors at home and school (Bandura, 1969). In turn, children's problematic behavior can contribute to parental stress (Baumrind, 1991; Berry & Jones, 1995; Kotchick & Forehand, 2002).

Significance of the Study

The desire to select this research topic stemmed from this researcher's experience with her preschool-aged child's negative outward expression of behaviors. As a stressed, divorced,

single parent, doctoral student, and small-business owner, I wondered what impact modeled behaviors had on how one learns to present their internal and external behaviors. The evening before selecting the topic, I yelled at her 4-year-old son at the top of my lungs over something minuscule. Within minutes, he was yelling at his 9-year-old brother at the top of his lungs over something even smaller. At that moment, I realized that the behaviors I repeatedly modeled throughout my 4-year-old's early developmental years had created his stressful externalized behaviors, manifested as tantrums, long crying spells, and overreactions to the stressors of his young world. Because of this experience, I reflected on the daily challenging behaviors of young children I encountered in my professional life as an educator and administrator. With 15 years of experience as an early childhood classroom educator, six years as the owner and administrator of a large ECEC (133 enrolled students), and five years as a pre-kindergarten teacher I did not have immediate answers to my questions as a parent or educator.

I recognized that personal experiences as a parent, educator, and administrator shaped the choice of this research issue. My first hypothesis regarding the influence of parental stress on children's externalized behaviors was informed by observations of a preschool-aged child's behaviors and extensive professional expertise in early childhood education. While these experiences contributed to her extensive background, they also introduced the possibility of bias in data interpretation, participant interactions, and analysis. In Chapter 3, I outlined my role and presented strategies to mitigate potential bias. By applying these strategies, I aimed to conduct a methodologically rigorous and impartial study that provided significant insights into early childhood education and parental stress management.

Based on knowledge and experience with the topic, I hypothesized that highly stressed parents of preschool children who display negative externalized behaviors may exacerbate their

children's externalized behaviors. This research likely had significance for parents because it offered them an opportunity to self-correct unwanted behaviors. Furthermore, the study could inspire parents to seek professional support services that alleviate or provide self-mitigating techniques for some parental stressors. At a minimum, parents could address the unintended effects on preschoolers' future development. I also clarified that a child's educational matriculation began before kindergarten. Childcare centers and family childcare providers could sometimes be the first educational system introduced to a child as early as 6 weeks. While the world might view the individuals employed in these settings as caregivers, they are, in fact, educators. While higher education degrees were not required for teachers across all age groups, institutions that issued certificates, diplomas, or degrees had to provide intentional instruction and training for individuals seeking employment in early childhood settings. Although the degree requirements differed between elementary education, early childhood education, and those employed in a childcare center, the skills and experiences were similar.

As such, this study could benefit educational systems and teacher-preparation programs in Georgia, as early childhood educators or caregivers work with children from birth through Grade 5 as part of the Georgia Early Learning and Development's five learning domains. It is important to note that at the start of the 2022 Georgia Pre-K school year, the Georgia Department of Early Care and Learning (DECAL) distributed a Pyramid Model preschool classroom kit to every Pre-K classroom to address educators' concerns regarding challenging behaviors and to support the social-emotional development of preschoolers who experienced prolonged home-based learning during the COVID-19 pandemic. Thus, Bright from the Start supported educators in teaching preschoolers' self-regulation strategies to address externalizing behaviors. For example, many early childhood programs used Tucker the Turtle, a book and puppet tool that

guides young children through recognizing emotions and practicing calming techniques to improve self-regulation (U.S. Department of Health & Human Services, Administration for Children & Families, 2023). This was achieved by (a) using steps that mimic a turtle's actions of withdrawing into its shell to think before reacting, and (b) using steps that mimic a turtle's actions coming out of its shell when the turtle is ready to talk about its feelings. These steps taught preschoolers and adults how to calm down and cope with their feelings, rather than impulsively reacting to the negative stressor (U.S. Department of Health & Human Services, Administration for Children & Families, 2023).

Limitations of the Study

This study included several limitations. First, the sample consisted of participants who resided solely in southwest Georgia; therefore, the Southeast, Northwest, North Metro, and Northeast regions of Georgia were not represented. Additionally, nonprobability sampling was used, which limits the generalizability of the findings. In this study, I examined parents and teachers of preschool-aged children enrolled in licensed childcare centers, while excluding children younger than three years old or older than five years old. Although I drew upon cognitive, behavioral, and social development theories, the primary focus of the study was on behavioral and social development. With respect to parents, I explored multiple dimensions of parenting, including relationships, parental stressors, mental health, parenting style, parenting skills, and the transactional parenting model. However, a notable limitation was that parent-child interactions were not directly observable within the scope of this study. Thus, I relied on parents to self-report their internalizing and externalizing behaviors and the impact these behaviors had on their parenting practices (Hall et al., 2008; Lazarus & Folkman, 1984).

Another limitation of this study was the small sample size. Although nine participants were sufficient for a small-scale qualitative study, it might not fully capture the range of stressors

that contribute to externalized behaviors in preschool-aged children. A restricted participant pool might limit the range of opinions and experiences, thus impacting the generalizability and depth of the results. To mitigate this limitation, efforts were made to gather comprehensive and thorough responses to enhance the validity of the findings. Nonetheless, augmenting the sample size to 10-15 people, or more if practicable, might yield more substantial data and increase the likelihood of achieving saturation. Notwithstanding these factors, the results must be considered with the understanding that a larger sample may be necessary for broader applicability. To encourage survey participation and minimize bias, I verified responses during interviews by repeating their answers back to them. Another method to reduce bias involved using a raffle system to distribute incentives, along with tracking measures to ensure accountability.

Lastly, a notable limitation of this study was my personal and professional background, which might have introduced bias into the interpretation and analysis of the results. My experiences as an early childhood educator, administrator, and parent informed the selection of the research topic and the preliminary hypothesis, particularly regarding the impact of parental stress on child behavior. While this background provided valuable insights, it also raised concerns about confirmation bias, in which existing beliefs might have unintentionally influenced data collection, analysis, and the formulation of conclusions. To address this limitation, I implemented several strategies, including triangulating data sources, adhering to standardized evaluation instruments, engaging a third party for data analysis, and incorporating peer review to enhance objectivity. Furthermore, a commitment to a rigorous methodological framework and to empirical evidence, rather than anecdotal experience, was prioritized to reduce the potential influence of bias.

Summary of Methods

The study employed a mixed-methods, explanatory sequential design, following the recommendations of Creswell and Plano Clark (2018). Following approval from the Institutional Review Board (IRB), I engaged in sampling, instrument adaptation, data analysis, and data reporting to address the proposed research questions. Parents of Pre-K students in Southwest Georgia Early Childhood Learning Centers (ECLCs) and school districts served as the sample population. For this study, I employed non-probability sampling methods in both phases of the study: Phase I, a quantitative phase, and Phase II, a qualitative phase. This method was deliberately chosen to ensure that the sample embodied traits relevant to the research aims, thereby facilitating a more focused examination. In Phase I, non-probability sampling enabled the acquisition of data from readily accessible participants relevant to the study's objectives. In Phase II, convenience sampling allowed me to gather substantial qualitative insights from individuals who provided valuable viewpoints, thereby enhancing the depth and significance of the findings.

Phase I included quantitative (survey) data collection, and Phase II included qualitative data, where I used Seidman's interview protocol (interview method). I adapted the Parental Stress Scale (PSS) to include demographic information and parents' perspectives of parental stressors (Berry & Jones, 1995). These adaptations allowed me to obtain data for the quantitative research question. The PSS employed a transactional model of stress and coping as its theoretical framework. I then used the survey data to design and adapt the interview protocol, employing a one-on-one interview that lasted between 60 to 90 minutes (Seidman, 2006). The interview explored the participants' histories and lived experiences, as well as how they made sense of parental stress and disruptive social-emotional behaviors exhibited by preschoolers at home and school.

In summary, I developed a quantitative data-collection instrument to collect and analyze data in a single phase. This informed the second phase of the study, which involved refining the qualitative research questions, developing the qualitative instruments, and implementing other qualitative procedures relevant to this study design. Upon completing qualitative data collection and analysis, I integrated and interpreted the datasets from each phase (Creswell & Plano Clark, 2018).

Definition of Terms

Acute stress disorder – Barnhill (2023) defined acute stress disorder as a reaction involving three terms: intense, unpleasant, and dysfunctional. The onset of the reaction can begin shortly after a formidable traumatic event and last up to one month in length.

Child development (5 stages) – Edwards (2018) utilized several researchers to identify the developmental domains of child development: fine motor skills, gross motor skills, expressive language skills, receptive language skills, cognitive development, adaptive development, and social-emotional development (Harms et al., 1998; Kim, 2011; Shonkoff & Phillips, 2000, as cited in Edwards, 2018, pp. 17-18).

Child-Related stressors – Roth et al. (2024) cited several researchers in their definition of child-related stress, which is a type of stress related to children and parenting. Child-related stress can be perceived differently in “frequency, duration, and intensity” (Randall & Bodenmann, 2009; Roth et al., 2024, p. 2). Consequently, children can represent a significant potential source of stress for parents (Roth et al., 2024).

Chronic parental stressors – For the scope of this study, chronic parental stressors were defined as any parental stressors that do not have a short or long-term remedy and are “pervasive” in nature (Quittner et al., 1990, p. 1267).

Chronic stress – A sense of feeling pressure and overwhelm consistently for long periods of time, which may include symptoms of aches, pains, insomnia, weakness, less socialization, and unclear thinking. This may be caused by such events as poverty, dysfunctional marriage, dysfunctional family life, or deep dissatisfaction in career opportunities (Yale Medicine, 2023).

Disruptive behaviors – Hodgins et al. (2022) defined disruptive behaviors as a “class of predominantly externalizing behaviors that include physical aggression, property destruction, temper outbursts, verbal aggression, and some self-injurious behaviors (p. 465).” Disruptive behaviors can be associated with behavior disorders. Additionally, disruptive behaviors are some of the most frequent reasons behavioral health referrals are made for children and the most occurring reason for referrals received for children with suspected intellectual disabilities.

Disruptive, impulse control, and conduct disorders – Grouped disorders varying in difficulties that are typically related to how an individual controls aggression, self, and impulses (Elmaghraby & Garayalde, 2021). Secondly, these behaviors or impulses typically consist of threats of others or breaking traditional societal norms (Elmaghraby & Garayalde, 2021). Overall, the disorders that are included in this disruptive, impulse control, and conduct disorder category include oppositional defiant disorder, intermittent explosive disorder, conduct disorder, pyromania, kleptomania, and other specified or unspecified disruptive, impulse-control disorders (Elmaghraby & Garayalde, 2021).

Ecological systems theory – Ecological systems theory is a practical conceptual framework for understanding the relationship between a child’s individual characteristics, parental variables, and the severity of externalizing behaviors in young children (Esposito, 2017).

Externalizing behavior problems – Esposito (2017) defined externalizing behavior problems in preschoolers as disruptive, noncompliant, antisocial, and aggressive. Campbell (2002) also included inattention, high activity levels, poor impulse regulation, and aggression toward peers as disruptive behaviors typically associated with preschoolers. Jarvers et al. (2023) confirmed that externalizing behaviors decrease over time, thus highlighting the relationship between externalizing behaviors and a child's development.

Interconnectedness – A principle that provides a means to understand the impact of the forces and consequences between settings beyond the immediate setting (Bronfenbrenner, 1979, p. 7).

Internalizing behavior problems – Internalizing behavior problems arise when a child turns inward amid a social or emotional conflict (Gassman-Pines et al., 2020). While externalizing behaviors are easy to recognize, it can be more difficult to recognize a child experiencing internalizing behaviors. Internalizing behavior disorders can include: (a) anxiety-related disorders; (b) mood disorders; and (c) suicidal ideation or planning (Gresham & Kern, 2004).

Microsystem – Complex interrelations within the immediate setting (Bronfenbrenner, 1979, p. 7).

Minor stressors – Minor or daily stressors are described as daily demands that are irritating, frustrating, and distressing (Randall & Bodenmann, 2009).

Minor child-related stressors – Related to child-rearing, this kind of stress includes worries or negative emotions related to children, financial strain, and the organization of everyday family life (Nelson et al., 2014).

Parental stress – In the psychometrics and psychological assessment of 2017, Coulacoglou and Saklofske defined parental stress as a unique form of stress that occurs when the resources available to a parent are insufficient to meet the perceived demands of parenthood.

Parenting satisfaction – Conceptualized as the degree to which parents enjoy or derive pleasure from their parenting (Johnston & Mash, 1989). Parenting satisfaction is a core component of a parent’s overall feelings of parenting competence, which is relevant to familial processes beyond the parent-child relationship (Ohan et al., 2000). It includes marital satisfaction and overall family functioning (Ohan et al., 2000). In general, mothers with lower parenting satisfaction may feel less competent in their maternal role, more frequently implement dysfunctional parenting practices, and exhibit poorer maternal mental health throughout children’s development (Coleman & Karraker, 2000).

Social competence – Gresham et al. (2001) cited several researchers when defining social competence as “the degree to which students can establish and maintain satisfactory interpersonal relationships, gain peer acceptance, establish and maintain friendships, and terminate harmful and pernicious interpersonal relationships” (p. 331). It is also noted that social competence can predict both long-term psychological and social adjustments deemed suitable.

Social-Emotional development – Edwards (2018) defined social-emotional development as an individual’s “emerging ability to effectively label, express, and regulate emotions, and to interact meaningfully with others by engaging in activities such as sharing, taking turns, delaying gratification, and smoothly making transitions between tasks” (Edwards, 2018, p. 21).

Social emotional learning (SEL) – “SEL is the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions, achieve personal and collective goals, feel and show empathy for others,

establish and maintain supportive relationships, and make responsible and caring decisions” (CASEL, 2023).

Social learning theory – Bandura (1977) proposed this theory of learning, stating that individuals learn from social interactions; specifically, children learn through observation, imitation, and modeling.

Stress – Richard Lazarus (1966) defined stress as a relationship between the person and the environment that is appraised as personally significant and as taxing or exceeding resources for coping. To operationalize stress, Lazarus emphasized, “The term ‘stress’ has many meanings, but regardless of the terminology, the critical, theoretical, and empirical issues of stress are always the same” (p. 29).

Transactional model of stress and coping – Lazarus and Folkman (1984) contended that a person’s capacity to cope and adjust to challenges and problems is a consequence of transactions (or interactions) that occur between a person and their environment (as cited in Putwain et al., 2021).

Summary

This chapter provided an overview of vital aspects of this mixed-methods study. Due to a lack of strategies and awareness regarding the parent-child dynamic, more research is needed to determine how parents’ internalizing and externalizing behaviors may impact their children. The purpose of the study was twofold: (1) to examine parents’ perceptions of personal stressors that might impact preschoolers’ externalized behaviors within southwest Georgia and (2) to determine the relationships, if any, between parenting practices and child behaviors. Additional information could inform parents, educators, administrators, and early childcare providers about how individuals can prevent, identify, and change children’s dysfunctional behaviors. The next chapter discusses previous literature on parenting, childhood development, behavioral disorders,

parenting contexts, and the educational needs of children. Additionally, the findings from the data analysis are presented in Chapter 4. Lastly, Chapter 5 contains a discussion of the findings, implications for practice and theory, as well as recommendations for future studies.

Chapter II

Review of Literature

This chapter expands the theoretical (conceptual) framework and reviews the literature on parental stress and its impact on the social-emotional development of preschoolers at home and school. It involves a discussion of how the theories frame the understanding of stress, parental stress, Social-Emotional Development (SED) in preschoolers, Mental, Emotional, and Behavioral (MEB) Health, and disruptive SED. Furthermore, the examination includes the effects of preschoolers' disruptive SED behaviors and the exclusionary practices in ECE.

Theoretical Framework

The framework encompasses the ideas of three theories: ecological systems theory, the transactional model of stress and coping, and social learning theory. Ecological systems theory provided the foundational understanding for this study, emphasizing the importance of considering multiple environments and interactions with individuals in evaluating a child's observable behaviors (Bronfenbrenner, 1979). The transactional model of stress and coping (Lazarus & Folkman, 1984) helped explain how parental stressors affect parenting practices. This theory highlighted the parents' perspective and their evaluation of a situation as either benign or stressful. Furthermore, previous research (Piaget, 1962) suggested that children imitate negative parental responses, indicating the role of social learning theory (Bandura, 1969) in understanding how children acquire behavior patterns and exhibit internalized and externalized behaviors at home and school.

Ecological Systems Theory

In 1979, Bronfenbrenner introduced a theory that scientifically explained the role of the environment in shaping human development (Bronfenbrenner, 1979). Bronfenbrenner actively participated in various committees and presidential task forces (e.g., the Head Start Planning Committee), collaborating with government officials to influence policies related to human development (Bronfenbrenner, 1979). His theory, known as the ecological systems theory, proposed viewing the developing person and their environment as interconnected and evolving (Bronfenbrenner, 1979). This theory challenged the traditional definition of human development and emphasized the importance of the environment in shaping behavior (Bronfenbrenner, 1979).

Bronfenbrenner (1979) proposed a parallel perspective of viewing the developing person, their environment, and how the person and the environment interact and evolve. Research conducted by Voigt et al. (2018) supported the idea that a child's learning, conduct, physical health, and mental health are influenced by both genetic predisposition and the environment in which they are raised. Bronfenbrenner's ecological systems theory integrates biological, psychological, and social sciences to understand human development within a societal context. Ecological systems theory addressed a deficiency in existing developmental research by highlighting the need for "ecologically valid measures" that account for the influence of broader social contexts (Bronfenbrenner, 1979, p. 13). Ecological systems theory views the environment as an organized set of regions within regions. It was heavily based on Lewin's theory of topological territories or interconnectedness and Piaget's suggestion that one's reality is not measured solely by direct experience. However, ecological systems theory focused on the psychological processes and content associated with development (Bronfenbrenner, 1979).

Bronfenbrenner (1979) answered questions about how a person's behavior develops with "it all depends," indicating that development was influenced by past and present interactions with the environment (Cole, 1979). His ecological systems theory helped explain human development at the interface of biological and social forces, giving rise to the concept of development-in-context (Bronfenbrenner, 1979). Overall, Bronfenbrenner's ecological systems theory had a significant impact on the field of human development by emphasizing the role of the environment in shaping behavior and providing a framework for understanding development in context (Bronfenbrenner, 1979).

Bronfenbrenner (1979) defined the ecology of human development as the scientific study of how an active, developing human being gradually adapts to the changing characteristics of their immediate environments. He emphasized that the developing person is dynamic and can restructure their surroundings, meaning the relationship between the person and their environment is reciprocal. Additionally, the environment extends beyond immediate surroundings to include wider contexts. Bronfenbrenner was particularly interested in understanding how a person's behavior changes when they transition to a new setting, such as school. These ecological transitions occur multiple times throughout an individual's life and affect their actions and interactions within the setting. The actions of others near an individual had a direct and consequential impact on their development. Bronfenbrenner also emphasized the significance of external factors, including employment, childcare options, support systems, health, and living arrangements, in a parent's ability to perform their child-rearing roles effectively.

Components of Ecological Systems Theory

According to ecological systems theory, an individual's behavior is shaped by lifelong interactions with various environments or systems (Bronfenbrenner, 1979). Ecological systems theory consists of environment, setting, molar activities, and systems (Bronfenbrenner, 1979). Bronfenbrenner (1979) examined four types of systems: microsystems, mesosystems, exosystems, and macrosystems. The microsystem refers to the specific location or setting in which a developing individual experiences a pattern of roles, interactions, and activities. It encompasses the immediate circumstances that directly impact the individual and the interrelationships among other individuals who share the same environment. For example, a preschooler is more likely to acquire speech when individuals in their environment engage in speaking activities or have direct conversations with them. Molar activities, which are ongoing behaviors of others that significantly influence development, also play a crucial role in shaping a child's psychological development. The scope and complexity of these activities, whether through joint participation or attracting attention, contribute to a child's overall development (Bronfenbrenner, 1979).

The relationships between different environments in which a person actively engages are known as mesosystems. These mesosystems can include connections among a child's home, school, and neighborhood peer groups (Bronfenbrenner, 1979). For adults, mesosystems might involve relationships among family, work, and social life (Bronfenbrenner, 1979). The principle of interconnectedness, introduced earlier in the discussion of microsystems, also applies to the mesosystem, which involves connections within and between the settings in which a person engages (Bronfenbrenner, 1979). Two elements of the mesosystem that impact human development are multi-setting participation and indirect linkage. Multi-setting participation

occurred when a child spent time in multiple environments, such as at home and in a daycare center. This form of interconnection is fundamental to understanding the mesosystem (Bronfenbrenner, 1979). Indirect linkage, on the other hand, occurs when a person establishes a connection between two settings without actively participating in either of them. For example, a parent may serve as an intermediary between the child and the work environment, influencing the child's development even though the child does not directly experience it (Bronfenbrenner, 1979).

Bronfenbrenner's (1979) principle of interconnectedness was once again evident in the exosystem. The exosystem encompasses settings that the developing person may not directly engage with but that still play a significant role in shaping the individual's immediate environment. An exosystem is defined as one or more contexts in which the developing individual is not an active participant, but in which events occur that impact the setting in which the person is present. For instance, the parents' workplace, a setting the child would not regularly or extensively enter, is part of the child's exosystem.

The term "macrosystem" describes consistencies at the subcultural or cultural level, as well as underlying ideologies or belief systems. These consistencies can take the shape and substance of lower-order systems (micro, meso, and exo) that exist or could exist. The macrosystem, as defined by Esposito (2017), encompasses the broader cultural context that shapes a child's experience. This includes cultural ideologies and policies regarding standard child-rearing practices and the attention given to preschool children who exhibit externalizing behaviors.

Literature, such as Zinsser et al. (2022), has utilized ecological systems theory as a framework. Ecological systems theory encompasses various components that influence the

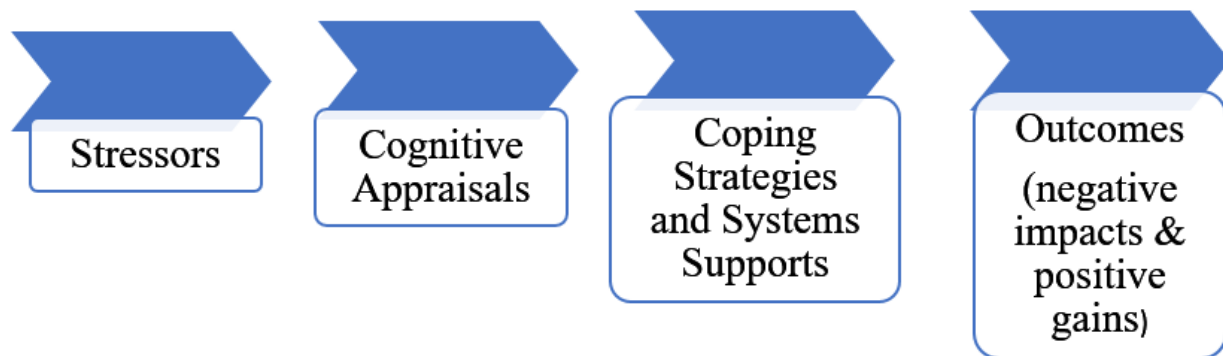
developing child, offering insight into the parent-child relationship and the potential consequences of parenting variables on the child's behavior. For instance, Bronfenbrenner (1976) and Cochran and Bronfenbrenner (1978) conducted pilot studies to pretest an instrument for measuring parental stress and support among parents of young children. The study, which included 70 households, found that workplace conditions were the most prevalent cause of stress (Bronfenbrenner, 1976; Cochran, 1979). Participants in the study perceived their working conditions as the most significant factor impeding their ability to function as parents, thereby affecting their children (Bronfenbrenner, 1976; Cochran, 1979).

Transactional Model of Stress and Coping

Lazarus (1966) conducted foundational research on psychological stress and the coping process, which Lazarus and Folkman (1984) later expanded into the transactional model of stress and coping theory. Lazarus and Folkman theorized the transactional nature of an individual's emotional processing systems and their relationship to the environment. They deconstructed the cognitive appraisal and coping processes into their antecedents, short-term outcomes, and long-term outcomes (Lazarus & Folkman, 1984). The study had roots in action research, as Lazarus and Folkman conducted cross-sectional studies to understand the transactional nature of stress and coping. They measured emotions as variables, identifying both negative (e.g., fear, anger, guilt, and shame) and positive (e.g., joy, happiness, pride, love, and relief) emotions in their research (Lazarus & Folkman, 1984). Through their metatheoretical approach, they discovered that emotions have a transactional relationship, undergo cognitive processing, and serve as variables within an interdependent system, as illustrated in Figure 2.

Figure 2

Illustration of Stress & Coping



Note. This illustration is an adaptation of the Transactional Model of Stress and Coping by Lazarus and Folkman (1984). Adapted from *Sources of Occupational Stress and Coping Strategies Among Teachers in Borstal Institutions in Kenya* by Margaret et al. 2018, *Edelweiss: Psychiatry Open Access*, 2(1), 19. Copyright 2018 by Edelweiss Publications, Inc. Adapted with permission.

Transaction and Relationship

Lazarus and Folkman (1984) argued that the understanding of individuals' emotional lives cannot be achieved by studying individuals or their environments separately. Instead, they emphasized the importance of studying interconnected systems related to individuals and their environments. The researchers asserted that the state of an individual and their environment are intertwined, each influencing the other. For instance, Lazarus and Folkman noted that a threat could not be directed solely at a person or their environment, highlighting the interconnectedness of the two. For example, breaking and entering poses a threat to both the person and the environment; even if the person is absent during the incident, there can still be an indirect threat. Other examples may include violence directed at a person that affects the environment, and vice versa; thus, as researchers state, the two elements are intertwined. This example demonstrated

how relationships and transactions can threaten an environment, a perception that differs depending on the person interacting within it. Therefore, the examination of transactions involves understanding how variables interact, while the examination of relationships focuses on the natural interconnectedness of variables (i.e., persons and their environments).

Stress and Coping Process

Lazarus and Folkman (1984) conducted a study to understand the process of stress and coping over time. They were interested in how stress changes in the short- and long-term, as well as how individuals mitigate stress. The researchers observed coping as a process and identified three conditions for studying it. Firstly, they looked at coping actions and thoughts that differed from an individual's typical thoughts. Secondly, they examined coping within a specific context. Lastly, they measured coping over segmented time periods in various contexts. To analyze coping, Lazarus and Folkman used statistical comparisons and measured variation around an individual's mean. This approach allowed the researchers to study coping in relation to other occurrences and make comparisons.

Emotion as Variables Within an Interdependent System

Lazarus and Folkman (1984) built upon McGuire's (1991) work to develop a system for understanding emotion. The researchers employed a metatheoretical approach and systems analysis to define emotion, as previous externalized or internalized definitions were deemed insufficient. The system included (a) external components such as environmental stimuli and responses, and (b) internal components like impulse responses. The measurement of an emotion's quality or intensity depends on various variables and processes. Lazarus and Folkman provided a systems table that outlined several variables and processes, including stress and coping. The system of emotion was aligned with the transactional model of stress and coping,

encompassing antecedents, mediating processes, cognitive appraisal, coping strategies, immediate effects, and long-term psychosocial effects (Lazarus & Folkman, 1984, p. 144). The study's essential component was parents' ability to understand parental stress and their coping mechanisms. Within the emotion process, three critical components were discussed: the cognitive appraisal process, the coping process, and the interrelationship between the two.

Cognitive Appraisal

Appraisal refers to an individual's capacity to assess situations and ensure their well-being (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) identified two components of the cognitive appraisal process: appraisals and information. An individual's opinions, knowledge, and perception of the world were collectively referred to as information. Utilizing this information was essential for maintaining one's health. The researchers also addressed two appraisal categories: primary and secondary. Primary appraisal entailed processing information to ensure well-being in response to stress, including harm, threat, and challenge. This differed from secondary appraisal, which involved an individual's perception of whether they could cope with situations and events (Lazarus & Folkman, 1984). Lazarus and Folkman (1984) stated that four questions were utilized in the assessment for secondary appraisal: "Was the encounter one that: (1) could be changed; (2) had to be accepted; (3) required more information before acting; (4) required holding oneself back from doing what one wanted to do?" (p. 152). Harm appraisals might elicit anxiety and apprehension, while challenge appraisals may elicit confidence and enthusiasm. Furthermore, individuals participate in injury or benefit appraisals to predict either positive or negative outcomes. Benefit appraisals might induce feelings of relief and joy, while detrimental appraisals might evoke emotions such as wrath and disappointment (Folkman & Lazarus, 1985). Their personal and psychological characteristics influence an individual's

perception of benefits and harm. Emotional responses indicate how individuals perceive stressful events. The anticipatory appraisal, for instance, is characterized by fear, anxiety, eagerness, and confidence, whereas the outcome appraisal is characterized by anger, disgust, relief, and happiness. Generally, appraisal processes include cognitive and emotional components (Lazarus & Folkman, 1984).

Lazarus and Folkman (1984) utilized four questions to evaluate how participants coped with the stressful event: “Was the encounter one that (1) could be changed; (2) had to be accepted; (3) required more information before acting; (4) required holding oneself back from doing what one wanted to do?” (p. 152). Later, the questions were categorized into contexts in which events or situations could be changed or accepted. As previously stated in Chapter 1, a parent’s perception of the parent-child interaction can be assessed as benign or challenging; if deemed challenging, the stress interaction could be categorized as either a challenge or a threat (Lazarus & Folkman, 1984). Thus, a parent’s cognitive appraisal can impact their parenting function (Baumrind, 1991; Belsky, 1984).

Coping

In stress-related research, the word ‘hassle’ has been used interchangeably with ‘stressors’. In prior stress research, two models of coping were identified: behavioral (animal) and psychological (ego). Overall coping was associated with avoidance of adverse environmental conditions (animal) or control and management of impulses (ego) (Lazarus & Folkman, 1984, p. 146). The continuum of coping was examined within the context of health or maturity pathology. Lazarus and Folkman (1984) presented some critiques of previous clinical research on stress and anxiety, focusing on how stress or anxiety impacts performance, rather than the contextualization of stress and coping as an emotional response. Previous research on appraisal indicates that stress

arises from threats or challenges. In contrast, Lazarus and Folkman stated that stress accompanies a threat or challenge but is not the cause of either. Consequently, Lazarus and Folkman developed a research program that encompassed the study of stress related to mundane and complex issues. The coping phase has been delineated in the following ways: “the functions of coping and its measurements; coping as a process; coping and adaptational outcomes; and life-course issues” (Lazarus & Folkman, 1984, p. 152). For the scope of the study, the researchers examined the functions of (a) coping and its measurements and (b) coping as a process.

Lazarus and Folkman (1984) developed *the Ways of Coping Scale to assess individuals' thoughts and actions in managing stressful situations* (p. 152). Coping functions were divided into two subfunctions: problem-focused and emotion-focused. The problem-focused function aimed to change the problematic person-environment relationship, while the emotion-focused function focused on managing emotional distress. Lazarus and Folkman (1984) found that, in stressful situations, individuals utilized both functions; in previous research, they assessed how individuals managed stressful events. Overall, their findings concluded that the coping process included “information search, direct actions, inhibition of action, and intrapsychic” (p. 152). The original assessment was updated to include eight categories: confrontive coping, distancing, self-control, social support, accepting responsibility, escape-avoidance, planful problem-solving, and positive reappraisal. In the context of parenting and parental stress, a parent's coping style can influence their parenting style. For instance, assertive or confrontational behaviors may be associated with authoritarian and authoritative parenting styles, whereas escape-avoidance coping responses may be associated with permissive and neglectful/nonresponsive parenting styles (Baumrind, 1991; Kotchick & Forehand, 2002).

Lazarus and Folkman (1984) described the above process as recursive, highlighting that its short- and long-term effects were interconnected. In examining coping as a process, researchers identified contextual factors for coping with stressful events as process-centric. The researchers asserted that a single assessment of coping is not reliable and layered their assessment. In the initial evaluation, the researchers assessed the appraisal process related to coping. They found that the problem-focused function was used more in changeable situations, whereas the emotion-focused function was used more in situations that required acceptance. Lazarus and Folkman later assessed the functions in relation to the eight categories. They found that the problem-focused function was associated with confrontive coping and planful problem-solving. In contrast, distancing and escape-avoidance were more often used in conjunction with the emotion-focused (acceptance) function. Threats to self-esteem or emotion-focused functions were also less associated with planful problem-solving and seeking social support; thus, the researchers asserted that individuals would utilize confrontive coping with escape-avoidance to engage, disengage, and reengage. Overall, different contexts yielded distinct combinations of coping factors (i.e., eight factors) across the appraisal phases, along with taking a problem- or emotion-focused perspective. Central to the process-centered conceptualization was the understanding that coping changes as events or stressful encounters develop.

Overall, coping as a process encompasses the anticipation, waiting, and post-confrontation stages. Researchers have noted that problem-focused coping is most closely associated with the anticipation stage, while emotion-focused coping (distancing) is associated with the post-confrontation stage. Lazarus and Folkman (1984) sought to provide a way to assess the fluency of stress and move beyond static measures of stress and coping. Coping as a process starts at the encounter with the conclusion or resolution of a stressful situation or event(s). The

process takes time to understand an individual's capacity for self-regulation or problem-solving. The illustration below provides a more concise demonstration of the stress and coping process. A parent's ability to identify and address parental stress can impact their functioning, both positively and negatively.

Social Learning Theory (SLT)

The third part of the framework includes social learning theory. Bandura (1969) distinguished between previous socialization models, which were driven by rewards and consequences. Bandura (1977) proposed a new socialization model in which behaviors were acquired through observation. Additionally, Bandura (1969) proposed that individuals can match the behavior of societal models through social learning, a process that can be accelerated by differential reinforcement of response patterns. The rate of development or social learning can be "short-circuited" by the acquisition of behavior through modeling (Bandura, 1969, p. 213). Identification is the process by which an individual patterns "thoughts, feelings, or actions after another person who serves as a model" (Bandura, 1969, p. 214). The modeling process for an individual's personality survey, as well as the description of parents, serves as an indicator of parental identification. Further, identification is solidified to the degree of correspondence between an individual's self-description score and the corresponding model's score. In this study, the preschooler served as the observer, and the parent served as the model. Thus, preschoolers learn from both positive and negative modeled behaviors. In social learning theory, Bandura (1969) viewed the environment as a conduit for the transmission of culture, beliefs, behaviors, and familial value systems. This view of the environment was similar to the views espoused by Bronfenbrenner (1979).

Identification Process & Social-Learning Theory

Bandura (1969) proposed social-learning theory as an occurrence of similar or matching behaviors between the model and another person within the same conditions in which the model “served as a determinative cue” (Bandura, 1969, p. 217). The matching process was an indicator of the reproduction of certain behavioral patterns. Bandura distinguished between identical responses to environmental cues and matching responses that occur within identification. Bandura further categorized behavior as either motor, cognitive, or psychological. When varied situational cues elicit the same or similar behavior patterns across different individuals, pseudo-identification has occurred.

Bandura (1969) differentiated identification from such terms or processes as “imitation, introjection, incorporation, internalization, copying, and role-taking” (p. 218). In some of the processes mentioned above, it may be difficult to ascertain the stimulus that triggers an individual’s behavior; Bandura cited experiments in which identification behaviors were systematically manipulated to establish validity. He discovered that identification of, or the occurrence of, matching behaviors is a function of, or a response to, modeling cues. Overall, Bandura explained the difference between processes like imitation and identification: imitation is the reproduction of “discrete” responses, whereas identification is the adoption of varied behavioral patterns, “symbolic representation,” or similar meaning systems of the model (Bandura, 1969, p. 218). He examined attachment as an element of imitation and identification.

Bandura’s (1969) work on social learning was essential for understanding how internalized and externalized behaviors of parents serve as models for preschool children’s observational learning. Bandura outlined the components of social learning theory to organize

and categorize subprocesses within the identification process. These components are discussed in the next section.

Components of Social Learning Theory

Attention, retention, motor reproduction, and motivation comprised Bandura's (1969, 1977) theory. These components were identified based on their impact on observational learning. Bandura (1969, 1977) used terms such as retention processes (retention), incentive or motivational processes (motivation), and motoric reproduction processes (motor reproduction) in the original examination of social learning. He proposed the need for additional research to better understand the various exposure variables that contribute to observational learning, including "frequency, duration, rate, saliency, multiplicity, and complexity of modeling cues" (Bandura, 1969, p. 222). The investigation of how infants acquire linguistic behaviors was a prime example of the complexity and challenges associated with distinguishing between events and cues. Attention, the acquisition of complex behaviors, or proper distinction based on the model, was not guaranteed by simply having a modeling stimulus. Various factors, including motivation, prior training in discriminative observation, and the presence of incentive-oriented sets, influenced the attention process. These factors determined the most interesting aspects of social environments.

Retention in observational learning, which can occur within permissive environments, age groups, or social statuses, entails the long-term coding of modeled events (Bandura, 1969). Rehearsal enhanced retention processes during acquisition. Rehearsal, eliciting engagement and participation, and replicating modeled responses were all ways to improve observational learning. The parent-child relationship was identified by Bandura (1969) as indicative of role practice of modeled behavior, as the control-caretaking environment is conducive to "reciprocal

behaviors” (Bandura, 1969, p. 222). In reciprocal behaviors, both actors or participants acquire knowledge by anticipating and rehearsing the other’s typical responses. The frequency of role-playing or role-practice is determined by the model’s power and the frequency of social interactions. In contrast, there is no requirement to anticipate or prepare for the model’s response when it offers no incentives or repercussions. Incentives were associated with rehearsal processes, which might be independent of the model’s behavior. Ultimately, the observer can “recode, classify, and reorganize elements into familiar and easily remembered schemes” by utilizing abbreviated verbal systems to combine patterns into larger segments (Bandura, 1969, p. 223).

Motoric reproduction was the third element of modeling or identification in which observers employed modeled patterns and symbols to direct behavioral performance. This process entailed the reincorporation, representation, or reinstatement of schemes to establish new behavioral patterns and self-instruction. According to Bandura (1969), delayed modeling was distinct in that it lacked stimuli, and the reproduction process was subsequently observed in the observer’s behavioral patterns. The observer’s responses determined the level and rate of observational learning that develop through motor reproduction. High-order complex responses might result from components previously learned. The achievement of modeling outcomes was more likely when an observer could synthesize previously learned components into a novel behavioral pattern. Nevertheless, deficient observers might only partially replicate the model’s behavior. Consequently, it might be necessary to decrease modeling (but increase the frequency) at a rate that allows complex compounds to be represented or incorporated. According to Bandura, individuals with exceptionalities may not possess the level of attentiveness necessary to replicate modeled behaviors due to mental or physical constraints, thereby impeding their

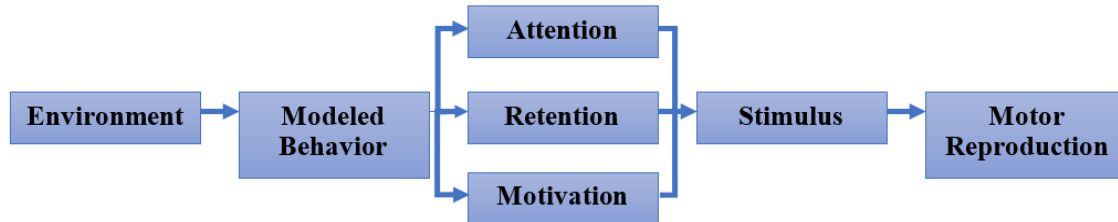
capacity to do so. Additionally, modeling behaviors was impossible if the behaviors resulted from internal, unobservable responses, as observation alone did not ensure their replication.

Motivational processes are the fourth mechanism of observational learning or identification. Bandura (1969) reiterated that incentives and sufficient positive reinforcement are the primary factors determining the ability to execute modeled behavior. Incentive-based conditions can influence the learning, retention, and performance of the modeled behaviors. Bandura (1977) further defined motivation as the reinforcement of modeled behavior through self-reinforcement, leading to its strengthening over time. Social learning theory is distinct from other identification theories in that observational learning is not entirely reliant on rewards and consequences, even though these factors are present in the motivation and retention processes. Nevertheless, an observer can make value judgments about which modeled behaviors to integrate into a new behavior scheme. Additional studies employed social learning theory to enhance understanding of the influence of parenting practices and modeled behaviors. In later sections, this literature review includes a further examination of studies on the influence of parental modeling on the development of disruptive social-emotional behaviors.

Figure 3 illustrates the process of observational learning within an environment. Please note that attention, retention, and motivation are closely related and often work in parallel. Motor reproduction is the final step in the identification process. Thus, for this study, it was essential to note that the home served as the initial environment; the model was the parent, and the individuals engaging in observational learning were preschoolers. However, the study's scope involved examining the modeling and reproduction of negative behaviors.

Figure 3

Bandura's Theory Conceptual Map



Note. The figure is a conceptual representation of Bandura's social learning theory. Adapted from *Investigation of the Effects of a Violence Prevention Program in Reducing Kindergarten-Aged Children's Self-Reported Aggressive Behaviors* (p. 11), by D. Jack, 2009.

Summary of Theoretical Framework

Each theory within this study's theoretical framework had several elements. The research questions of this study were framed by the components found within ecological systems theory, the transactional model of stress and coping, and social learning theory. The theories provided a comprehensive lens for understanding the impact of parental stress on the social-emotional development of preschoolers who exhibit disruptive external behaviors at home and at school. Table 1 presents how each theory addressed the research questions. Two of the theories (ecology systems theory and the transactional model of stress & coping) addressed Research Questions 1 and 3. All three theories helped in the formulation of Research Question 2, as seen in Table 1.

Table 1*Research Question & Theory Matrix*

Research Question	Theories	Components of Theories
RQ1: To what degree is parental stress associated with parental satisfaction and loss of control?	Ecology Systems Theory	<ul style="list-style-type: none"> • Microsystem • Mesosystem • Exosystem
	Transactional Model of Stress & Coping	<ul style="list-style-type: none"> • Stressors • Cognitive Appraisals • Coping Strategies and Systems Supports • Outcomes (negative impacts & positive gains)
RQ2: What parental stressors do parents perceive as impacting a preschooler's externalized behaviors?	Ecology Systems Theory	<ul style="list-style-type: none"> • Microsystem • Mesosystem • Macrosystem
	Transactional Model of Stress & Coping	<ul style="list-style-type: none"> • Stressors • Cognitive Appraisals • Coping Strategies and Systems Supports • Outcomes (negative impacts & positive gains)
	Social Learning Theory	<ul style="list-style-type: none"> • Attention • Retention • Motor Reproduction • Motivation
RQ3: What strategies are parents implementing to mitigate parental stress?	Ecology Systems Theory	<ul style="list-style-type: none"> • Microsystem • Mesosystem • Macrosystem • Exosystem
	Transactional Model of Stress and Coping	<ul style="list-style-type: none"> • Stressors • Cognitive Appraisals • Coping Strategies and Systems Supports • Outcomes (negative impacts & positive gains)

Note. The Research Question & Theory Matrix references The Ecology Systems Theory, The Transactional Model of Stress and Coping, and The Social Learning Theory (Bandura, 1963, 1977; Bronfenbrenner, 1979; Lazarus & Folkman, 1984).

Historical and Empirical Contexts

A comprehensive understanding of the impacts of parental stress on the parent-child relationship, parenting practices, and the social-emotional development of preschoolers underpinned this study. Parental stress affected both the parent and the child, as it could also lead to child stress (Moglia, 2015; National Scientific Council on the Developing Child, 2014). Additionally, the nature of observational learning within the parent-child relationship might lead to MEB disorders and serious emotional disturbance (SED) in terms of internal and external disruptive behaviors of the preschooler (Bandura et al., 1963, Bandura, 1977; Bates et al., 2015; Dagan et al., 2021; Stone et al., 2016; Zeng et al., 2019). The internalization of stress in preschoolers may go undiagnosed; however, externalized behaviors are quantifiable, as documented in the number of violent incidents leading to exclusionary practices in preschools (Bandura et al., 1963; Jack, 2009; Malik, 2017; The Childcare and Development Block Grant Act of 1990).

Stress

Selye, the pioneer of stress theory, was the first scholar to address stress within the discipline of psychology, as recognized by the American Psychological Association (American Psychological Association, 2024). Selye (1978) defined stress as “the state manifested by a specific syndrome which consists of all the nonspecifically induced changes within a biologic system” (p. 64). He used the term “stress” from physics to describe the body’s nonspecific response to demand because he observed that patients with various illnesses shared similar complaints (Tan & Yip, 2018). In 1950, Selye introduced the concept of General Adaptation Syndrome (GAS), which articulated the body’s response to stress in three stages: alarm, resistance, and exhaustion (American Psychological Association, 2018; Hammond-Ritschard, 2024; Randall et al., 2008). There were two subphases in the alarm segment: shock and

countershock. The body mobilized resources and prepared for a fight-or-flight response during this phase. It might manifest symptoms such as accelerated respiration, muscle tension, and elevated blood sugar and pressure. According to Selye (1936), the body's inability to restore homeostasis, indicative of the ongoing presence of a perceived stressor, is the second phase of the stress response, known as resistance. The body is encouraged to generate increased levels of stress hormones during this phase to manage the situation until the stressor is eliminated. The body's diminished capacity to investigate buffering mechanisms is reflected in the third phase, exhaustion, which renders it more susceptible to disease and other disorders.

According to the Dictionary of Psychology by the APA (2024), which credits Selye, stress is a psychological or physiological response to internal or external stressors that induce changes in nearly every system of the body, thereby influencing the emotions and behaviors of individuals (para. 1). For instance, bodily symptoms might include palpitations, perspiration, parched mouth, breathing difficulties, fidgeting, rapid speech, or intensification of negative emotions (American Psychological Association, 2024, para. 1).

Stress is further classified into four categories: acute, chronic, minor, and major (Lu et al., 2021). For this study, I concentrated on acute and chronic stress, as both were associated with disorders. Acute stress, the most common form of stress, is frequently precipitated by a perceived imminent threat and is akin to the "fight or flight response" (Lu et al., 2021, para. 8). Threats such as confronting a deadline, participating in a physical altercation, delivering a speech, or taking an examination were acute in nature. Following exposure to a stressor, an individual might experience a stress response contingent on the nature and acuity of the stressor, as well as on the individual's numerous intrinsic characteristics (Olver et al., 2015). Akin to the cause-and-effect relationship between alcohol and impaired driving, acute stress in adults has

been associated with impaired attention and inhibitory thinking processes, thereby causing the cognitive function to shift toward an uncontrolled reactive state (Roos et al., 2020). According to the U.S. Department of Veterans Affairs' National Center for PTSD (2025), acute stress disorder is a mental health condition that can occur within the first month after a traumatic event and shares symptoms with post-traumatic stress disorder (PTSD), which may be diagnosed if symptoms persist beyond one month following the event. PTSD might be the more severe form of stress; however, chronic stress is associated with daily stressors and not a specific traumatic event.

Yale Medicine (2023) defined chronic stress as a persistent sense of pressure and a feeling of being overburdened. McEwen (2006) described chronic stress as a situation in which the demands placed on an individual, whether external or internal, exceed the individual's ability to cope for an extended period. Although stress is a universal experience, chronic stress has the most detrimental effects on individuals, both mentally and physiologically (Baqtayan, 2015). As exposure to chronic stress continues, it can be accompanied by aches and pains, insomnia, weakness, reduced socialization, and unclear thinking, leading the individual to feel pressured and overwhelmed (Yale Medicine, 2023).

Although stressors can be interpreted as a sense of dissatisfaction with professional prospects, they might serve as the precursors to the onset of chronic stress (Yale Medicine, 2023). While stress is a common daily occurrence, prolonged exposure can lead to health concerns such as the common cold, gastrointestinal issues, cancer, and heart disease (McEwen, 2006). Ortiz-Hartman et al. (2022) posited that stress "lasts not for minutes but for hours, days, weeks, months, and years" in response to a "perceived danger, not true danger" (p. 2). However,

the body's response to stress is physiological and involves biochemical changes triggered by perceived threats from various external factors. (Ortiz-Hartman et al., 2022).

While the above explanation of stress is biological, Hammond-Ritschard (2024) extended our understanding by describing it as a “psychophysiological state that impacts an individual’s perception of their environment” (p. 1). Buck (1972) offered a straightforward yet precise definition of stress, identifying it as the result of the environment, as most individuals experience stress through their surroundings. As previously mentioned, understanding stress is a critical element in identifying potential stressors parents may encounter and in establishing a context for the coping mechanisms they employ. Consequently, a single perspective on stress is insufficient to fully comprehend its direct impact on either the parent or the child. Therefore, in this investigation, the theories and scientific knowledge of stress serve as the basis for investigating parental stress.

Parental Stress and Parental Stressors

Crnic and Greenberg (1990) described parental stress as a parent’s continued exposure to unescapable, repetitive, yet predictable hassles that arise daily from the parenting role. Coulacoglou and Saklofske (2017) identified work-related, relationship-related, financial, and other aspects of adult life as daily sources of stress. However, parental stress, although a process inherent to the parenting role, is an additional stress element specific to the tasks associated with parenting (Coulacoglou & Saklofske, 2017; Glenn, 2023). Identified as a psychological burden derived from a parent’s perception, at its core, parental stress is a unique form of stress that occurs when a parent’s resources are insufficient to meet the perceived demands of parenthood (Coulacoglou & Saklofske, 2017; Deater-Deckard & Panneton, 2017). The strong correlation between perceived life stress and heightened parental negative effects carries significant implications. Parental negative effects towards a child can perpetuate negative affect in the

child's life, particularly when children face more significant financial and social challenges, thereby impacting their cognitive and social-emotional development (Barreto et al., 2024). Even though numerous definitions of parental stress emphasize the availability of resources (Coulacoglou & Saklofske, 2017; Deater-Deckard & Panneton, 2017), it is true that parents with abundant resources also experience parental stress (Deater-Deckard, 2004).

Regarding age and gender, researchers have found that stress may be experienced differently by mothers (maternal stress) and fathers (paternal stress) due to their respective roles in the family structure, and that the severity of parental stress may differ by gender (Deater-Deckard, 2004). Although the shared responsibilities of parenting have evolved in tandem with changes in gender roles, with both mothers and fathers fulfilling the nurturing requirements of infants, participating in domestic responsibilities, and transporting children to extracurricular activities, mothers still carry out the primary parental responsibilities. However, mothers who work outside the household, like fathers, might still be expected to assume primary parenting responsibilities, which can lead to higher parental stress (Deater-Deckard, 2004). In studying the effects of parental stress on women and men, Deater-Deckard reported that the gender disparities in parental stress ranged from none to minimal, suggesting that mothers report marginally higher levels of parenting stress than fathers.

Deater-Deckard (2004) suggested that a parent's age may also influence their ability to manage parenting stress, particularly for parents who are either very young or very old. Additionally, parental stress might persist throughout a parent's lifetime, with the parenting role continuing even after children have reached maturity or become parents themselves, resulting in varying degrees of stress. Acknowledging the stress that can accompany parenthood, Deater-Deckard further found that teenage mothers and older mothers were at a greater risk of

experiencing parental distress. Also prominent throughout research on parental stress is a parent's socio-economic status. According to Larsen et al. (2023), parenting stress is a "near universal phenomenon for parents across socioeconomic groups" (p. 683). Finally, Deater-Deckard reported that both men and women who lacked financial and educational aptitude experienced elevated levels of parental stress. However, other factors, including a parent's "temperament, personality, emotions, beliefs, and physiology, also contribute in powerful ways to the types and severity of stressors that are experienced" (Deater-Deckard, 2004, p. 14). This meant that parents might experience a distorted perception of the severity of the stressors associated with the parenting role, driven by parental stress. In the transactional model of development, MacKenzie and McDonough (2009) discussed perceptions in a chapter dedicated to the transactions between perceptions and reality. The researchers discovered that negative caregiver perceptions of infant crying and behaviors were influenced by ecological risk factors, such as parenting stress, rather than the quantity of infant crying (MacKenzie & McDonough, 2009).

MacKenzie and McDonough (2009) observed that low-crying infants of mothers with negative perceptions of infant crying grew up to be children with worse behavioral outcomes than high-crying infants of mothers without negative perceptions of infant crying. The harsh response to simple words that once brought such joy when first spoken in infancy could be elicited by the child's mere mention of "mom" or "dad" when the child functions as a stressor. While stress is a daily norm, parental stress can disrupt the parent-child relationship and the parent's sense of value and self-worth (Coulacoglou & Saklofske, 2017). Trumello et al. (2021) emphasized that parental stress is a response to the challenges of parenthood and is directed toward both the parent and the child.

According to Deater-Deckard (1998), parenting stress encompasses cognitive, psychological, and emotional responses to stressors associated with parenthood. Parenting stressors can include the demands of parenting, a crying child, scheduling conflicts between a parent's and child's schedule, a child's disruptive behavior, or sibling disagreements (Deater-Deckard, 1998). While any of these events might be of minimal importance in isolation, their collective impact over the course of a day, several days, or even longer may be a significant stressor for a parent (Crnic & Greenberg, 1990).

One characteristic of chronic stress is prolonged exposure over time, and parental stress can be classified as chronic stress, which can have implications that affect both the parent and child (Magal et al., 2022). According to Magal et al. (2022), stress has varying effects on individuals depending on demographic factors, different stressors, and the variable mental and physical consequences arising from different causes of chronic stress. Likewise, Trumello et al. (2021) found that stress in parents can cause (a) decreased positive perceptions of their roles as parents and (b) inappropriate parenting attitudes. Costa et al. (2006) examined parental distress, dysfunctional interactions between parents and children, and the concept of the difficult child. Their findings suggested that high levels of parenting stress might negatively affect parents' perceptions and responses to their children, thereby impacting the development of various abilities in children (Costa et al., 2006). Consequently, the stress associated with the parenting role can be observed in the mental and physical wellness of both parents and children, as well as in their relationships with one another (Deater-Deckard, 2004).

Given the transactional nature of parent-child relationships, MacKenzie and McDonough (2009) cautioned that parenting challenges may arise when a parent fails to distinguish between the child's actual behavior and their own emotional response to it, thereby leading to the

progression of the child's behavioral problems. Parental stress can result in prolonged negative emotional states within the parent-child relationship since the stressors associated with parental stress are not readily avoidable (Williford & Vitiello, 2020). It is crucial to acknowledge that parenting stress is multifaceted and exists on a spectrum, a distinct form of stress distinct from other interpersonal stressors parents experience in their daily lives (Glenn, 2023).

To operationalize parenting stress, Abidin (1986) divided it into subscales that correspond to categories of parent-related stressors, such as (1) overall parental distress, (2) parent-child dysfunctional interaction, and (3) the child's difficulty as reported by the parent. These subscales were very similar to Deater-Deckard's (2004) components of parental stress; however, his subscales emphasized the negative or dysfunctional aspects of parental stress. McIntire (1991) found that how a parent perceives a stressful event either exacerbates the experience of distress or enables coping mechanisms to reduce it. Additionally, McIntire posited that a parent's exposure to chronic stress significantly influenced their coping repertoire and sense of efficacy in relation to the perception of the child's behavior, the response to that perception, and the perception of the effectiveness of the given response. Regarding parents of young children, Crnic and Greenberg (1990) observed the cumulative effect of interruptions in parenting responsibilities caused by a child's disruptive behavior, resulting in a situation in which the parent and child are at odds. Roos et al. (2020) postulated that parental stress leads to decreased caregiver support and a deterioration in the quality of the parent-child relationship. Consequently, the child's capacity to manage stress is impaired, and the child is at risk of developing acute stress (Roos et al., 2020). Furthermore, exposure to high levels of parental stress influences a child's stress management abilities, acute stress recovery skills, and self-regulation (Roos et al., 2020).

Parenting stress, when viewed as a spectrum, can manifest in small, healthy doses or at high levels, resulting in unsuitable outcomes for parents—ineffective parenting behaviors—and for children—maladaptive child behavior (Glenn, 2023). Roth et al. (2024) stated that parents can experience substantial stress due to their children. Still, the frequency, duration, and intensity of stressors associated with children and parenthood can vary, leading to minor, major, acute, or chronic parental stressors. The demands of daily parenting tasks, which one might characterize as irritating or frustrating, are associated with daily hassles or minor stressors (Crnic & Greenberg, 1990; Randall & Bodenmann, 2009). The cumulative impact of prolonged exposure to minor stressors or the presence of major stressors, such as a severe health condition in one's child, can further exacerbate parental stress (Crnic & Greenberg, 1990; Roth et al., 2024). In addition to their capacity to contribute simultaneously to major life stress predictors, Crnic and Greenberg (1990) identified minor parenting stress as a significant source of stress in the parent-child context and suggested that it is a meaningful independent construct for stress assessment.

While parents of healthy children may contend that their stress levels are comparable, researchers have documented that parents of chronically ill children exhibit a heightened susceptibility to stressors and report significantly higher levels of psychological suffering than parents of healthy children (Horton & Wallander, 2001; Jones & Passey, 2004). Costa et al. (2006) distinguished between parenting stress and parenting psychopathology, arguing that parental stress should be investigated as an independent phenomenon that is limited to symptoms that arise from the parenting of children and adolescents, even though parental stress can accompany other psychological issues such as anxiety and depression.

Abidin (1986) created the Parenting Stress Index (PSI), the predecessor to the PSS (as cited in Berry & Jones, 1995) and the first instrument used to measure stress associated with the

parenting role. Although parents encountered numerous stressors, a child's conduct or temperament could contribute to parental stress (Abidin, 1986; Owens & Shaw, 2003). Abidin (1986) discussed the parental stress that parents of children who exhibit challenging behaviors or temperaments endure. A child with a challenging temperament can be hard to parent and manage due to difficulty with observing limits, an inability to be comforted, and irritability (Owens & Shaw, 2003). Crnic and Greenberg (1990) discovered that mothers reported a variety of stress indicators that substantially contributed to the prediction of additional behavioral problems, lower social skills exhibited by their children, and elevated maternal distress levels.

Parental Satisfaction

Parental satisfaction is the opposite of parental stress, as the feelings associated with it focus on the rewards of the positive side of parenting. Parental satisfaction refers to the extent to which a parent experiences frustration, anxiety, and lack of motivation in their parenting role (Johnston & Mash, 1989). Oronoz et al. (2007) defined parental satisfaction, often referred to as parental rewards, as the positive emotions that arise from parenting and contrast with parental stress. In research conducted by Oyarzún-Farías et al. (2021), parental stress and parental satisfaction were identified as “differentiated dimensions of the parenting experience” (p. 1). Various factors, including gender, affect the stress and satisfaction associated with parenting.

Oyarzún-Farías et al. (2021) found that mothers reported higher levels of both parental stress and parental satisfaction than fathers. Nevertheless, according to research, fathers exhibit higher levels of life satisfaction than childless men and lower levels of parental stress than mothers (Nelson-Coffey et al., 2019). When gender is considered, it can be argued that the tasks and responsibilities connected with the conventional roles of mothers and fathers can influence the way they perceive their parenting experience, leading to variations. A study by Nelson-Coffey et al. (2019) found that disparities in the experiences of mothers and fathers might affect

their overall well-being. Across three studies involving 18,000 participants, Nelson-Coffey et al. (2019) found that parenting had a stronger positive impact on fathers' well-being than on mothers' well-being, as fathers reported higher levels of enjoyment in parenting and greater happiness when engaging with their children compared to mothers.

As stated previously, stressful events can lead one to withdraw from the source of stress to prevent related emotions. In addition to influencing the parent, parental stress can also affect the parent-child relationship, parental satisfaction, and a parent's opinion of their child. Deater-Deckard (2004) noted that stressful circumstances can impede a parent's capacity to enjoy their parenting role, as parental stress is a component of the psychological networks linking the parent's and child's behaviors and emotions. To that point, parents face a balancing act that combines conscious or subconscious awareness with raw emotions, thereby motivating parents and children to preserve their respective "positive emotional states" (Deater-Deckard, 2004, p. 75). Deater-Deckard explained that parents and children have a "co-regulation" relationship in that preschoolers require substantial assistance from parents to meet practically all their daily needs, including assistance in regulating their emotions and returning to a "positive emotional state" after experiencing a challenging event while at the same time, the parent might be working to maintain their own "positive emotional state" (p. 76). This added layer of responsibility is a source of parental stress that can hinder the parent-child relationship by affecting parental bonding and satisfaction. Parental stress, parental satisfaction, parental rewards, and loss of control were all variables measured in the PSS (Berry & Jones, 1995).

Parental Loss of Control

Efficient stress management is crucial for parents' survival and for reducing parental stress. Parental loss of control is a typical factor in both minor and chronic parental stress. Although not all parents experience a loss of control, some report feeling overwhelmed by the

obligations of parenting, constrained by limited or no authority over their own lives, and experiencing intrusive thoughts about a life without children (Zelman & Ferro, 2018). Parental loss of control can be manifested as an emotional experience due to the frustrations that arise from the obligations of parenting. According to Mikolajczak et al. (2019), parental burnout is a distinct syndrome that arises from long-term exposure to ongoing stressors related to parenting.

Ping et al. (2023) aligned the loss of control with the ideal of parental burnout. Ping et al. described the conditions that led to parental burnout, including parental duties perceived as overwhelming and exceeding the parents' resources to meet their demands. Additionally, it should be noted that parental burnout is associated with neglect and abusive behavior towards children. Ping et al. developed a study that examined parental burnout through the lens of how parenting styles and parenting influence (i.e., paternal influence) impact the internalized and externalized behaviors children exhibit. As previous research had examined mothers' parenting styles and burnout, Ping et al.'s study focused on fathers. Most importantly, Ping et al. sought to discover if fathers' negative parenting styles would positively predict parental burnout, while positive parenting styles would negatively predict parental burnout" (p. 25684). Ping et al. further hypothesized that the fathers' parental burnout would positively predict children's internalizing and externalizing problem behaviors and that relationships exist between parental stress, parental burnout, and problem behaviors. Lastly, Ping et al. hypothesized that there is a relationship among parenting styles, problem behavior, and parental burnout.

Much like Berry and Jones (1995), Ping et al. (2023) utilized a questionnaire that posed a question related to loss of control: "I feel as though I've lost my direction as a dad/mom" (p. 25686). Ping et al. had a sample of 236 junior high school students and their fathers. The students and the fathers completed questionnaires. Fathers self-reported their parenting styles and

parental burnout, while students self-reported their internalized and externalized behaviors. Overall, fathers' parenting stress and negative parenting styles were positively associated with parental burnout, while fathers with positive parenting styles were negatively associated with parental burnout. Parental burnout, or more specifically parental stress, can be measured utilizing the PSS by Berry and Jones (1995).

Parental Stress Scale

Berry and Jones (1995) developed the PSS to encompass both the positive and negative aspects of parenthood and to serve as a comprehensive instrument with valid and reliable psychometric properties for measuring stress in the parent-child relationship. The PSS was developed as an adaptation of the Parenting Stress Index (PSI) by Abidin (1986). No instruments explicitly measured individual parents' stress before the PSI. Generalized stress or familial and marital stress were the primary focus of previous instruments. Parental stress, as defined by Berry and Jones (1995), refers to the stress that parents experience while raising their child.

Researchers criticized the PSI for its inability to measure stress as a construct, as most participants did not experience chronic stress. Chronic parental stress is characterized by persistent overwhelming feelings related to parenting that can impact or damage the body and mind (Yale Medicine, 2023). Parents responsible for caring for children with clinical mental or physical disabilities and lacking sufficient support systems often experience chronic parental stress (Karney et al., 2005). The PSI was also invasive and failed to consider the roles of mothers and fathers, as well as gender distinctions. The reliability and validity of the instrument are transferable to the 18-item PSS. The original instruments did not consider role strain, which is now considered fluid terminology and is indicative of the paternal role (Barnett & Baruch, 1985; Berry & Jones, 1995, p. 464).

Berry and Jones (1995) rectified the PSI's deficiencies by addressing the dichotomy between parenthood and the stress and pleasure associated with being a parent. The researchers employed empirical research to formulate questions that addressed the paradox of parenthood, identifying emotions ranging from pleasure to stress. Berry and Jones (1995) distinguished themselves from previous researchers by developing a stress construct that was associated with parenthood and the perception of loss.

Furthermore, Berry and Jones (1995) developed an instrument to quantify parental stress. The instrument was developed with language that distinguished between higher and lower stress levels. After eliminating two questions from the original 20-item instrument, the researchers produced an 18-item version with a mean inter-item correlation of .23 and an internal reliability coefficient of .83 for the entire sample (Berry & Jones, 1995, p. 466). Berry and Jones (1995) conducted a variety of analyses to verify the instrument's validity and determined that all correlations were statistically significant. The researchers also postulated that the demanding caretaking responsibilities associated with younger children would result in parents of children under the age of six reporting higher levels of stress. Berry and Jones (1995) found that the correlation among parents of younger children was higher, which enabled them to estimate the effect size.

Berry and Jones (1995) broadened their sample to encompass parents of children who were receiving outpatient psychological services for emotional and/or behavioral issues (p. 467). This study's objective was to address quantitative research questions (RQ1 and RQ2), which relate to disruptive social-emotional behaviors among preschoolers and parental stress, using examples from Berry and Jones. Furthermore, Berry and Jones (1995) incorporated parents of

children with developmental disabilities, including cerebral palsy and intellectual disabilities, who were receiving special education services (p. 467).

Berry and Jones (1995) demonstrated that the PSS could be effectively employed by parents experiencing chronic parental stress through its additional administration. The researchers measured and identified a variety of parental stressors, such as anxiety, loneliness, marital fulfillment, marital commitment, job satisfaction, state guilt, trait guilt, social support satisfaction, and the number of individuals in the “social support network” (p. 469).

Consequently, I addressed the qualitative RQ1 regarding parental stressors using the PSS.

Social-Emotional Development from Birth to Age 5

Executive functioning is the comprehensive set of advanced neurocognitive processes that coordinate and guide a child’s development of cognition, emotion, and behavior (Garon et al., 2008). While it can be debated that all areas of child development (i.e., social, emotional, cognitive, language, and physical) are interconnected, Owen-Kostelnik et al. (2006) stated self-regulation, prosocial behavior, moral understanding, and other aspects of social development follow a predictable sequence, with children spending varying amounts of time on each step or skipping certain steps altogether. Kostelnik et al. (2018) posited that learning is a social process and that academic success in the early years is based on social and emotional skills, noting that children cannot learn while struggling to get along with others and control their emotions.

Emotions, influenced by various factors, are intricately connected to children’s actions and can significantly influence their responses to individuals and situations (Kostelnik et al., 2018).

When studying how children express their emotions and how social competence develops, it is essential to consider Bronfenbrenner’s ecological systems theory (1979) and to recognize the child’s four specific social systems: the microsystem, mesosystem, exosystem, and macrosystem.

Owen-Kostelnik et al. (2006) noted that the microsystem is the child's most basic social system, encompassing the interpersonal relationships children experience in person at home, school, church, a childcare center, or a doctor's office. The microsystem is the primary context in which a child acquires significant social experience through their interactions with individuals and objects, as it is within this system that the child finds their first teachers. Also, there is a reciprocal relationship within the microsystem between individuals and a child's behavior, where the child can influence the people and events in their environment (Kostelnik et al., 2018). For instance, when a child cries, it might induce stress in a parent, leading them to retreat and refrain from comforting the weeping child. The observed negative behavior of the adult can have adverse consequences, leading the child to feel inadequate.

Thompson (2014) suggested that a newborn's ability to adapt swiftly to external environments is crucial for immediate survival and long-term development, particularly when these conditions are expected to be long-lasting. There is ample evidence that an infant's biological receptiveness to environmental cues is not limited to a single aspect of development but rather begins even before birth. Throughout gestation, the developing baby is influenced by a wide array of stimuli originating from the mother's diet, emotional state, and external factors, all of which play a substantial role in fetal development (Thompson, 2014). Furthermore, a child's mesosystem comprises the diverse microsystems in which they engage, such as their residence, educational institution, after-school program, place of worship, or a family member's home. Studies have demonstrated that as the mesosystem expands, the impacts from each environment influence one another, leading to connections across microsystems and ultimately enhancing a child's social skills (Owen-Kostelnik et al., 2006).

A husband's work environment can impact his wife at home, and children are similarly influenced by external factors and interactions they do not directly experience. This is known as the exosystem, which affects their development. Finally, the macrosystem refers to the broader framework within which all other systems function, primarily shaped by cultural forces. The macrosystem of a child encompasses both tangible elements and subjective factors, such as values, beliefs, laws, and traditions, which vary across societies and influence the socially acceptable behaviors children exhibit (Owen-Kostelnik et al., 2006).

Birth to Age 5

During the first 18 months of a child's life, the brain's social and emotional regions develop faster than its language and cognitive regions (Duby, 2018). Although they might be expressed in various ways, the universal emotions of joy, sadness, contempt, anger, surprise, intrigue, and fear share a common characteristic: they are all elicited by external stimuli that transmit signals to the brain and central nervous system, resulting in a physiological, expressive, and cognitive reaction within milliseconds (Kostelnik et al., 2018). When monitoring a child's behavior in a childcare environment, the child may exhibit a range of emotions throughout the day, transitioning swiftly from happiness to frustration, sadness, and back to joy in a matter of minutes. While not all emotions are pleasant, Kostelnik et al. (2018) stated, "At their most fundamental level, emotions help children to survive" (p. 129). Environmental influences, such as parental behavior and bonding, significantly shape children's future behavior by affecting the development of executive function (Sugeng et al., 2021). If caregivers fail to teach children to regulate their emotions effectively through caregiver-child interactions, this might negatively impact their long-term social-emotional development (Barreto et al., 2024). The quality of the parental bond between a parent and a child is crucial during the initial months of a child's life. In

addition to adversely affecting a child's future outcomes, De Cock et al. (2017) reported that parents themselves are negatively affected by a suboptimal parental bond, which is associated with increased levels of parenting stress. Researchers have concluded that high parental stress might lead to poor parenting and harm a child's social-emotional and behavioral development (Barreto et al., 2024).

When observing a preschooler's behavior patterns, the terms "usually," "frequently," and "sometimes" must be considered to determine the child's social competence. Just like adults, children cannot be expected to always behave at their best. Even children deserve grace and opportunities to have not-so-good days. Owen-Kostelnik et al. (2006) emphasized that it is essential to acknowledge that children may not always exhibit pleasant emotions or consistently assert their rights. Each child navigates their social environment with varying levels of success in different circumstances. Over time, children establish patterns of behavior that can be categorized as either more or less competent, and these outcomes have a significant and undeniable impact on children's lives (Owen-Kostelnik et al., 2006). Crnic et al. (2005) found that combined stress from a major life event and daily parenting challenges significantly and negatively impact a child's functioning at age 5.

Effect of Parental Stress on Social-Emotional Development of Preschoolers

There is a fair amount of evidence to support the contemporaneous associations between chronic parental stress and poor child functioning, as well as the effects of parenting stress on both parents and children throughout the developmental span (Crnic et al., 2005). Roos et al. (2020) and other researchers reported that children acquire the ability to manage stress by imitating their parents' stress management strategies. Distressed parents were also less likely to provide the essential stimulation that fosters their children's optimal cognitive and social-emotional development (Deater-Deckard, 2004). Crnic et al. (2005) reported that parental

encounters with everyday parenting challenges could significantly impact children's development. Yet emotional development often received less recognition as a core emerging capacity in early childhood. The foundations of social competence developed in the first 5 years are linked to emotional well-being and affect a child's later ability to adapt functionally in school and to form successful relationships throughout life (National Scientific Council on the Developing Child, 2014). Emotional development is built into the architecture of young children's brains in response to their individual personal experiences and the influences of the environments in which they live.

The Developing Child (2014) described emotion as a biologically based aspect of human evolutionary functioning, wired into multiple regions of the central nervous system. These growing interconnections among brain circuits support the emergence of increasingly mature emotional behavior, particularly in the preschool years (National Scientific Council on the Developing Child, 2014). As young children develop, their early emotional experiences become embedded in the architecture of their brains (National Scientific Council on the Developing Child, 2014). The Center on the Developing Child (2024) conducted extensive research on the biology of stress and concluded that healthy development can be derailed by excessive or prolonged activation of stress response systems in the body and the brain, with damaging effects on learning, behavior, and health across the lifespan.

Unfortunately, policies that affect young children generally do not address or even reflect an awareness of the degree to which very early exposure to stressful experiences and environments can affect the architecture of the brain, the body's stress response systems, and a host of health outcomes later in life (National Scientific Council on the Developing Child, 2014).

The Relationship Between Parental Stress, Toxic Child Stress, and ACEs

It is agreed that some exposure to stress is normal for adults and children to experience without adverse consequences. Experiences with stress play a crucial role in developing children's ability to handle and adjust to unfamiliar and sometimes dangerous circumstances throughout their lives (Audage & Middlebrooks, 2008). The question remains, "When does a child's first experiences with stress begin?" Based on substantial evidence, the developing fetus is responsive to hormonal and other physiological signals of maternal stress. Increased exposure to stress during pregnancy was linked to heightened sensitivity to stress after birth, as well as potential long-term difficulties with emotional and cognitive abilities (Thompson, 2014). Thompson (2014) cited research on both humans and animals to argue that chronic stress exposure following childbirth can have a significant impact on a child's stress neurobiology, particularly the functioning of the hypothalamic-pituitary-adrenocortical (HPA) axis. The American Academy of Pediatrics (AAP) identified three types of stress in children: positive stress, tolerable stress, and toxic stress (High et al., 2016). The proper functioning of the HPA axis is crucial for a child's emotional regulation and stress management, as prolonged exposure to stress can alter HPA axis function, affecting the neural pathways that regulate responses to stress (Thompson, 2014).

Because they affect the systems that control HPA activity, stressful events can have extensive implications for a child's behavior and cognition. For instance, Hart et al. (1998) found that childhood stress encompasses any unusual demand that forces children to expend extra energy in managing everyday events in their lives. The American Academy of Pediatrics (AAP) identified three types of stress in children: positive stress, tolerable stress, and toxic stress (High et al., 2016). High et al. (2016) classified positive stress as mild and suitable and posited it as essential for optimal development. Furthermore, High et al. (2016) identified neutral, tolerable,

and intolerable stress (i.e., toxic stress). Toxic stress denotes a scenario in which a child experiences an event perceived as a substantial hardship or threat, such as the death of a family member, a natural disaster, or a contentious divorce, resulting in a heightened physiological stress response (High et al., 2016). Many circumstances can serve as examples of toxic stress, including child abuse and neglect.

High et al. (2016) described how the influence of both beneficial (positive) and manageable (tolerable) stress can lead to positive outcomes when accompanied by direction from a supportive adult. Toxic stress arises when the body's stress response systems are repeatedly or continuously engaged without the safeguarding influence of secure and enduring adult relationships (High et al., 2016). High et al. (2016) also examined the impact of toxic stress on a parent's and a child's nervous systems, parenting function, and the child's physical and psychological well-being. Caring, responsive adults help mitigate toxic stress in children. Toxic stress can have many impacts on a child, as it can cause sleep disruptions, anxiety, and decreased functioning of self-regulatory systems (High et al., 2016). A 2007 publication by Harvard University's Center on the Developing Child noted that toxic stress can become embedded in the body, affecting brain development. In 2008, the U.S. Department of Health and Human Services and Centers for Disease Control and Prevention published "The Effects of Childhood Stress on Health Across the Lifespan," detailing how toxic stress affects brain development in early childhood (Middlebrooks & Audage, 2008). Middlebrooks and Audage (2008) made a compelling finding: toxic stress disrupts the connection of brain circuits, leading to heightened stress sensitivity and potentially reduced brain size. Furthermore, the stress hormone cortisol suppresses the immune system and can impair the brain's learning and memory functions, leading to long-lasting cognitive deficits (Middlebrooks & Audage, 2008). Conversely, Shonkoff

(2010) observed that nurturing, consistency, and predictable early experiences promote healthy brain development and facilitate the regulation of other organ systems.

Roos et al. (2020) hypothesized that parenting stress could be associated with children's vulnerability to acute stress, given the critical role of the parent-child relationship in supporting children's ability to both manage acute stress and develop effortful cognitive skills (Bridgett et al., 2015; Fay-Stammach et al., 2014; Hostinar et al., 2015). By providing warm, responsive caregiving during children's distress, parents help children regulate their physiology and emotional state (Haley & Stansbury, 2003). With diminished caregiver support and lower quality parent-child relationships, children experience less maternal buffering during acutely stressful experiences (Hostinar et al., 2015). Over time, parents' supportive responses to children's negative emotional experiences are believed to give children autonomy in managing their own emotions and to foster resilience in the face of stressful experiences (Bridgett et al., 2015; Sanders et al., 2015). Essentially, being consistently exposed to long-term toxic stress from childhood can have long-lasting consequences that affect various aspects of an individual's life well into adulthood.

The U.S. Centers for Disease Control and Prevention (CDC) (2024) defined Adverse Childhood Experiences (ACEs) as potentially traumatic events occurring during childhood, from birth through age 17, that may have lasting effects on health and development. ACEs are common: approximately 64% of adults in the United States reported experiencing at least one type of ACE before the age of 18, and nearly 1 in 6 (17.3%) adults reported experiencing four or more types of ACEs (CDC, 2024). The CDC (2024) reported that although all children were susceptible to ACEs, disparities in the occurrence of such experiences were linked to the historical, social, and economic contexts in which certain families reside, thereby making some

individuals more vulnerable. Exposure to ACEs induces toxic stress, which hampers the ability to establish good relationships, maintain stable employment, and avoid depression (CDC, 2024). Regrettably, adults who have encountered ACEs have the potential to transmit these repercussions to their offspring, perpetuating a cycle of trauma (CDC, 2024).

The Adverse Childhood Experiences (ACE) Study, conducted by the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego, examined the relationship between childhood adversity and adult health outcomes, demonstrating that early life stress can have lasting effects on health across the lifespan (Felitti et al., 1998). The Adverse Childhood Experiences (ACE) Study, which included more than 17,000 participants, demonstrated a graded relationship between the number of ACEs an individual experienced and the likelihood of adverse health and behavioral outcomes in adulthood (Felitti et al., 1998). Specifically, higher ACE scores were associated with increased risks for alcohol misuse, depression, intimate partner violence, and suicide attempts (Felitti et al., 1998).

Subsequent public health analyses conducted by the Centers for Disease Control and Prevention indicated that ACEs are also associated with risky health behaviors during childhood and adolescence, including substance use, early pregnancy, and other health-compromising behaviors (CDC, 2006). Collectively, these findings suggest that a substantial proportion of children are exposed to early life stressors that may contribute to long-term behavioral and health consequences (CDC, 2006).

Importantly, the CDC emphasized that protective factors—such as secure, stable, and nurturing relationships and the fulfillment of basic needs, including food, shelter, and access to healthcare—can buffer children from the negative effects of ACEs (CDC, 2024)

MEB Disorders and Disruptive SED Behaviors

Mental health is influenced by several factors, including but not limited to genes, brain chemistry, and social and familial relationships. Belsky (1984) noted other social contextual factors, including neighborhood quality, ethnicity/culture, community, and socioeconomic status (Belsky, 1984; Office of the Surgeon General, 2021). The Office of the Surgeon General (2021) described the parameters of mental health as encompassing “emotional, psychological, and social well-being.” It noted that it is “an essential component of overall health” (p. 6). Overall, mental health is linked to cognitive functioning, communication skills, and overall self-esteem. The issue of mental health challenges might affect everyone at some given time. The Office of the Surgeon General (2021) reported that although mental health challenges can impact everyone, it is duration, frequency, and impact on the ability to function that may lead to a disorder’s classification.

As previously stated, biological and environmental factors impact mental health, and some issues can be associated with familial genes as well as the cultivated environment conducive to mental health challenges. The Office of the Surgeon General (2021) stated that ACEs impact a child’s sense of safety. They can lead to toxic stress, which impacts brain development and can lead to obesity, heart disease, diabetes, and other health conditions. The National Research Council and the Institute of Medicine (2009) published “Preventing Mental, Emotional, and Behavioral Disorders Among Young People.” The report outlined mental, emotional, and behavioral problems, as well as preventative interventions. Interventions have been divided into three categories: universal, selective, and indicated interventions. Universal interventions are designed for the general population, while selected and indicated interventions are for target groups or individuals (The National Research Council and Institute of Medicine, 2009, p. xiv). The National Research Council and Institute of Medicine defined both mental,

emotional, and behavioral problems as well as mental, emotional, and behavioral disorders (p. xxvi):

- Mental, emotional, and behavioral problems – Difficulties that may be early signs or symptoms of mental disorders but are not frequent or severe enough to meet the criteria for diagnosis.
- Mental, emotional, and behavioral disorders – A diagnosable mental or substance use disorder.

As previously examined, earlier indicators of MEB disorders were associated with higher rates of preschoolers being expelled than students in K-12 grades (Connors Edge et al., 2018; Malik, 2017; Martin et al., 2023; Zeng et al., 2019; Zinsser et al., 2022). Similar to Belsky's (1984) social contextual factors, the National Research Council and Institute of Medicine (2009) outlined factors that could either exacerbate or decrease the development of MEB disorders or problematic behaviors. The social contextual factors included individual-level competency, family resources, school quality, and important community features (The National Research Council and Institute of Medicine, 2009). The cumulative negative impacts of the factors might increase the development risks; thus, prolonged exposure to a parent battling with mental illness can increase the possibility of harmful outcomes (The National Research Council and Institute of Medicine, 2009). Conversely, the cumulative positive impact of the factors might decrease and prevent development; for example, a strong family might provide resources and access to education, mentorship, and possibly professional agents that support holistic health (The National Research Council and Institute of Medicine, 2009). This report compiled studies aimed at understanding the risk factors in the development of MEB disorders and at prescribing preventive methodologies (Harstad & Barbaresi, 2011; Thompson, 2014).

Parenting Stress and Neurodevelopmental Disorders

Self-regulation is an element of both internalized and externalized behaviors. Conyers (2024) examined the impact of parental stress and other factors in the development of child neurodevelopmental disorders. Conyers used several survey instruments to conduct the Pearson correlation and multiple linear regression analyses. “The instruments utilized in the study were the Parental Stress Scale (PSS), Experiences in Close Relationships, Short-Form (ECR-S), the Child-Parent Relationship Scale (CPRS), and the Child Behavior Checklist/6-18” (Conyers, 2024, p. ii). The study was conducted with parents of children who exhibit “difficult emotional and behavioral presentations” (Conyers, 2024, p. 2).

Abbeduto et al. (2014) identified neurodevelopmental disorders as a class characterized by specific domains of behavior impacted, with some affecting multiple domains and others being more circumscribed. Multiple domains can influence neurodevelopmental disorders, including intellectual disabilities, which can have an impact on cognition or motor reproduction. Conyers (2024) listed the most common neurodevelopmental disorders or disabilities, which included autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), specific learning disorders (SLDs), oppositional defiant disorder, disruptive mood dysregulation disorder, anxiety disorders, bipolar disorder, and learning disorders or intellectual disability. Neurodevelopmental disorders (NDDs) can affect individuals’ functioning across various areas of their lives (e.g., academically, personally, and occupationally).

Researchers found that the severity of a child’s ADHD symptoms exacerbates parental stress, and parenting can either negatively or positively impact a child’s brain development (Conyers, 2024, pp. 7-8). Most importantly, previous research has observed that poor parental emotional regulation can impact a child’s emotional regulation. Thus, parental stress can impact parenting, a parent’s emotional regulation, and the family’s overall emotional health and well-

being. Specifically, Conyers (2024) and other researchers have noted that parental stress is associated with increased vulnerability to “neurodevelopmental and emotional adjustment deficits” (Conyers, 2024, p. 8; De Cock et al., 2017; Wagner et al., 2015). As a result, parental stress can affect a child’s behavior; thus, demanding parents under high stress may lead to noncompliance from the child (Conyers, 2024). There seems to be a cyclical relationship between the externalizing NDD symptoms and the negative impacts on the parent-child relationship and parental stress. Conversely, as parent-child and attachment levels are associated with negative externalizing NDD symptoms, a positive parent-child relationship can abate some of the negative externalizing NDD symptoms.

Parenting Stress and a Child’s Self-Regulation

Self-regulation is an essential component of social-emotional learning and development (CASEL, 2023). Byron (2002) emphasized the connection between a child’s developmental processes, self-regulation, and social, emotional, and behavioral issues, underscoring the possibility for internalized ideas and behaviors to present as externalized disorders. Both Byron (2002) and Conyers (2024) indicated that maternal stress or maternal mental health can impact a child’s attachment, neurodevelopment, and ability to self-manage.

Disruptive SED

Parenting stress can influence problematic behaviors, and conversely, a child’s problematic behavior can also influence parental stress. Jiang et al. (2022), for instance, conducted a study on the bidirectional relationships between parenting stress and child behavior problems and noted relationships between parenting stress and children’s processing problems. Similarly to Jiang et al. (2022), Harstad and Barbaresi (2011) researched the impact of the parent-child relationship or interaction on the child’s problematic behavior as a measure of the child’s evaluation process. Harstad and Barbaresi examined disruptive behavior disorders, using

the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), which defines and describes them as “socially disruptive behavior that is generally more disturbing to others than to the person initiating the behavior” (p. 495). Harstad and Barbaresi focused their study on oppositional defiant disorder, conduct disorder, and intermittent explosive disorder, which are prevalent in children and adolescents. In their analysis, Harstad and Barbaresi (2011) asserted that disruptive and oppositional behaviors occur along a continuum, ranging from mildly resistant, developmentally typical toddler behaviors to more severe, maladaptive behaviors.

Harstad and Barbaresi (2011) further proposed that a child might perceive a parent’s demandingness as “aversive” and might respond by yelling or throwing a tantrum (p. 497). According to previous research, the authoritarian parenting style was characterized by demandingness without responsiveness and was associated with more problematic behaviors in children (Baumrind, 1991). If the child’s problematic behavior is met with acquiescence by the parents, Harstad and Barbaresi (2011) stated that this could be seen as positive reinforcement and thus create a cycle of increased noncompliant behaviors. Conversely, if the parent responded with similar behavior, such as yelling, and the child altered their behavior in response, the child became conditioned to respond to yelling. According to Harstad and Barbaresi, this could eventually lead to the development of stronger patterns for inappropriate behaviors. The researchers noted that the most common referral symptoms for disruptive behavior disorders include “fighting, stealing, lying, cruelty, fire-setting, substance abuse, and sexual misconduct” as reported by “the child, parents, and teachers” (Harstad & Barbaresi, 2011, p. 498). Disruptive behavior disorders, like MEB disorders and NDD, were associated with biology, family, individual personality, cognitive ability, and social context.

Thompson (2014) also examined the association between stress and behavioral patterns, as well as their specific relationship to family experiences. Likewise, Thompson also found that aggression and antisocial behaviors were linked to harsh parenting and “genetic vulnerability” (p. 47). Children as young as 10 months exhibit externalizing behaviors, which Thompson categorized as acting out and might include combative or aggressive behaviors. The previously mentioned infant behaviors were also associated with the mother’s lack of response and lack of sensitivity (Thompson, 2014). Stolz et al. (2017) also discovered an association between parenting and a child’s problematic behavior while examining the impact of parenting on a child’s internalizing and externalizing behaviors. Through a multiple regression analysis, the researchers found an interaction between negative affectivity and parenting on behavioral externalizations (Stolz et al., 2017). Much like Thompson and other researchers, Stolz et al. noted factors of problematic behaviors to be associated with several parenting factors when parenting was “characterized by autonomy-suppressing harsh, inconsistent control, and a lack of warmth” (p. 784). Overall, Stolz et al. found that low-quality parenting environments put children at “higher risk for externalizing problems” and observed no susceptibility to internalized behavior (p. 791). Although the data did not definitively predict susceptibility to internalizing behaviors, Stolz et al. (2017) suggested that negative affectivity might still render children vulnerable to problematic internalization.

According to Zerk et al. (2009), parenting stress also influences children’s outcomes, including externalizing and internalizing behaviors. Parenting stress serves as a mediating role in the relationship between parental trauma exposure and child behavior (Owen et al., 2006). Additionally, parental stress impacts the mental health functioning of toddlers and preschoolers (Roberts et al., 2013). Initially, researchers theorized that parenting behavior mediated the effect

of parenting stress on children's behavior (Abidin, 1986; Deater-Deckard, 1998), but numerous studies have contradicted this theory (Anthony et al., 2005; Crnic et al., 2005; Huth-Brock & Hughes, 2008), suggesting that exposure to a stressed mother might directly influence a child's own stress response and emotional regulatory system. Less is known about whether parental PTSD heightens parenting stress, subsequently impacting children's functioning (Samuelson, 2017).

Internal & External Behaviors

Costa et al. (2006) examined the impact of parental stress on internalizing and externalizing symptoms. Costa et al. (2006) focused on three components of parental stress: (1) levels of parental distress; (2) parent-child dysfunctional interactions; and (3) the difficult child. The researchers described dysfunctional interactions as being related to how parental stress impacts the parents' perceptions and feelings (i.e., disappointment or alienation) of their interactions with their children. The feelings, in turn, are displayed with parental internalizing or externalizing behaviors or symptoms, including but not limited to anxiousness or depression. Costa et al. (2006) and other researchers stated that anxious parents reported higher levels of distress and dysfunctional interactions because of overwhelming fears related to parenting and their children.

As previously stated, Baumrind (1991) found that parenting styles impacted a child's behavior. Baumrind asserted that children might suffer from authoritarian households and emphasized the advantages of an authoritative household, characterized by parents who are "rational, consistent, and considerate, and thus are less likely to induce disruptive emotional responses (internalizing problem behavior) that interfere with complex reasoning or task performance" (Baumrind, 1991, p. 72). Baumrind also noted that children from authoritative and democratic households exhibit greater self-regulation and social responsibility, as well as fewer

internalized and externalized behaviors related to alienation. The researcher noted that less internalized and externalized behaviors can be attributed, in part, to directive parenting styles and secure attachment to parental units, as children might engage less in behavioral conformity with peers. In contrast, authoritarian parents demonstrated more restrictive and less supportive parental problem behaviors, which in turn led to a higher level of internalized and externalized problem behaviors in their children.

Furthermore, unengaged households were associated with higher levels of externalized problem behaviors, low social congruence, and cognitive behaviors (Baumrind, 1991, p. 73). Children from “unengaged” households were also more likely to have lower self-regulation as they had an external “locus of control” (Baumrind, 1991, p. 73). Overall, Baumrind (1991) stated that children who experience rejection or neglect were more likely to be “antisocial, lacking self-regulation, social responsibility, and cognitive competence, to suffer from internalizing and externalizing problem behaviors, and to reject their parents as role models” (Baumrind, 1991, p. 74). Baumrind also noted that girls were more likely to exhibit internalized problem behaviors.

Conversely, Cardosi (2024) noted that boys exhibit significantly more externalizing behaviors than girls. Cardosi asserted that children react differently to stressors, with teacher-reported behavior indicating not only higher levels of externalizing behaviors for boys but also an increase in these behaviors over time compared to girls (p. 9). The differences in gender responses to stressors highlighted that girls were prone to internalizing behaviors (associated with anxiousness, depression, and withdrawal). At the same time, boys were prone to aggressive and hyperactive externalized behaviors and disorders. Maternal stress and mental well-being factors were common to both associations; however, Cardosi emphasized the need for further research to identify gender differences and the internalizing and externalizing behaviors resulting

from maternal stress. Socialization is noted as a key factor in how girls and boys process stress, as girls are noted to have more interpersonal conflict and stress related to identity and dispositions than boys. Thus, girls are at risk for more disruption to their emotional and mental well-being because of familial or relationship conflict.

Additional Examples of External and Disruptive Behaviors. Several noteworthy studies, in addition to those discussed, provide further details on externalized and disruptive behaviors. These studies extended the discussion of concepts within the theoretical framework and their application in real-life situations. It was important to discuss these studies to gain a more comprehensive, practical understanding of child development, learned behaviors, and the parent-child relationship.

Externalization Example. Bandura et al. (1963), for example, provided background on the Bobo Doll experiments, which were conducted to better understand how individuals learn through social modeling. Traditional theories of the mid-20th century focused primarily on learning through trial and error; however, Bandura et al. argued that learning was largely acquired through social modeling. The acquisition of an individual's values and behaviors is a by-product of social modeling or social learning. Bandura et al. postulated that television has created a level of heavy exposure to modeled violence within the home. Additionally, theories of vicarious participation were heralded for allowing individuals to have a cathartic experience, thereby reducing the likelihood of aggression. It was important to note, however, that Bandura et al. identified four distinct violent learning effects (p. 53):

- Teaches aggressive styles of behavior.

- Weakens restraint over previously learned forms of aggression (through legitimizing, glamorizing, and trivializing human violence and portraying it as the preferred solution to human conflicts).
- Desensitizes and habituates viewers to human cruelty (individuals are no longer upset by or moved to act against it).
- Shapes people's views of reality, on which they base many of their actions (viewers of televised violence are more distrustful of others and more fearful of becoming crime victims).

Moreover, Bandura et al. (1963) categorized the effects into the following categories: learning effects, performance effects, desensitization effects, and reality construction effects. Individuals who have been given the freedom to use the types of aggressiveness they have learned are assessed for learning effects. Likewise, individuals are evaluated for the performance impacts of using the aggressive techniques they have acquired to cause harm. People examined for their emotional responses to violent acts and their willingness to speak out against acts of violence are assessed for the desensitization effects. Lastly, people are evaluated on how they perceive power dynamics, risks to their social surroundings, and societal norms and penalties, as part of the reality-construction effect.

At the time of the experiment, Bandura's previous research identified a correlation between television viewership and aggressiveness. Bandura et al. (1963) outlined four alternative paths of influence, which include "violence viewing fosters aggressiveness; aggressive individuals are attracted to televised violence; the influence works bidirectionally; or viewing violent programs and aggressiveness are both co-effects of a third factor, such as socioeconomic status" (p. 53). The Bobo Doll experiments were designed to determine causation and to test the

first effect (the learning effect). The methodology included nursery school children watching an adult model violent behavior by beating up a large, inflated clown. In the experiment, the adult served as the model and the children served as observers. The model would employ several aggressive actions against the clown, including hitting it with a mallet, kicking it, flinging it, knocking it down, sitting on it, and beating it in the face (p. 53). The children were exposed to new aggressive words, and their behaviors were recorded when they were left with the clown and other toys. The addition of the other toys was said to provide an alternative and remove the pressure to behave aggressively. Key findings included the discovery that children exposed to aggressive modeling also adopted aggressive patterns, whereas children in the control group who were not exposed to aggressive modeling rarely engaged in aggressive behavior.

Other findings included that inhibitions were removed, and children who engaged in aggressive television viewing were more aggressive than children with no exposure to modeled aggression. Lastly, it should be noted that the experiment controlled for the idea that the clown was made to punch, and that aggressive behaviors were measured by children's verbal and physical assaults on it (Bandura et al., 1963). Despite the model being intended to punish aggressive behavior, children still learned aggression through social modeling. The Bobo Doll experiment had implications for examining the acquisition of aggression through social modeling across various media platforms and formats. The experiment did provide some caution regarding observational learning while testing attention, retention, motor reproduction, and motivation.

For this study, it was important to understand how parents served as models of aggression and how children can acquire aggressive patterns that lead them to behave aggressively at home and at school. It was believed that parental stress could lead to questionable parenting practices and behaviors. While serving as a child's first teacher, it was also believed that the child could

model a parent's observable behaviors (Bandura, 1969). In other words, some of the parents' externalized behaviors could be modeled by the child.

Disruptive SED Behavior in Preschoolers

Jack (2009) developed a nonequivalent, untreated control group quasi-experiment to examine the effectiveness of violence prevention programs for kindergarten-aged children. The violence prevention program was designed to reduce self-reported acts of aggression by children. The problems of focus for the study pertained to children's exposure to violence and how that might be a sign of violent crimes in the future. The study identified the lack of empirical data to support the effectiveness of violence prevention programs. The quasi-experimental design contained a control group, wherein children were given a pretest and posttest to ascertain whether the implemented violence prevention strategy impacted them. The violence prevention program strategy implemented in Jack's study was the Second Step Violence Prevention Program TM Preschool–Kindergarten curriculum, third edition (Committee for Children, 1997a, 1997b). Jack utilized Bandura's (1969) social learning theory as the theoretical framework.

Jack (2009) conducted independent t-tests and paired t-tests to test the directional hypothesis that the Second Step Violence Prevention Program TM, Preschool – Kindergarten Curriculum effectively decreased acts of aggression. Some key findings were that there was no statistical significance in the pre-test measure for either the control or the experimental group. However, the analysis of the pre-test/post-test measure showed a decrease in the mean for aggression scores for victim participants. Additionally, there was a statistical difference in the perpetrator's pre- and post-measures, and the perpetrator's aggression scores decreased. The post-test results of the perpetrator group revealed a statistically significant difference in acts of

aggression, and a statistically significant difference was also found between the victim group's post-test and the perpetrator group's post-test.

Overall, the implications and recommendations of the study showcased (a) the effectiveness of the Second Step Violence Prevention Program™, Preschool – Kindergarten Curriculum for decreasing acts of aggression and (b) the need for school administrators and staff to be intentional about prevention interventions. Jack (2009) also stated that future studies should include larger sample sizes outside of Philadelphia and replication of Jack's study in public or private school systems. Jack's study was pertinent to the proposed study, as it provided a baseline understanding of the long-term impacts of aggressive or disruptive behaviors in preschoolers/early learners, as well as the interventions used at school to address them. Additionally, as social learning theory serves as the theoretical framework, children learn their behaviors from a model, whether in real life (through parents or other adults) or via media (TV, games, social media, etc.). A study by Bandura et al. (1963) demonstrated that observational learning, whether at home or in school, can influence the behavioral patterns adopted by observers, specifically preschool children.

Expulsion and Suspension of Preschoolers

As examined in Chapter I, suspension and expulsion were associated with both internalized and externalized disruptive social-emotional behaviors. This section builds upon the previously examined literature and explores the antecedents of problematic behaviors that lead to suspension and expulsion. According to Zeng et al. (2019), a correlation was found between ACEs and preschool suspension and expulsion, with an estimated 174,309 preschoolers facing suspension and 17,248 children facing expulsion annually (p. 1). Zeng et al.'s (2019) survey study included parents of children ages 3 to 5 who self-reported data within the 2016 National Survey of Children's Health.

Research has documented disparities in suspension and expulsion and noted the link between disparities in minority students' exclusionary practices and teacher bias (U.S. Department of Health & Human Services et al., 2025; Zeng et al., 2019). However, Zeng et al.'s (2019) study aimed to investigate the social and familial factors that could have harmed or distressed a child, categorizing or defining these events as ACEs. Hunt et al. (2017) found that ACEs were associated with behavioral problems. The researchers found that eight categories of ACEs were strongly associated with externalizing and internalizing behaviors of children exposed before age 5: "child abuse (emotional and physical), neglect (emotional and physical), and parental domestic violence, anxiety or depression, substance abuse, or incarceration" (Hunt et al., 2017, p. 391). Additionally, Zeng et al. found that preschool children who experienced ACEs had an increased probability of being suspended or expelled. The researchers noted that preschool was an environment that required children to learn how to express and regulate their emotions properly. Thus, social-emotional development was pivotal in mitigating challenging behaviors associated with a lack of self-regulation (Perry et al., 2008; Zeng et al., 2019).

Perry et al. (2008) examined challenging behaviors that place preschoolers at risk for expulsion. The researchers found that children who lived in poverty tended to have higher levels of family stress and more sociodemographic risks than their counterparts (Huaqing Qi & Kaiser, 2003). Huaqing Qi and Kaiser (2003) described general events that caused familial distress and met the criteria of ACEs as outlined by Zeng et al. (2019) and Hunt et al. (2017).

Sociodemographic risk factors include ethnicity, family instability, family conflict, and community violence. Huaqing and Kaiser found that children experiencing sociodemographic risk were more likely to have difficulties related to their temperament; furthermore, these issues could be exacerbated by maternal stress. As previously noted, the level or categorization of

parental stress is associated with factors such as duration, frequency, support, or lack thereof (Roth et al., 2024). Huaqing Qi and Kaiser noted that mothers under stress without support were more likely to utilize harsher discipline and increase a child's likelihood of observing family and community violence.

Thus, a strategy to reduce expulsion rates involved incorporating a mental health professional into Early Education Center settings, as the professional could assist providers in addressing challenging behaviors and supporting students by promoting health and social-emotional development (Perry et al., 2008). Gubi et al. (2023) suggested that educational institutions should implement trauma-informed curricula to tackle disruptive behaviors. Overall, Giodano et al. emphasized the importance of thorough assessments that take into account trauma and potential learning exceptionalities.

In addition, Kotchick and Forehand (2002) and Stegelin (2018) outlined parental interventions that provided parents with education about their children's healthy social-emotional development. Stegelin further noted that parental intervention can help parents develop appropriate disciplinary practices and empower them to express their children's emotions during challenging behavior appropriately. This might include the use of pro-social behavior modeling, which can assist and guide children in their behavioral development.

Ultimately, ACEs may serve as the antecedent of problematic behaviors that lead to suspension and expulsion. ACEs can also serve as indicators of familial and parental stress, which are linked to behavioral issues. Mental healthcare professionals can assess behavioral problems and provide strategies for childcare providers and parents to address and promote the healthy social-emotional development of their preschoolers. Stegelin (2018) underscored the cyclical nature of this issue by pointing out that suspension and expulsion can both function as

ACE events, subsequently transforming into a traumatic experience for the “child as an adolescent and adult” (p. 6). Unfortunately, a preschooler who has undergone an ACE at home and subsequently faces suspension or expulsion will also encounter an ACE at school.

Summary

This chapter explored the theoretical frameworks of ecological systems theory, the transactional model of stress and coping, and social learning theory to understand the role of parents in a specific environment that transmits beliefs, values, culture, and behaviors. I framed RQ1 in terms of these theories to determine the degree of parental stress associated with parental satisfaction and loss of control. Parental stress, arising from various sources, was particularly linked to the parenting role and could adversely affect children’s cognitive and social-emotional development.

Social-emotional development from birth to age five was influenced by factors such as executive functioning, parental stress, and environmental contexts. Executive functioning involves neurocognitive processes that guide a child’s development, while emotional development is crucial for academic success. Chronic parental stress can impede children’s functioning and emotional growth. Toxic stress, characterized by prolonged stress response activation without supportive relationships, poses risks to development and disrupts brain development, leading to cognitive deficits. Adverse childhood experiences (ACEs) can lead to toxic stress, adversely affecting brain development and increasing health risks. Early indicators of MEB disorders can lead to higher expulsion rates in preschoolers compared to older students.

Parental stress significantly impacts children’s neurodevelopment, correlating with behavioral issues. High parental stress can worsen symptoms of disorders like ADHD and hinder emotional regulation in children. Disruptive behaviors in preschoolers are linked to parenting styles and stress, with harmful and maladaptive parental behaviors often leading to ACEs.

Schools have adopted trauma-informed curricula to address problematic behaviors, and mental healthcare providers can aid in developing interventions for childcare providers and parents.

Chapter III

Methodology

The purpose of this explanatory sequential mixed-methods study was to examine parents' perceptions of parental stressors that impact the problematic behaviors of preschoolers in South Georgia. The study's secondary purpose was to enable parents to identify parental stressors and their impact on the social-emotional and disruptive behaviors displayed by preschoolers in both settings. This chapter addresses the methodological issues and procedures for this study. First, it discusses research design and study variables. Next, it describes the details about the population and sampling procedures. The instruments that were utilized in the study, along with the data collection and analysis procedures, are then presented. Finally, the chapter concludes with a summary of the study methods.

Research Design

A sequential explanatory research design was selected to determine the levels of parental stress, types of parental stress, and the potential impact of parental stress on problematic behaviors in both home and school settings among preschoolers. The explanatory sequential mixed-method approach allowed me to gain insights from the convergence of quantitative and qualitative data collection and analysis (Creswell & Plano Clark, 2018). As noted by Creswell and Guetterman (2019), in a sequential explanatory design, the researcher first completes the phase of quantitative data collection and analysis, followed by the phase of qualitative data collection and analysis. In the quantitative phase of this study, I used the Parental Stress Scale (PSS) (Berry & Jones, 1995) and a demographic survey as the data collection instruments, please see Appendix A. In the second phase of this study, I utilized the quantitative results to create

qualitative data collection instruments, including an interview protocol to understand parental perspectives on their preschoolers' disruptive behaviors observed at home and school (Seidman, 2006). In the final phase, or Phase III, of the sequential explanatory design, the quantitative and qualitative findings were integrated. In the context of this study, the integration of the quantitative and qualitative data facilitated a discussion on parental stress and its impact on the problematic behaviors of preschoolers.

Research Questions

RQ1: To what degree is parental stress associated with parental satisfaction and loss of control?

RQ2: What parental stressors do parents perceive as impacting a preschooler's externalized behaviors?

RQ3: What strategies are parents implementing to mitigate parental stress?

Independent Variable

In examining the use and implications of the PSS, please see Appendix A. It is worth noting that the instrument was designed to measure the levels of stress that parents experience, accounting for both the positive and negative aspects of parenting. Thus, four distinct variables could be measured within the PSS as noted by Zelman and Ferro (2018): parental stress, parental satisfaction, loss of control, and parental rewards. In this study, parental stress was the independent variable. Parental stress was measured by items Q3, Q9, Q10, Q11, Q12, and Q16 of the PSS. The parental stress score, created as a composite of the Likert response items, was measured at an interval level.

Dependent Variables

Parental satisfaction and loss of control were the dependent variables in this study. Parental satisfaction was measured by items Q13, Q17, and Q18 of the PSS, and loss of control was measured by items Q14, Q15, and Q16 of the PSS (Berry & Jones, 1995; Zelman & Ferro, 2018). The parental satisfaction and loss of control scores, created as composites of the respective Likert response items, were interval-level measurements.

Qualitative Research Design

The qualitative research questions in this study were addressed through one-on-one interviews, which served as the data collection instrument. Qualitative research questions are neither objectives nor hypotheses; instead, they are central questions that are broad enough to study the significant phenomenon (Creswell, 2016, p. 139). Additionally, major questions begin with “what” or “how” and have a single “focus” or phenomenon, and researchers are advised to utilize exploratory verbs like “discover” or “describe” (Creswell, 2016; Pringle, 2023, p. 14). Qualitative methodologies are emergent and do not require the researcher to utilize directional language. Thus, for this study, I discovered parental stressors and the parents’ perception of how they affect preschoolers’ SED. Furthermore, I aimed to identify disruptive SED behaviors in preschoolers and to understand how they presented at home and in school. I also engaged in thematic coding of the interview transcripts to identify themes related to parent stressors, disruptive SED behaviors in preschoolers, and the environment in which these behaviors occur.

Participants

The target population consisted of parents of preschoolers (ages 3 to 5) enrolled in early childhood education programs in southwest Georgia. Prusinski et al. (2023) identified two key areas of importance for Early Childhood Education and Care (ECEC). He determined that not

only was ECEC an integral element in the social-emotional development and cognitive growth of young children, but it also provided parents with the ability to work.

For this study, the survey population was drawn from Georgia's early childhood education system, as reported by Bright from the Start: Georgia Department of Early Care and Learning (DECAL). According to DECAL, the system includes approximately 3, 200 licensed childcare learning centers, 1, 100 family childcare learning homes, and 5, 300 exempt programs statewide (Georgia Department of Early Care and Learning, 2025). To be eligible for participation, parents or guardians were required to have a preschool-aged child enrolled in a childcare learning center or a school district located within a southwestern metropolitan city in Georgia at the time of the study. To identify eligible sites, I used the Bright from the Start: Georgia Department of Early Care and Learning (2025) database to locate operating childcare providers and school districts within a 150-mile radius of the identified city.

I initially compiled a targeted list of up to 100 childcare learning centers and 10 school districts that provide the Georgia Pre-K program for participant recruitment, adjusting the numbers as necessary to meet the required sample size for statistical analysis. In addition to institutional recruiting, I enhanced outreach efforts by identifying and engaging potential participants through social media parenting groups, churches, and pediatricians' offices. Social media platforms were used to identify local and national parenting groups to distribute recruitment materials specifically targeting communities that serve parents of preschool-aged children. Churches and faith-based organizations with active family or early childhood ministries were approached to facilitate the distribution of study invitations to their members. Furthermore, physicians' offices and healthcare providers serving families with preschoolers were contacted to

obtain permission to display flyers in waiting rooms or share them through patient communications.

The recruitment list included the names of childcare centers, Georgia Pre-K school districts, social media groups, churches, and pediatric offices, along with the contact person's name, type of organization, website (if applicable), mailing address, email address, contact number, and relevant demographic information, including the number of preschoolers served (for childcare centers and school districts).

Quantitative Sampling

For this study, the most suitable sampling method for collecting quantitative data was non-probability sampling. Creswell and Guetterman (2019) defined nonprobability sampling as the process in which researchers select individuals based on their availability and the characteristics they wish to examine. Since obtaining a random sample from the target population of parents of preschoolers in early childhood education programs was not feasible, a non-probability sampling method was employed in this study.

Upon receiving approval from the IRB at Valdosta State University, I identified and engaged gatekeepers (i.e., proprietors/directors of private ECECs, superintendents, principals, and educators) to obtain consent for participant recruitment. Next, I created a database of childcare centers and schools located within a 150-mile radius of southwest Georgia to identify suitable institutions methodically. This database was established from data from the Georgia Department of Early Care and Learning's Bright from the Start website for Early Childhood Education Centers and the Georgia Department of Education website for school districts. The database contained the names, addresses, websites, phone numbers, and email addresses of

potential gatekeepers for each institution, organized by proximity, with the nearest institutions prioritized.

I initially contacted institutions via email to introduce the study, verify contact information, and seek approval for recruitment. This was followed by a follow-up phone call to discuss participation and address any questions. Upon receiving verbal pre-approval, I sent a comprehensive email outlining the study's objectives, the voluntary nature of participation, informed consent protocols, participation criteria, and guidelines for disseminating study materials, including digital flyers. A unique survey code was allocated to each participating ECEC or school district in southwest Georgia to monitor participation while preserving individual confidentiality. Upon granted authorization, I provided an email template for Gatekeepers to use to disseminate the flyer and survey link to parents of preschool-aged children via email.

In addition to recruitment through gatekeepers, I directly recruited survey participants through social media platforms, churches, and pediatrician offices. To expand outreach, I disseminated digital recruitment materials, including flyers with survey links, through parent-focused online groups, community pages, and professional networks. Local churches and pediatrician offices were approached to solicit their support in distributing study materials to parents of preschool-aged children. The supplementary recruitment strategies aimed to enhance participation and ensure a broader representation of families throughout southwest Georgia.

Incentives were offered to both gatekeepers and parent participants to promote involvement and guarantee sufficient representation in the study. These incentives helped recognize the time and effort necessary for recruitment and participation while upholding ethical research standards. Gatekeepers facilitating the distribution of study materials and aiding in

participant recruitment were awarded a \$25 electronic gift card, irrespective of parental participation decisions. The sum was calculated based on the projected time and effort necessary to disseminate emails and distribute materials to parents. Parent participants earned incentives based on their degree of involvement. Parents who participated in the survey were entered into a raffle for a \$25 electronic gift card. In contrast, participants who completed both research components (i.e., survey and interview) were eligible for additional weekly drawings for a \$50 electronic gift card. The reward levels were selected to correspond with the projected time commitment: 20 minutes for the survey and up to 90 minutes for interviews. Parents were entitled to receive information regarding the study and recruitment materials, irrespective of their decision to participate.

All incentives were delivered electronically by email to guarantee accessibility and efficiency. Gatekeepers received their \$25 electronic gift card upon verification that study materials had been distributed. Participants who completed the survey received a confirmation email validating their participation in the lottery. Raffle winners were randomly selected at the end of each participation session, and notifications were sent via email. Participants in the survey were eligible for a raffle of a \$25 gift card, while those who completed both the survey and the interview were entered into a raffle for a \$50 gift card. All incentive communications included instructions for claiming the award, and distribution occurred within 5-7 business days after notification. To facilitate accurate monitoring of incentive distribution, each recipient confirmed receipt of the gift card through an acknowledgment email. I maintained a secure record of incentive distribution, which included participant email addresses (stored separately from survey data), the date the gift card was dispatched, and confirmation of receipt. This log was utilized

solely for tracking purposes and was irrevocably deleted following the distribution and confirmation of all rewards.

To preserve participant anonymity throughout the collection of email addresses for incentives, various safeguards were enacted. The gathering of email addresses occurred independently of the survey responses; once the survey was completed, participants were redirected to a separate form where they provided their email address to enter the incentive lottery. This guaranteed the independent collection of email addresses from survey responses, preventing the association of identifiable information with participant data. Additionally, I was the sole individual with access to the email addresses, which were permanently deleted once all incentives were distributed and confirmed. Participants were informed that their survey responses would be kept confidential and that providing an email address was optional, used solely for incentive purposes. Gatekeepers were assured that their involvement in releasing materials did not jeopardize their confidentiality nor that of their institution/organization.

The incentive structure was established to guarantee voluntary engagement while recognizing participants' time and effort. Participants had the option to exit the study at any moment without losing previously acquired incentives. Moreover, all individuals invited to participate—regardless of whether they chose to engage—were provided with research information and recruitment materials. The chance-to-receive incentive model (raffle system) guaranteed that rewards did not unduly affect participation while still offering a gesture of gratitude. This study complied with IRB requirements to uphold ethical standards for participant protection. The systematic method for incentives upheld equity, confidentiality, and transparency during the study process.

The necessary sample size for the proposed quantitative analysis was calculated using G*Power software. The computation was performed for a multivariate analysis of variance (regression) with one independent variable and two dependent variables. The parameters for the computation included a medium effect size ($f^2 = .15$), an alpha level of .05, and a power level of .80. The results of the computation showed that the minimum sample size needed for this analysis is approximately 100-150 participants.

Qualitative Sampling

Although non-probability convenience sampling was used for the quantitative phase of data collection, purposeful convenience sampling was employed for the qualitative data collection phase (Ary et al., 2014). I aimed to use purposeful sampling, intentionally selecting individuals and sites to gain a deeper understanding of the primary phenomenon. This was the second step in data collection, during which I employed a survey to identify volunteers for the subsequent qualitative phase. Consequently, I selected volunteers based on their ratings on the PSS. Three participants were selected from the low range (18–45), three from the mid-range (46–74), and three from the high range (75–90) (Berry & Jones, 1995). According to Ary et al. (2014), data saturation is achieved when information redundancy is attained, indicating that no new topics arise from further data collection. I ascertained the point of data saturation during analysis and determined that nine cases were sufficient to achieve saturation in the qualitative data for this study.

Quantitative Instrumentation

The instrument used for quantitative data collection in this study was an online survey presented through Qualtrics, which included demographic questions and the PSS. Berry and Jones (1995) created the PSS to capture both the positive and negative aspects of parenting, please see Appendix A. The researchers defined parental stress as the stress that parents

experience in raising a child. Additionally, Berry and Jones (1995) developed the PSS as an adaptation of Abidin's (1986) Parental Stress Index (PSI), as the original instrument failed to isolate the parental stress of an individual parent. The PSS consisted of 18 items, which respondents rated using a 5-point Likert scale, where one indicated "strongly disagree" and five indicated "strongly agree." I utilized the PSS to answer quantitative RQ1 as it captured the parents' levels of parental stress, parental satisfaction, and loss of control. Sample questions from the PSS were provided in Appendix A.

At the end of the survey, participants were invited to indicate their willingness to participate in a follow-up interview by using a secondary survey. To keep the confidentiality of the survey data, participants had the opportunity to self-select or identify themselves for Phase II (interview). The interested participants clicked on the Interview Signup link. Participants provided answers to the following questions/prompts: full name, phone number, email address, and their preferred date for an interview. The final selection for Phase II relied on PSS scores to ensure representation across low, moderate, and high levels of parental stress.

The validation study of the PSS presented good psychometric properties, and a confirmatory factor analysis reported construct validity for the five subscales defined (Algarvio et al., 2018). Berry and Jones (1995) measured the convergent validity of the PSS through correlation measurements of loneliness, anxiety, marital satisfaction, marital commitment, job satisfaction, state guilt, trait guilt, and social support satisfaction as predictors of relationships between the constructs. Algarvio et al. (2018) noted that parental stress scores were consistent across parents with various parental characteristics, including fathers and mothers, implying scale stability (Algarvio et al., 2018; Berry & Jones, 1995).

Reliability of the PSS measured by Cronbach's α was .84 for the total scale, .85 for the parental stressors' subscale, .61 for the loss of control subscale, and .71 for the parental satisfaction subscale (Zelman & Ferro, 2018). Berry and Jones (1995) established the test-retest reliability as $r = .85$ for 2 days and $r = .55$ for 6 weeks (p. 465).

In addition to the PSS, the survey included questions to gather demographic information, perceptions of parenting, perceived stressors, and stress management strategies. The demographic data collected encompassed age, gender, ethnicity, marital status, housing status, education level, employment status, income, number of children in the household, and the age of the child. Additional inquiries addressed the child's education (i.e., individualized education plan), their level of dependence, developmental delays, chronic illnesses of both parent and child, community support, family support, friend support, utilization of telehealth services, relationship to the child, and disruptive behavior at school and home. Survey questions related to demographic data, parenting, perceived stressors, stress management, and PSS are available in Appendix A.

Qualitative Instrumentation

Creswell and Guetterman (2019) examined the four types of qualitative data collection instruments: observations, interviews and questionnaires, documents, and audiovisual materials (p. 214). For this study, I employed a survey to collect quantitative data and interviews to collect qualitative data. I developed an interview protocol that included open-ended questions (p. 214). The data yielded from these interviews were recorded via Microsoft Teams. I adapted Seidman's interview protocol, which consists of three interviews: the first interview focuses on participants' life histories; the second interview explores the details of participants' lived experiences; and the third and final interview examines how participants reflect on the meaning of the study's phenomenon (Seidman, 2006, pp. 21–23). Seidman called for three 90-minute interviews, but I

utilized one 60- to 90-minute one-on-one interview. The interview explored the participants' histories and lived experiences, examining how they made sense of parental stress and the disruptive social-emotional behaviors exhibited by preschoolers at home and school. I developed an interview protocol informed by diagnostic assessments used to observe disruptive behaviors and the parent-child relationship, and I incorporated questions from the PSS (Berry & Jones, 1995). This approach served as a means of triangulating data across the study's quantitative and qualitative phases. Questions from the one-on-one interviews are provided in Appendix B.

Qualitative Validity

Creswell and Plano Clark (2018) referenced several authors when outlining the conditions for qualitative validity and reliability. Two terms were used interchangeably in defining and outlining qualitative validity: "trustworthiness or authenticity" (Lincoln & Guba, 1985; Creswell & Plano Clark, 2018, p. 217). The following were the checks for qualitative validity of the information or dataset: credible, transferable, dependable, and confirmable (Lincoln & Guba, 1985; Creswell & Plano Clark, 2018, p. 217). Ary et al. (2014) defined credible, transferable, dependable, and confirmable as follows:

- **Credibility** – In qualitative research, the accuracy of the truthfulness of the findings is similar to internal validity in concept (Ary et al., 2014, p. 674).
- **Transferable** – In qualitative research, the degree to which the findings of a study can be generalized to other contexts or to other groups (Ary et al., 2014, p. 684).
- **Dependability** – In qualitative research, the consistency or stability of the results is the extent to which the same general results would occur with different sets of people or in different settings and time periods. Somewhat equivalent to reliability in quantitative research (Ary et al., 2014, p. 675).

- Confirmability – A term used in qualitative research, equivalent to validity in quantitative research, related to the degree to which findings in a study can be corroborated by others investigating the same situation (Ary et al., 2014, p. 674).

Credibility

I ensured credibility to the best of my ability by addressing the validity threats identified by Maxwell (2013), including researcher bias and reactivity (p. 124). Because it was impossible to eliminate researcher bias completely, I acknowledged how my personal values and expectations could positively or negatively influence the research process and took deliberate steps to account for and mitigate these influences throughout the study. I explicitly discussed my potential biases and the strategies used to manage them, which contributed to the integrity of the data collection, recording, reporting, and interpretation processes. Additionally, I recognized that reactivity refers to the ways interactions between the researcher and participants may influence participants' behaviors. Therefore, as a qualitative researcher, I remained mindful of reflexivity and my role within the study (Maxwell, 2013, p. 125).

I employed the validity tests outlined by Maxwell (2013), including intensive long-term involvement, rich data, respondent validation, searching for discrepant evidence and negative cases, triangulation, and numerical comparisons (pp. 126–129). With respect to long-term involvement, I conducted one-on-one interviews lasting 60 to 90 minutes, which yielded rich, in-depth data. Following the qualitative data collection phase, I developed participant profiles and shared them with participants to support respondent validation. By analyzing both quantitative and qualitative datasets, I identified outliers and negative cases. Additionally, I engaged in triangulation by using quantitative findings to inform qualitative data collection and by

integrating both datasets during analysis. Finally, as the study incorporated quantitative data and integration, I completed the last validity check, which involved numbers and comparisons.

Transferability

Transferability means the researcher provided rich, detailed data for potential users to make “comparisons and judgments about similarity” (Ary et al., 2014, p. 535). I performed several checks, including cross-case comparisons and the identification of negative cases. The following were identified as threats to transferability: selection effects, setting effects, and historical effects. Selection effects highlighted constructs specific to the studied group. In this study, these constructs included, but were not limited to, parents, parental stress, and disruptive behaviors. I adhered to the meanings of the constructs of parents and parental stress as defined and validated within the PSS (Berry & Jones, 1995). The setting effects were addressed by conducting virtual one-on-one interviews. When conducting comparative analyses, I also accounted for historical effects by considering participants’ prior experiences with parental stress and disruptive behaviors. As previously noted, I addressed researcher reactivity to minimize the influence of these effects on the findings.

Dependability

Dependability was addressed to ensure the consistency and stability of the research process and findings across the study. I ensured dependability, or trustworthiness, by utilizing an audit trail, interrater comparison, and triangulation. Creswell and Plano Clark’s (2018) explanatory sequential design diagram outlined the methods of data collection, recording, analysis, and reporting, which served as a mechanism for auditing the research process. Additionally, I conducted multiple iterations of coding to enhance the reliability of the data

analysis. Finally, as outlined above, I engaged in triangulation by integrating the quantitative and qualitative datasets.

Confirmability

Confirmability in qualitative research parallels the idea of “objectivity” in quantitative research (Ary et al., 2014, p. 537). By acknowledging biases throughout the research process and during data interpretation, the check for confirmability served as an audit check (Ary et al., 2014, p. 537). Peer debriefing or reviews acted as a form of audit checking. I participated in dissertation accountability and support groups in which peers evaluated my work and provided feedback throughout the research process (Ary et al., 2014, p. 537). Collectively, these methods enabled the establishment of qualitative validity and trustworthiness of the study’s findings.

Role of the Researcher

In addressing researcher bias as defined by Maxwell (2013), the instruments used, including surveys and interview protocols, were designed rigorously and with embedded validity (Ary et al., 2014). I followed these protocols, which incorporated elements of trustworthiness, including credibility and dependability. To ensure coding agreement, three or more iterations of data analysis were conducted (Ary et al., 2014).

Additionally, as the owner and operator of an early childhood education center and a parent, I navigated personal biases and maintained awareness while serving as the instrument for data collection and analysis. In this context, I engaged in critical subjectivity, as defined by Reason (1988):

A quality of awareness in which we do not suppress our primary experience; nor do we allow ourselves to be swept away and overwhelmed by it; rather, we raise it to consciousness and use it as part of the inquiry process. (Reason, 1988, p. 12)

Therefore, my positionality was not found to compromise the objectivity of the research. To control for bias, I implemented confirmability strategies, including audit checks, coding agreement, and reflexivity (Ary et al., 2014).

Data Collection

Once I received permission from the IRB at Valdosta State University, they proceeded with both phases of data collection (Phase I: Quantitative and Phase II: Qualitative). Dr. Judy Berry holds the copyright for the PSS at The University of Tulsa. I emailed Dr. Berry on January 11, 2024, to request permission to use the web version of the PSS (Berry & Jones, 1995). Permission was granted for the instrument on that same date, please see Appendix B. To ensure the reliability and validity of the instrument, no alterations were made to the questions.

Phase I: Quantitative - Survey

The gatekeepers for this study consisted of the proprietors and directors of private Early ECECs. In contrast, superintendents, principals, and educators acted as gatekeepers for public school Pre-K programs that provided the Georgia Pre-K program. Moreover, directors and administrators of Head Start programs served as gatekeepers to guarantee the representation of families from varied socioeconomic backgrounds. In addition to institutional recruiting, I contacted potential participants via social media parenting groups, churches, and pediatricians' offices to enhance accessibility and diversity in the study.

To enhance recruiting efforts, I developed a digital flier featuring a unique survey code for each ECEC, Head Start program, school district, church, pediatrician's office, and social media group in Southwest Georgia. Consent to participate in the study was obtained from each participating Early Childhood Education and Care (ECEC) program, Head Start initiative, school district, and collaborating community group. Upon receiving authorization, I disseminated the digital flier to gatekeepers at childcare centers, Head Start programs, educational institutions,

religious organizations, and pediatric clinics, in addition to posting it in sanctioned social media groups. Gatekeepers subsequently disseminated the flyer via email or in person to preschool parents within their respective environments.

To promote involvement, I intended to provide gatekeepers (ECEC proprietors, Head Start directors, principals, pastors, and pediatric office administrators) with a \$25 gift certificate as a gesture of gratitude. After consenting to participate, gatekeepers disseminated the digital flier by email, newsletters, or printed materials to parents of preschoolers enrolled in their daycare center, Head Start program, school, congregation, or medical practice. The flyer conveyed facts regarding the study, voluntary informed consent, and specifics about incentives.

Parents of preschoolers who took the survey were placed into a weekly drawing to win one of four \$25 gift cards. Furthermore, parents who engaged in both the survey and the interview were eligible for additional weekly raffles to win a \$50 gift card. These enhanced recruitment initiatives as well as ensured a diverse and representative participant cohort, thereby enhancing accessibility for parents from various backgrounds.

I examined the Qualtrics results daily to determine whether the email generated the necessary participation (Qualtrics, Provo, UT). Based on the daily counts, I followed up with all gatekeepers. I identified which ECECs and school districts to contact based on the assigned survey code(s). The survey was designed to collect demographics, perceived parenting stressors, stress management, PSS, and a conditional question asking participants if they would like to participate in Phase II of data collection (one-on-one interviews).

After completing the survey, participants were informed that they were automatically entered into a raffle for the incentive associated with survey completion. Those who expressed interest in Phase II were notified via email once they were selected. A four-week deadline was

set for survey submission. I ensured password-protected data security throughout the collection, storage, and management processes.

Phase 2: Qualitative Data Phase – Interviews

Participants who voluntarily chose to participate in Phase II (individual interviews) were notified via email following their selection. Parental PSS scores determined selection to guarantee varied representation across stress levels, see Appendix C. I chose three parent volunteers from each of the specified stress categories: High (75-90), Mid (46-74), and Low (18-45) (Berry & Jones, 1995). Selection did not depend on whether the parent’s child had obtained a clinical behavioral or emotional diagnosis, permitting a wide array of parenting experiences to be examined. The participants were asked to participate in an interview lasting from 60 to 90 minutes. Participants were contacted via email and informed about the study, the requirement for voluntary consent, and the raffle. I conducted interviews using Microsoft Teams software, allowing for video recordings and transcriptions of each interview. I employed the nine steps for interviewing as outlined by Creswell and Guetterman (2019, p. 219). These steps are summarized in Table 2.

Table 2

Steps for Conducting an Interview

Steps	Researcher’s Execution
1. Identify the interviews	I will employ non-probability sampling for Phase I (Survey) data collection and convenience sampling during Phase II (interview) data collection.
2. Determine the type of interview you will use	I will conduct a virtual interview that will last between 60 to 90 minutes.

Steps for Conducting an Interview (Continued)

Steps	Researcher's Execution
3. During the interview, gather an audio recording of the questions and responses.	I will conduct each interview using Microsoft Teams and will also record and transcribe the conversations.
4. Take brief notes during the interview.	I will maintain an electronic copy of the interview protocol to take notes for each participant, saving it with the participant's code assigned during Phase I data collection.
5. Locate, a quiet, suitable place for conducting the interview.	I will choose a private and quiet environment that is conducive to conducting interviews.
6. Obtain consent from interviewee to participant in the study.	I will obtain consent during Phase I of data collection (the first question of the survey) and will keep participants engaged at the start of the interview.
7. Have a plan but be flexible.	I established a timeline for data collection that includes time for rescheduled interviews.
8. Use probes to obtain additional information.	I developed interview protocol probes to assess the participant's parenting, stressors related to parenting, stress management, and disruptive child behavior.
9. Be courteous and professional when the interview is over	I will maintain a courteous and professional demeanor in all interactions with the participant, from distributing the recruitment materials to the interview invitation and follow-up.

Note: Steps for Conducting an Interview are outlined in (Creswell & Guetterman, 2019, p.219).

The interviews were downloaded from Teams and saved with the survey code to ensure participants' confidentiality, stored in a password-protected Microsoft OneDrive. Additionally, all identifiable information was removed from each transcript and replaced with the participant code. Transcripts were reviewed for clarity and accuracy and then prepared for data analysis. Lastly, the interview documents were uploaded to Intellectus Qualitative for data analysis.

Timeline for Data Collection

Following my proposal defense and subsequent acquisition of IRB permission, the quantitative data collection phase lasted 4 weeks, followed by 2 months for the qualitative data collection phase. I initially secured authorization from ECECs, Head Start programs, school districts, religious institutions, pediatricians' offices, and administrators of pertinent social media parenting communities.

The authorization letters were then provided to ECEC directors, Head Start program administrators, school administrators, physicians, and religious leaders in conjunction with the recruitment brochure or email. The recruitment email clearly outlined the incentives for both gatekeepers and participating parents, as well as the gatekeepers' obligations. The flyer or email included a survey link and provided information regarding both data collection periods.

The survey included a conditional question that allowed participants to self-select for Phase II (interviews). During the first week of survey distribution, I reviewed Qualtrics to identify schools, ECECs, Head Start programs, and community organizations with survey codes that show low, moderate, or high response rates. If needed, I contacted gatekeepers from all recruitment sources to discuss strategies for enhancing participation. During the data collection phase, I held weekly raffles for both gatekeepers and parent participants. Additionally, I conducted interviews with selected participants, preserved and anonymized the interview transcripts, and prepared them for data analysis.

Quantitative Data Analysis

RQ1: To what degree is parental stress associated with parental satisfaction and loss of control?

I downloaded the responses from Qualtrics (Provo, UT) into an Excel spreadsheet (Excel, 2023). The electronic spreadsheet was imported into a statistical software package (i.e.,

Intellectus Statistics) for data preparation and analysis. First, the data were checked for non-genuine responses (e.g., straight-lining), and any responses that did not appear to reflect a genuine participant reply were removed. Next, the data were checked for missing values. Any respondents who did not complete the PSS were excluded from the dataset. The participant's mean replaced any missing values for individual items of the PSS.

Scores were calculated based on the responses to the PSS. According to Berry and Jones (1995), items 1, 2, 5, 6, 7, 8, 17, and 18 should be reverse-coded before scoring the instrument. After reverse-coding the necessary items, a total score for the PSS was obtained by summing the responses to all 18 items. Additionally, scores for the subscales of parental stress, parental satisfaction, and loss of control were derived by summing the responses to their corresponding items.

Descriptive statistics were calculated and presented for both the demographic questions and the PSS scores. For demographic questions with categorical response options, frequencies and percentages were provided for each response category. The descriptive statistics for PSS scores (specifically for RQ1) included the mean, standard deviation, median, mode, minimum, maximum, skewness, and kurtosis. Moreover, histograms were created to visually illustrate the distributions of the PSS scores.

The inferential statistical procedure performed to address RQ1 was a univariate general linear model (i.e., regression), using parental satisfaction and loss of control as the dependent variables and parental stress as the independent variable. A univariate analysis using the general linear model enables researchers to ascertain whether one or more independent variables are significantly associated with multiple dependent variables (Field, 2017). A univariate F-test and p-value were calculated to evaluate if parental stress is significantly associated with the linear

combination of parental satisfaction and loss of control. If the p-value for the F-test was less than the established alpha level of .05, I concluded that parental stress was significantly linked to parental satisfaction and loss of control. Partial eta-squared was reported as a measure of effect size, reflecting the proportion of variance in the dependent variables explained by the independent variable. If the univariate F-test was significant, F-tests and parameter estimates (i.e., beta coefficients) were computed and reported to illustrate how parental stress relates to parental satisfaction and loss of control separately. The significance level (α) was adjusted to .025 for the two planned comparisons involving the stress variable to maintain the family-wise error rate at .05.

Statistical assumptions were tested to ensure the validity of conclusions drawn from the results of the general linear model. First, normality was assessed by examining Q-Q plots of the model residuals. If the points on the plots were along a straight diagonal line, then the assumption of normality was satisfied. The Q-Q plots were also analyzed to identify any outliers in the data. Homoscedasticity was evaluated by examining scatterplots of the model residuals and predicted values. If the points on the scatterplots were randomly distributed around zero, then the data were considered homoscedastic. Linearity was examined through scatterplots of the independent variable against the dependent variable. If there were no apparent curvilinear trends in the scatterplots, then linearity was assumed.

Qualitative Data Analysis

Qualitative Questions:

RQ2: What parental stressors do parents perceive as impacting a preschooler's externalized behaviors?

RQ3: What strategies are parents implementing to mitigate parental stress?

Creswell and Guetterman (2019) provided an overview of six steps for analyzing qualitative data. These steps involved organizing the data, exploring and coding the dataset, discovering themes and patterns, representing and reporting the findings through visuals, interpreting the findings and meanings from the data, and ensuring the validity of the results (p. 236). Creswell and Guetterman advised researchers to create a table to organize source material, categorize materials by type, maintain copies of all data, and ensure participants' confidentiality using a password-protected filing system (pp. 238-239).

During the data preparation phase, I checked the raw transcript data from Microsoft Teams for clarity and accuracy and organized the files to ensure they were ready for upload into the data analysis software. As stated during the quantitative data collection phase, I used a survey code to maintain participant confidentiality. To further protect confidentiality, I secured all datasets using password protection.

For this study, I used Microsoft Teams to record and transcribe the qualitative data collected through one-on-one interviews. Because Microsoft Teams is password-protected software, I downloaded the transcripts and uploaded each file into a password-protected OneDrive folder. Next, I uploaded the de-identified interview transcripts into Intellectus Statistics, a secure, password-protected software designed for qualitative data analysis. This platform supported the coding process, categorization of data, and identification of emergent themes while maintaining confidentiality and data security throughout the analysis.

Creswell and Guetterman (2019) identified two methods for analyzing qualitative data: manual analysis and computer software analysis (p. 240). In this study, I employed computer-based qualitative analysis software, which enabled the storage, analysis, sorting, and visual representation of data (p. 240). A key advantage of using computer software was its ability to

handle large amounts of data, allowing researchers to uncover multiple meanings within the dataset that manual coding may not reveal (p. 240). As previously mentioned, I utilized Intellectus Statistics to analyze both quantitative and qualitative data sets. During the qualitative data analysis phase, I created codes related to parental stress, disruptive behaviors, and parent-child relationship. Consequently, I conducted an initial coding iteration to address the research questions, followed by a second iteration of coding to identify patterns and themes related to the theories and answer qualitative research questions.

Creswell and Guetterman (2019) outlined three methods for representing qualitative data. I used comparison tables and figures to showcase the connection between themes and patterns. I also utilized the coded data to provide a narrative discussion highlighting the qualitative dataset. One aspect of narrative discussions is that they enable the researcher to amplify the participants' voices in reflecting on their experiences and serve as a method for preserving their voices.

Creswell and Guetterman (2019) explained four methods for interpreting qualitative data: summarizing findings, conveying personal reflections, comparing data to existing literature, and offering limitations and suggestions for future research (pp. 259-260). I summarized the findings, provided recaps of major results related to each research question, and highlighted the findings that were informed by the theoretical framework. When conveying personal reflections, I recognized her position within the study and how she served as the instrument for data collection, recording, and analysis. I remained aware of issues related to bias and trustworthiness. As noted, I emphasized findings related to the theoretical framework and literature, as this ultimately addressed the gap. Finally, I discussed the study's limitations and proposed topics for future research regarding parental stress and the disruptive social-emotional behaviors of preschoolers.

The final step in the explanatory sequential mixed-method design was the integration of the two quantitative and qualitative datasets (Creswell & Plano Clark, 2018). I also described the results of this integration at various points in the study, within Phase I and II of data collection, Phase I and II of data analysis, and the integration of the two datasets. This discussion included the quantitative sampling methods, data collection, data analysis, and reporting of the findings, as well as the qualitative sampling methods, data collection informed by the quantitative dataset, data analysis, and reporting of the findings. Thus, I utilized the quantitative dataset to gain a deeper understanding of the relationships between parental stress and the social-emotional development of preschoolers. Furthermore, understanding the relationships between the variables enabled me to identify parental stressors, as described by the participants in the qualitative data phase, that significantly impacted disruptive social-emotional behaviors at home and school.

Ethical Considerations

Prior to data collection, I obtained IRB approval and conducted the study in accordance with the ethical standards established by Valdosta State University, please see Appendix D (Valdosta State University, 2023). Additionally, I complied with the required standards for investigators conducting research with human participants as outlined by the Collaborative Institutional Training Initiative (CITI) Program. One approval requirement included completion of the CITI educational program for investigators, please see Appendix E for CITI certificate and course complete record. This study did not include vulnerable populations that would require additional CITI training modules. Given the diverse locations of participating early education centers, Head Start programs, school districts, social media groups, churches, and pediatricians' offices, I obtained all requisite approvals to conduct the study, please see Appendix F for the Letter of Cooperation.

With respect to ethical considerations, I had no financial conflicts of interest related to this study. Although there was no direct remuneration for participation, I provided incentives to promote engagement. A \$25 gift card was issued to gatekeepers at early childhood education centers, Head Start programs, school systems, churches, and pediatricians' offices who consented to disseminate the survey. Additionally, parent participants were offered the opportunity to enter weekly drawings for a \$25 gift card as an incentive for completing the survey. I continued to conduct weekly raffles until the desired sample size was achieved. All incentives were distributed immediately via email.

To support participant recruitment, I included letters of interest to organizations and requests for participation letters to parents, please see the invitation email to parents in Appendix G as well as the gatekeepers' email in Appendix H. The email to parents contained a survey code to ensure participant confidentiality and protect identifiable information. Additionally, the email outlined the purpose of the study, provided approval details, confirmed participants' commitment to the study, discussed potential risks associated with the research, and explained the concept of informed voluntary consent. In the survey, informed consent was presented as the first question, and I reminded participants of informed consent prior to each one-on-one interview.

As noted above, with respect to the collection, storage, management, and rendering of data, I ensured that all relevant software was password-protected and that no datasets included participants' identifiable information. Regarding data retention and destruction, I maintained the datasets for a minimum of three years, after which they will be destroyed. The study included two datasets: survey results and interview transcripts. Programs used for data storage and management, including Qualtrics, Microsoft OneDrive, Microsoft Excel, and Microsoft Teams,

were password-protected—four of which required two-factor authentication—and were accessible only to me.

Summary of Methods

This chapter outlined the methods I employed to gather data to examine parents' perceptions of parental stressors that impact preschoolers' social-emotional development. To generate both quantitative and qualitative data, I used an explanatory sequential mixed-methods research design. Prior to data collection, I completed the IRB application and obtained approval from the Valdosta State University Institutional Review Board. To recruit participants, I built a database of childcare centers licensed by Georgia's Department of Early Care and Learning (DECAL). I then contacted childcare center owners and/or directors to provide an overview of the study and requested their assistance in serving as gatekeepers for parents who volunteered to

To address ethical considerations, I informed participants about informed consent, the purpose of the study, and their rights as respondents. I initiated the first phase of data collection by administering the PSS to gather quantitative data (Berry & Jones, 1995). In accordance with ethical requirements, I obtained informed consent from all participants. I then conducted quantitative data analysis and selected six participants for the second phase of data collection. This phase involved qualitative data collection through one-on-one interviews, followed by qualitative coding and thematic analysis. The final step involved integrating the study's quantitative and qualitative results.

Chapter IV

Results

Introduction

The purpose of this explanatory sequential mixed-methods study was to examine parents' perceptions of parental stressors that impact the problematic behaviors of preschoolers in South Georgia. The study's secondary purpose was to enable parents to identify parental stressors and their impact on the social-emotional and disruptive behaviors exhibited by preschoolers across home and school settings. Within this design, I sought to answer the following research questions:

RQ1: To what degree is parental stress associated with parental satisfaction and loss of control?

RQ2: What parental stressors do parents perceive as impacting a preschooler's externalized behaviors?

RQ3: What strategies are parents implementing to mitigate parental stress?

The data collection for Phase I consisted of a survey in which I collected: demographic information, parenting stressors, additional stressors, stress management, and the Parental Stress Scale (PSS) (Berry & Jones, 1995). The PSS allowed me to collect participants' ratings on parental stress, loss, and parental satisfaction (Berry & Jones, 1995). Additionally, participants through other sections of the survey, such as parenting and stressors, were able to identify parental stressors, parental support, and undesirable external behaviors exhibited by their child at school or home. The quantitative data supported Research Question 1.

Research Questions 2 and 3 were addressed using the qualitative dataset, which consisted of 60–90-minute interviews in which parents shared their perceptions of how parental stress may impact their child’s externalized behaviors (RQ2). During these interviews, participants also described the strategies they use to mitigate parental stress (RQ3).

Phase I Data Analysis

Following the data export from Qualtrics, I analyzed the quantitative data using Microsoft Excel and Intellectus Statistics (Intellectus Statistics, 2025). The data preparation involved excluding incomplete surveys. Additionally, preparation involved addressing missing data or values by using participant-level mean substitution for individual items within the Parental Stress Scale (PSS) (Berry & Jones, 1995). Items 1, 2, 5, 6, 7, 8, 17, and 18 were reverse-scored before calculating. The calculations included both the total and subscale scores for parental stress, satisfaction, and loss of control. Descriptive statistics, including means, standard deviations, and histograms, were generated to incorporate demographic data and PSS scores (Berry & Jones, 1995).

To investigate Research Question 1 (RQ1), a univariate general linear model (regression) was utilized to analyze the predicted relationship between parental stress (independent variable) and the dependent variables of parental satisfaction and loss of control. Both dependent variables are conceptually related but distinct subscales of the Parental Stress Scale (PSS):

- Parental satisfaction (positive aspects of parenting)
- Loss of control (negative strain-related dynamics)

Because each DV represents a different psychological construct measured independently, running two separate univariate regressions is valid. I performed a univariate F-test to assess the impact of parental stress on the combined dependent variables, with a significance level set at .05. The significance level (α) was adjusted to .025 for the two planned comparisons

involving the stress variable to maintain the family-wise error rate at .05. Effect sizes were reported using partial eta squared (η^2_p), indicating significant results. I evaluated follow-up F-tests and parameter estimates to further describe the nature and direction of the relationships between parental stress and each dependent variable.

Phase II Data Analysis

Phase II data analysis consisted of engaging in two iterations of coding and thematization. In the first iteration, I engaged in inductive coding to identify themes aligned with RQ2, parental stressors affecting preschoolers' externalized behaviors, and RQ3, strategies parents used to mitigate their stress. The second iteration involved deductive coding and thematization, during which I examined the extent to which the data aligned with the study's theoretical framework. Both iterations of coding followed the six-step analytic process outlined by Creswell and Guetterman (2019). I used the interview data to identify themes and patterns across both phases of coding.

To prepare the interview data for analysis, I first uploaded the de-identified transcripts into Intellectus Qualitative (Intellectus Qualitative, 2025). The software was password-protected and allowed for efficient coding (Intellectus Qualitative, 2025). Intellectus Qualitative enhanced efficiency through AI-assisted coding. It was essential to note that AI-assisted coding (inductive) should be coupled with manual (deductive) coding to ensure the dependability of the findings (Ary et al., 2014). Additionally, the data preparation for analysis consisted of removing redundancies (such as double words).

In using AI-assisted coding and thematization, I reviewed and revised the suggested codes, removed redundancies, and added emergent codes and themes as needed. I also reviewed the alignment between the data and the codes and made adjustments to ensure the codes accurately reflected the participants' intended meanings. Through this process, I addressed

limitations associated with AI-assisted coding, recognizing that as the researcher, I ultimately served as the primary instrument for both data collection and data analysis (Reason, 1988, 1994). Additionally, I interpreted the findings by aligning the results with existing literature, as presented in the discussion in Chapter 5.

By using both inductive approaches guided by the research questions and deductive approaches informed by the theoretical frameworks, I gained a broader perspective on the effects of parental stress on children's externalized behaviors, as well as on the coping strategies parents use to mitigate stress. Additionally, this approach allowed me to better understand how environmental contexts (Ecological Systems Theory), stress appraisal and coping processes (Transactional Model of Stress and Coping), and modeled behaviors (Social Learning Theory) influence parental stress and associated behaviors.

In this chapter, the Phase I (quantitative) results are presented, followed by the Phase II (qualitative) results. Phase III involves integrating the two datasets, Phase I and Phase II. The integration phase consists of convergence, divergence, explanatory insights, and emergent patterns. Following the presentation of the quantitative and qualitative results, each section includes a summation of the results to facilitate a deeper understanding of the relationship between parental stress and preschoolers' externalized behaviors. Additionally, the integration section highlights how the quantitative results support or diverge from the qualitative results. The participants' narratives within the qualitative results might provide greater insights into how specific parental stressors serve as triggers and which coping strategies are the most effective in mitigating stress. Overall, by integrating the findings, I was able to triangulate the data sources and findings, thereby increasing the credibility (reliability) and dependability (validity) of the findings (Ary et al., 2014).

Part 1: Quantitative Results

The quantitative results included descriptive statistics, such as mean, standard deviation, and histograms, for both the demographic and PSS data (Berry & Jones, 1995). Additionally, the quantitative data analysis included a linear regression with parental satisfaction and loss of control serving as dependent variables and parental stress as the independent variable. Lastly, the quantitative data analysis included significant testing to test the significance of the effect of parental stress.

Descriptive Statistics

Utilizing descriptive statistics, I gained a deeper understanding of how parental stress affects the study's population. Additionally, demographic information provided context for gaining insights into how factors such as socioeconomic status, employment status, and housing arrangements might have influenced and impacted participants' ability to cope with parental stress. Additionally, the descriptive statistics included data on participants' personal illnesses or those of their parents, partners, or spouses, as these can serve as additional sources of stress. Lastly, the descriptive statistics included a summary of the parental stress (independent variable) and the dependent variables (satisfaction and loss of control).

Participants and Demographics

The most common gender was female ($n = 139, 90.26\%$). The most common ethnic group was Black or African American ($n = 84, 54.55\%$). The category of Q7 that was most often seen was Hispanic or Latino origin ($n = 143, 92.86\%$). There were 38 people (24.68%) who had a graduate or professional degree (e.g., an MA, MS, MBA, PhD, JD, MD, or DDS). The most common answer to question 9 was "working full-time" ($n = 109, 70.78\%$). The category of Q10 observed most frequently was \$25, 000–\$49, 999 ($n = 49, 31.82\%$). The most common answer to Q11 was "I live in a house (own or rent)" ($n = 114, 74.03\%$). The most common answer to Q12

was “Yes, I am a parent” (n = 152, 98.70%). The most common answer to Q13 was “Biological parent” (n = 142, 92.81%). Table 3 shows the frequencies and percentages.

Table 3

Frequency Table for Nominal and Ordinal Variables

Variable	n	%
Gender		
• Female	139	90.26
• Male	14	9.09
• Prefer not to say	1	0.65
Ethnicity		
• White or Caucasian	57	37.01
• Black or African American	84	54.55
• Other	4	2.60
• Prefer not to say	2	1.30
• American Indian/Native American or Alaska Native	2	1.30
• White or Caucasian, Other	2	1.30
• Black or African American, American Indian/Native American, or Alaska Native	1	0.65
• White or Caucasian, American Indian/Native American, or Alaska Native	1	0.65
• White or Caucasian, Black or African American	1	0.65
Hispanic or Latino Origin		
• No	143	92.86
• Yes	11	7.14

Frequency Table for Nominal and Ordinal Variables (continued)

Variable	n	%
Education		
• Some high school or less	4	2.60
• High school diploma or GED	24	15.58
• Some college, but no degree	31	20.13
• Associates or technical degree	30	19.48
• Bachelor's degree	25	16.23
• Graduate or professional degree (MA, MS, MBA, PhD, JD, MD, DDS, etc.)	38	24.68
• Prefer not to say	2	1.30
Employment Status		
• Working full-time	109	70.78
• Working part-time	16	10.39
• A homemaker or stay-at-home parent	10	6.49
• Self-employed	4	2.60
• Other	5	3.25
• Student	4	2.60
• Unemployed and looking for work	6	3.90
Household Income		
• Less than \$25,000	21	13.64
• \$25,000-\$49,999	49	31.82
• \$50,000-\$74,999	18	11.69
• \$75,000-\$99,999	16	10.39
• \$100,000-\$149,999	17	11.04
• \$150,000 or more	23	14.94
• Prefer not to say	10	6.49
Living Arrangements		
• I live in a house (own or rent).	114	74.03
• I live in an apartment or condo.	32	20.78
• I am living with someone (e.g., friends, family, or partner) but do not pay rent.	8	5.19

Frequency Table for Nominal and Ordinal Variables (continued)

Variable	n	%
Parent or Caregiver		
• Yes, I am a parent.	152	98.70
• Yes, I am a caregiver, but not a parent.	2	1.30
Relationship to Child/Children		
• Biological parent	142	92.81
• Legal guardian	5	3.27
• Step-parent	1	0.65
• Foster parent	1	0.65
• Other (please specify):	4	2.61

Note. Due to rounding errors, percentages may not equal 100%.

Stressors Related to Parenting

Parenting is a role that involves experiencing rewards, satisfaction, loss of control, and parental stress because of parenting-related challenges (Berry & Jones, 1995). Parental stress can have an emotional, psychological, and physical impact on a parent's well-being. Therefore, it is essential to investigate the combination of stressors that contribute to parents' overall stress levels. I calculated frequencies and percentages for the survey question: What are the main stressors you experience related to parenting? Q30_1, Q30_2, Q30_3, Q30_4, Q30_5, Q30_6, Q30_7, and Q30_8.

What are the main stressors you experience related to parenting?

- Managing your child's behavior
- Meeting your child's educational or developmental needs
- Balancing parenting with work or other responsibilities
- Financial challenges
- Lack of time for self-care or relaxation
- Difficulty accessing resources or services (e.g., healthcare, therapy, or education)

- Feeling unsupported or isolated
- Concerns about your child’s future

Participants frequently reported having a low stress level (n = 52, 33.99%) when managing their child’s behavior. Additionally, a large percentage of participants (n = 52, 34.21%) reported experiencing no stress in addressing their child’s educational or developmental needs. Overall, the primary source of moderate stress (n = 51, 33.77%) was associated with balancing parenting, work, and other responsibilities.

Participants reported minimal stress (n = 38, 25.33%) related to financial challenges. However, many participants reported experiencing moderate stress (n = 46, 30.46%) due to the lack of time for self-care and relaxation. Furthermore, participants reported no stress (n = 85, 56.29%) related to seeking or accessing resources or services, including healthcare, therapy, or education.

Participants reported no stress (n = 67, 44.67%) associated with feelings or perceptions of feeling unsupported or isolated. Additionally, participants also reported no stress (n = 45, 30.00%) regarding their child’s future. Table 4 presents the frequencies and percentages for each category.

Table 4

Frequency Table for Stressors Related to Parenting

Variable	<i>n</i>	%
Managing your child’s behavior		
• No stress	32	20.92
• Little stress	52	33.99
• Moderate stress	47	30.72
• High stress	15	9.80

Frequency Table for Stressors Related to Parenting (Continued)

Variable	<i>n</i>	%
• Very high stress	7	4.58
Meeting your child’s educational or developmental needs		
• No stress	52	34.21
• Little stress	48	31.58
• Moderate stress	35	23.03
• High stress	9	5.92
• Very high stress	8	5.26
Balancing parenting with work or other responsibilities		
• No stress	20	13.25
• Little stress	20	13.25
• Moderate stress	51	33.77
• High stress	37	24.50
• Very high stress	23	15.23
Financial challenges		
• No stress	35	23.33
• Little stress	38	25.33
• Moderate stress	37	24.67
• High stress	21	14.00
• Very high stress	19	12.67
Lack of time for self-care or relaxation		
• No stress	25	16.56
• Little stress	34	22.52
• Moderate stress	46	30.46
• High stress	28	18.54
• Very high stress	18	11.92
Difficulty accessing resources or services (e.g., healthcare, therapy, or education)		
• No stress	85	56.29
• Little stress	36	23.84
• Moderate stress	18	11.92
• High stress	7	4.64
• Very high stress	5	3.31

Frequency Table for Stressors Related to Parenting (Continued)

Variable	<i>n</i>	%
Feeling unsupported or isolated		
• No stress	67	44.67
• Little stress	36	24.00
• Moderate stress	22	14.67
• High stress	12	8.00
• Very high stress	13	8.67
Concerns about your child's future		
• No stress	45	30.00
• Little stress	44	29.33
• Moderate stress	27	18.00
• High stress	19	12.67
• Very high stress	15	10.00

Note. Due to rounding errors, percentages may not equal 100%.

Additional Stressors: Personal Illness, Caregiver Responsibilities, and Support

Many participants indicated a lack of supplementary caregiving obligations across several dimensions of assistance. Many respondents reported not offering care or support to their elderly or ill parents ($n = 119, 77.27\%$) or to an ailing partner or spouse ($n = 135, 88.24\%$). A significant percentage indicated they did not receive help from family members ($n = 54, 35.29\%$) or friends ($n = 91, 59.09\%$). Moreover, most participants reported no involvement in alternative caregiving activities ($n = 127, 83.01\%$). Table 6 displays frequencies and percentages. A source of stress can be dealing with personal illness or serving as a caregiver for individuals who may struggle with chronic illness. Balancing self-care with caring for others illustrates the multifaceted effects of stress, as these demands can become overwhelming. This dynamic was particularly evident for parents of preschool-aged children with developmental needs who require intensive attention. This section presents the frequencies and percentages of participants' perceptions related to

personal illness, parental illness, spousal illness, and sources of support. I calculated frequencies and percentages for survey items Q33, Q36_Parent, Q36_Partner, Support_from_family_38ish, and Support_from_friends.

The most common response to Q33 was “No,” with 127 people (83.01%) selecting this option. For Q36_Parent, most participants (n = 119, 77.27%) responded “No, I do not care for or support elderly or sick parents.” The most common answer to Q36_Partner was also “No, I do not care for or help a sick partner or spouse.” (n = 135, 88.24%). The most common answer to Support_from_family_38ish was “No, I do not receive any support from family.” (n = 54, 35.29%), and the most common answer to Support_from_friends was “No, I do not receive any support from friends.” (n = 91, 59.09%). The frequencies and percentages are shown in Table 5.

Table 5

Frequency Table for Nominal Variables

Variable	<i>n</i>	%
Chronic Illness		
• Yes	24	15.69
• No	127	83.01
• I’m not sure	2	1.31
Caregiver for Parent		
• No, I do not provide care or support for elderly or sickly parents.	119	77.27
• Not applicable.	13	8.44
• Yes, I am the primary caregiver.	11	7.14
• Yes, I provide some care or support but am not the primary caregiver.	11	7.14
Caregiver for Partner		
• No, I do not provide care or support for a sickly partner or spouse.	135	88.24
• Not applicable.	16	10.46
• Yes, I provide some care or support but am not the primary caregiver.	1	0.65
• Yes, I am the primary caregiver.	1	0.65

Frequency Table for Nominal Variables (Continued)

Variable	<i>n</i>	%
Familial Support		
• Yes, I receive regular and reliable support from family.	44	28.76
• Yes, I receive occasional or limited support from family.	53	34.64
• No, I do not receive any support from family.	54	35.29
• Not applicable.	2	1.31
Friend's Support		
• No, I do not receive any support from friends.	91	59.09
• Yes, I receive occasional or limited support from friends.	44	28.57
• Yes, I receive regular and reliable support from friends.	14	9.09
• Not applicable.	5	3.25

Note. Due to rounding errors, percentages may not equal 100%. Parental Stress (Independent Variable) and Dependent Variables (Satisfaction and Loss of Control).

The summary statistics revealed the subsequent outcomes for the principal factors. The average score for Stress was 15.49 ($SD = 5.54$, $SE_M = .45$), with scores varying from 6.00 to 30.00 and a median of 16.00. The average Satisfaction score was 4.92 ($SD = 1.77$, $SE_M = .14$), with a minimum of 3.00, a maximum of 10.00, and a median of 4.50. The average score for Loss of Control was 6.22 ($SD = 2.78$, $SE_M = .23$), with a range of 3.00 to 15.00 and a median of 6.00. The participants reported moderate stress levels, moderate satisfaction, and low to moderate perceptions of loss of control. The full set of summary statistics is presented in Table 6.

I calculated descriptive statistics for the principal study variables. The mean score for stress was 15.49 ($SD = 5.54$, $SE_M = .45$, $Min = 6.00$, $Max = 30.00$, $Mdn = 16.00$). The mean satisfaction score was 4.92 ($SD = 1.77$, $SE_M = .14$, $Min = 3.00$, $Max = 10.00$, $Mdn = 4.50$). The mean score for loss of control was 6.22 ($SD = 2.78$, $SE_M = .23$, $Min = 3.00$, $Max = 15.00$, $Mdn = 6.00$). Table 6 presents the summary statistics for these factors.

Table 6*Summary Statistics Table for Interval and Ratio Variables*

Variable	M	SD	n	SEM	Min	Max	Mdn
Stress	15.49	5.54	151	0.45	6.00	30.00	16.00
Satisfaction	4.92	1.77	154	0.14	3.00	10.00	4.50
Loss of Control	6.22	2.78	152	0.23	3.00	15.00	6.00

Note. - indicates the statistic is undefined due to constant data or an insufficient sample size.

Inferential Statistics

To examine these relationships, I used inferential statistics to assess the association between the independent variable, parental stress, and the dependent variables, parental satisfaction and loss of control. This statistical analysis allowed me to examine the impact of parental stress on parental satisfaction and loss of control through the use of regression modeling and hypothesis testing, guided by the following question: *To what degree is parental stress associated with parental satisfaction and loss of control?*

The inferential analysis included two univariate regression analyses, which enabled me to examine the strength and direction of the relationships between parental stress and parental satisfaction, as well as parental stress and loss of control. Finally, significance testing was used to evaluate the results.

Linear Regression Analysis for Stress and Satisfaction

Two separate univariate regression analyses were conducted, which predicted satisfaction based on stress, aligned with RQ1. The analysis provided insight into the relationship between how stress impacts the satisfaction of parents of preschoolers. The results of the linear regression model were significant, $F(1, 149) = 69.53, p < .001$. The effect size was $R^2 = .32$, suggesting that approximately 31.82% of the variance in satisfaction was explained by stress. Stress was a significant predictor of satisfaction, $B = .18, t(149) = 8.34, p < .001$, signifying that, on average,

a one-unit increase in stress elevates the value of Satisfaction by .18 units. Table 8 encapsulates the findings of the regression model.

The results of the linear regression model were significant, $F(1,149) = 69.53, p < .001$. The effect size was $R^2 = .32$, indicating that approximately 31.82% of the variance in Satisfaction is explained by Stress. Stress significantly predicted Satisfaction, $B = .18, t(149) = 8.34, p < .001$, indicating that on average, a one-unit increase of stress increased the value of Satisfaction by .18 units. Table 7 summarizes the results of the regression model.

Table 7

Results for Linear Regression with Stress Predicting Satisfaction

Variable	<i>B</i>	<i>SE</i>	95.00% CI	β	<i>t</i>	<i>p</i>
(Intercept)	2.15	0.35	[1.45, 2.85]	0.00	6.07	< .001
Stress	0.18	0.02	[0.14, 0.22]	0.56	8.34	< .001

Note. Results: $F(1,149) = 69.53, p < .001, R^2 = .32$. Unstandardized Regression Equation:

$$\text{Satisfaction} = 2.15 + .18 * \text{Stress}.$$

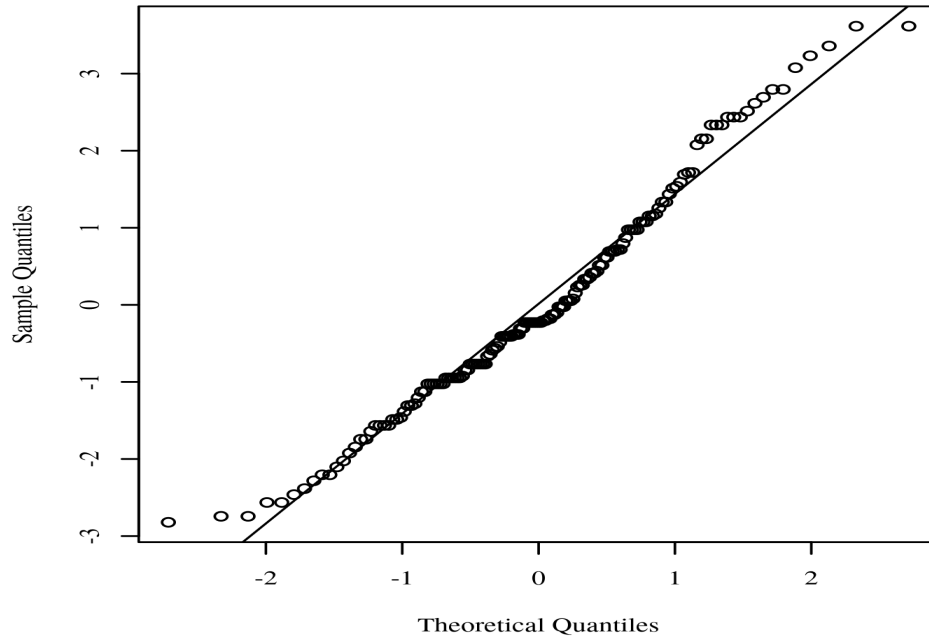
Assumptions

For this study, the relationship between stress (independent variable) and parental satisfaction (dependent variable) was examined using regression analysis. Thus, the following assumptions had to be met to ensure the accuracy and interpretation of the results: normality, homoscedasticity, absence of multicollinearity, and absence of outliers.

Normality. I utilized a Q-Q scatterplot to compare the quantiles of the model residuals. The residuals of a theoretical Chi-square distribution using a Q-Q scatterplot (DeCarlo, 1997). For this study, the assumption of normalcy was satisfied. Additionally, the observed residuals correspond with the expected quantiles along the reference line. There seems to be a minimum departure from normality, as illustrated in Figure 4, the Q-Q scatterplot of model residuals.

Figure 4

Q-Q Scatterplot for Normality of The Residuals for the Regression Model



Note: Q-Q scatterplot constructed within *Intellectus Statistics*, 2025.

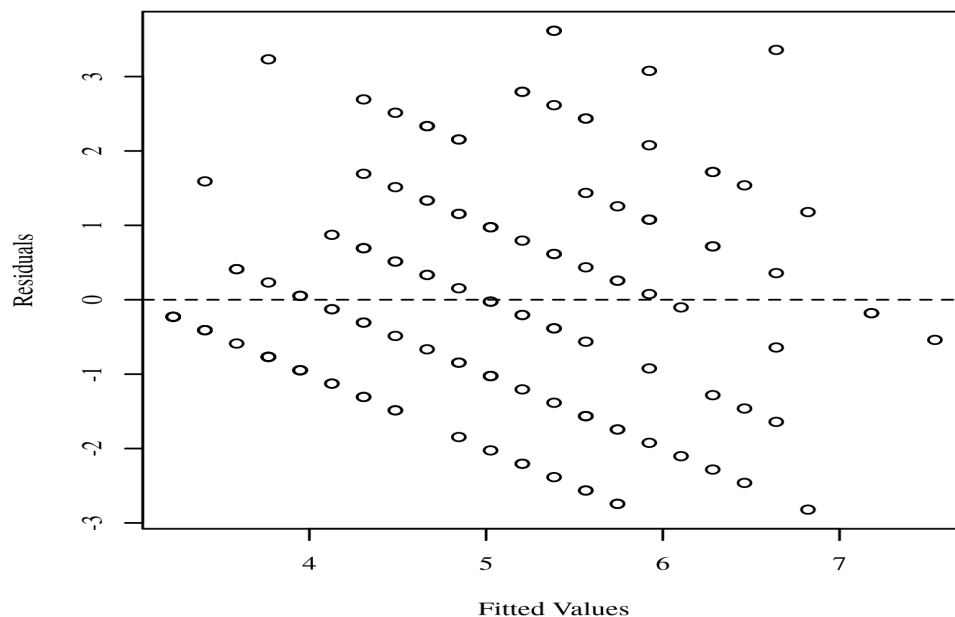
Homoscedasticity. Homoscedasticity. To verify homoscedasticity, the residuals were graphed against the predicted values (Bates et al., 2015; Field, 2017; Osborne & Waters, 2002). The assumption of homoscedasticity holds if the points display a random distribution characterized by a mean of zero and no noticeable curvature.

The evaluation of the homoscedasticity assumption was integral to the linear regression analysis examining the correlation between stress and satisfaction, as well as between stress and loss of control. Homoscedasticity occurs when the variance of the residuals remains constant across all levels of the predicted values. This assumption was crucial in ensuring that the regression model and its parameter estimates were accurate. I created a scatterplot of residuals against predicted values to see if the data were homoscedastic. If the points in the scatterplot appeared to be randomly distributed around a mean of zero, with no clear pattern or curvature,

then the assumption was met. The scatterplots for both regression models showed that the residuals were randomly distributed, with no clear pattern or curvature. This indicated that the assumption of homoscedasticity was met, which supported the validity of the regression results. The regression models yielded dependable estimates of the correlations between stress and satisfaction, as well as stress and loss of control, by satisfying the assumption of homoscedasticity. This ensured that the conclusions from the analysis were robust and not influenced by the fact that the residuals have different variances. Figure 5 shows a scatterplot of the predicted values (stress) and the model residuals (satisfaction).

Figure 5

Residuals Scatterplot Testing Homoscedasticity



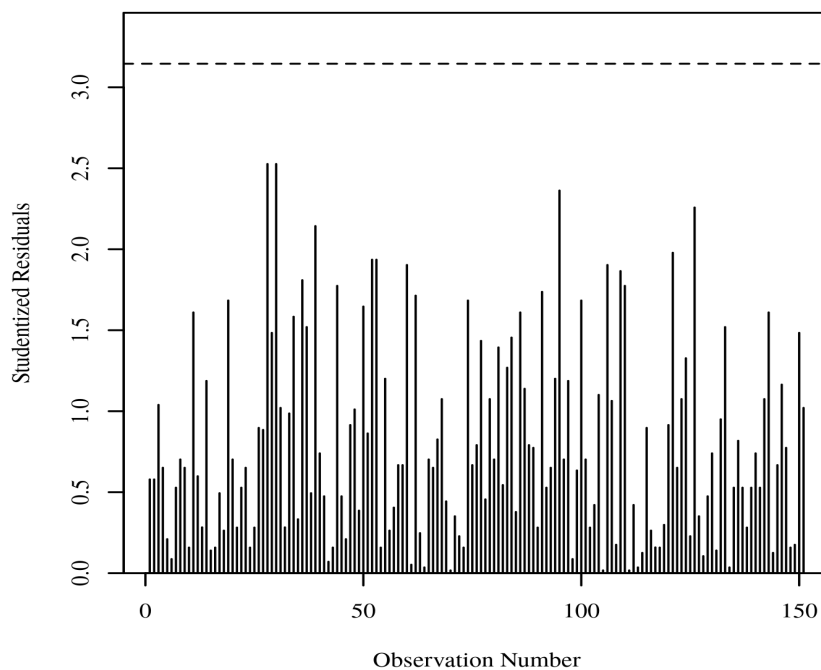
Note: Residuals scatterplot testing homoscedasticity constructed within *Intellectus Statistics*, 2025.

Multicollinearity. Due to the presence of a singular predictor variable, multicollinearity is inapplicable, and I did not compute the variance inflation factors.

Outliers. I identified influential points by calculating Studentized residuals (satisfaction) and plotting their absolute values versus observation counts (Field, 2017; Pituch & Stevens, 2015). Studentized residuals were computed by dividing the model residuals by the estimated standard deviation of the residuals. An observation with a Studentized residual greater than 3.15 in absolute value—the .999 quantile of a t distribution with 150 degrees of freedom—was deemed to influence the results of the model significantly. Figure 6 displays the plot of Studentized residuals for the observations. Observation numbers are indicated adjacent to each point exhibiting a Studentized residual exceeding 3.15.

Figure 6

Studentized Residuals Plot for Outlier Detection



Note: Studentized residuals for outlier detection constructed within Intellectus Statistics, 2025.

Results. The alpha level was adjusted to .025 for the two analyses involving stress, controlling for multiple comparisons. The results of the linear regression model were significant,

$F(1, 149) = 69.53, p < .001.001$, The effect size was $R^2 = .32$, indicating that approximately 31.82% of the variance in Satisfaction was explained by Stress. Stress significantly predicted Satisfaction, $B = .18, t(149) = 8.34, p < .001$. This indicated that, on average, a one-unit increase in Stress increased the value of Satisfaction by .18 units. Table 7 summarizes the results of the regression model.

Linear Regression with Stress Predicting Loss of Control

The equation for control was $.73 + .36 * \text{Stress}$, as illustrated in Table 8. This equation showed that for every one-unit increase in stress, the loss of control increased by an average of .36 units. The regression coefficient for stress ($B = .36, SE = .03, t(149) = 12.29, p < .001$) was positive and significant, indicating a robust direct correlation between stress and loss of control. The standardized beta coefficient ($\beta = .71$) indicated a strong relationship. The 95% confidence interval for the unstandardized coefficient went from .30 to .41, indicating that the estimate was accurate.

Table 8

Results for Linear Regression with Stress Predicting Loss of Control

Variable	<i>B</i>	<i>SE</i>	95.00% CI	β	<i>t</i>	<i>p</i>
(Intercept)	0.73	0.48	[-0.21, 1.67]	0.00	1.53	.129
Stress	0.36	0.03	[0.30, 0.41]	0.71	12.29	< .001

Note: Results: $F(1,149) = 151.07, p < .001, R^2 = .50$. Unstandardized Regression Equation:

Loss of Control = $.73 + .36 * \text{Stress}$.

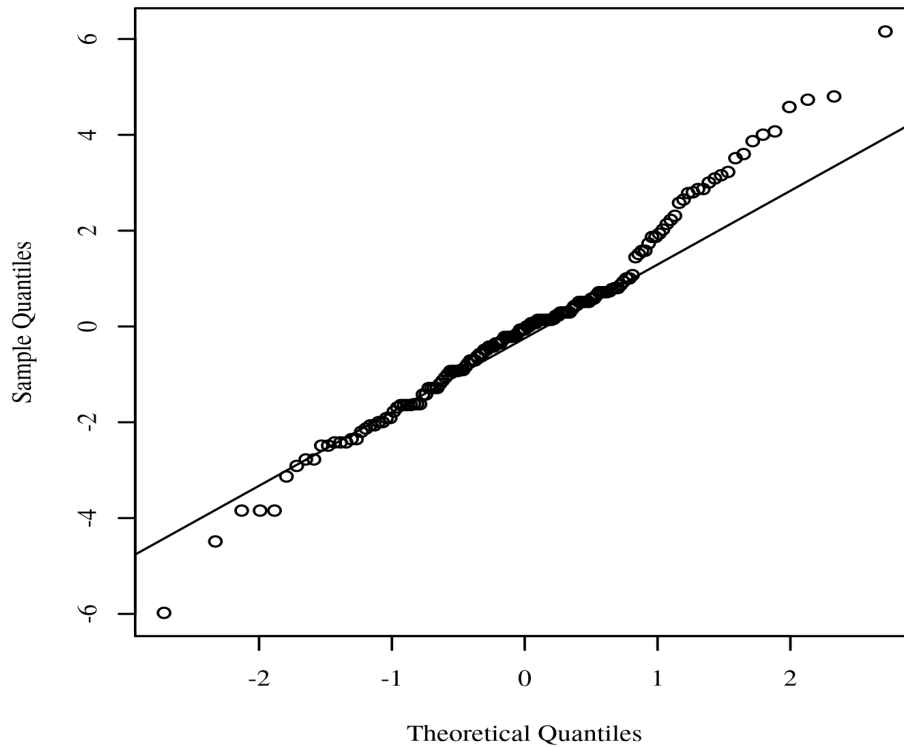
Assumptions

For this study, the relationship between stress and loss of control was examined using regression analysis. To ensure the accuracy and interpretation of the results, the following assumptions had to be met: normality, homoscedasticity, absence of multicollinearity, and absence of outliers.

Normality. The assumption of normality was assessed by plotting the quantiles of the model residuals against the quantiles of a Chi-square distribution, also called a Q-Q scatterplot (DeCarlo, 1997). For the assumption of normality to be met, the quantiles of the residuals must not strongly deviate from the theoretical quantiles. Strong deviations could indicate that the parameter estimates were unreliable. Figure 7 presents a Q-Q scatterplot of the model residuals (loss of control). Furthermore, I evaluated the assumptions of linear regression to ensure the validity of the model. Overall, the normality of residuals was assessed using a Q-Q scatterplot, which showed no strong deviations from the theoretical quantiles, indicating a normal distribution of the residuals.

Figure 7

Q-Q Scatterplot for Normality of the Residuals for the Regression Model

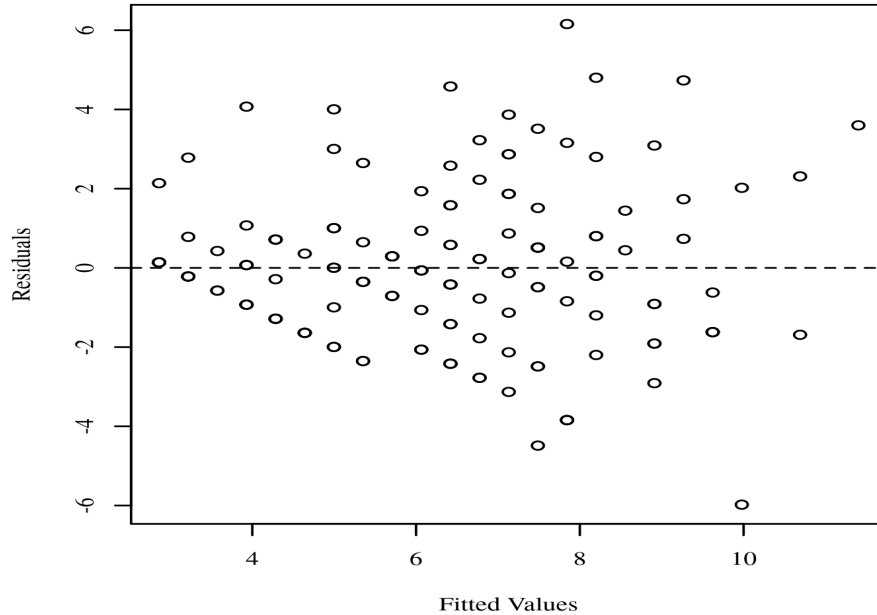


Note: Q-Q scatterplot for normality of the residuals for the regression model constructed within Intellectus Statistics, 2025.

Homoscedasticity. The homoscedasticity was evaluated by plotting the residuals against the predicted values (Bates et al., 2015; Field, 2017; Osborne & Waters, 2002). The assumption of homoscedasticity was met with stress serving as a predictor of parental loss of control. As noted in Figure 8, the points appear to be randomly distributed, indicating a mean of zero and no apparent curvature. Thus, the scatterplot of the predicted values and the model residuals revealed that there was no apparent pattern, thereby confirming the constant variance of the residuals.

Figure 8

Residuals Scatterplot Testing Homoscedasticity



Note: Residuals scatterplot testing homoscedasticity constructed within Intellectus Statistics, 2025.

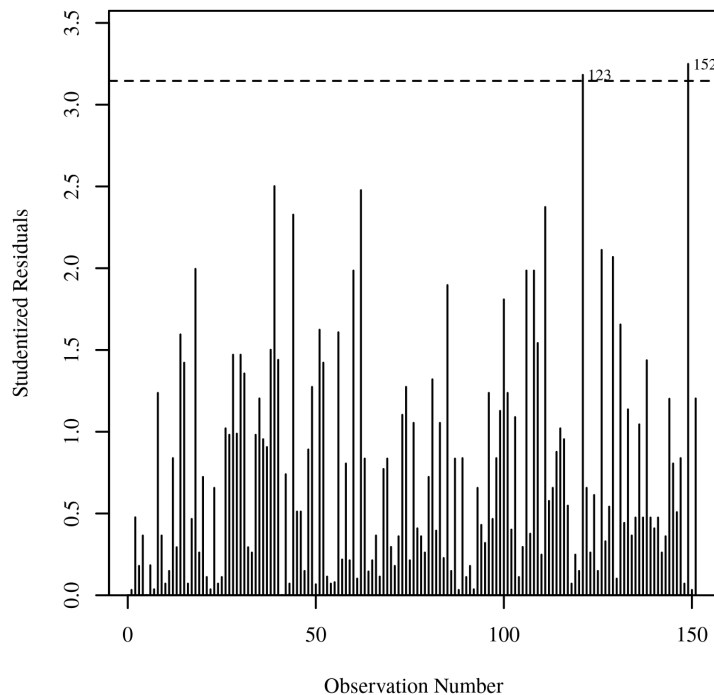
Multicollinearity. Because there was only one predictor variable, multicollinearity did not apply, and I did not calculate the Variance Inflation Factors.

Outliers. To find influential points, I calculated Studentized residuals and plotted their absolute values against the observation numbers (Field, 2017; Pituch & Stevens, 2015). To get studentized residuals, I divided the model residuals by the estimated residual standard deviation. An observation with a Studentized residual exceeding 3.15 in absolute value, representing the .999 quantile of a t-distribution with 150 degrees of freedom, was deemed to exert a significant influence on the model's results. Figure 9 shows the plot of the Studentized residuals for the observations. Next to each point with a Studentized residual greater than 3.15, the observation number is written. Multicollinearity was not applicable because the model contained only one

predictor variable. I used Studentized residuals to find outliers by marking any values that were more than 3.15 in absolute terms as important. There were no major outliers in the Studentized residuals plot, which made the model more reliable. The analysis demonstrated that stress was a significant predictor of satisfaction, indicating that elevated stress levels correlated with increased satisfaction levels. Figure 9 illustrates, how the model met all the requirements for linear regression, which meant that the results were reliable.

Figure 9

Studentized Residuals Plot for Outlier Detection



Note: Studentized residuals plot for outlier detection constructed within Intellectus Statistics, 2025.

Results

The alpha level was adjusted to .025 for the two analyses involving stress, controlling for multiple comparisons. The linear regression model yielded significant results, $F(1,149) = 151.07$,

$p < .001$. The effect size was $R^2 = .50$, demonstrating that approximately 50.35% of the variance in Loss of Control could be attributed to Stress. Stress significantly predicted Loss of Control, $B = .36$, $t(149) = 12.29$, $p < .001$. This means that, on average, a one-unit increase in Stress caused a .36-unit increase in Loss of Control.

Significance Testing

I employed linear regression analysis to evaluate the significance of the relationship between stress and two dependent variables: satisfaction and loss of control. Both models produced statistically significant results, indicating that stress functioned as a strong predictor for both outcomes.

The initial regression model indicated that stress significantly predicted satisfaction, as evidenced by an $F(1,149)$ value of 69.53 and a p-value of less than .001. The effect size was an R^2 value of .32. This finding indicated that stress accounted for approximately 31.82% of the variation in satisfaction, as indicated by the unstandardized regression coefficient for stress, $B = .18$ ($SE = .02$), $t = 8.34$, $p < .001$. Please note that the standardized beta coefficient ($\beta = .56$) indicated a moderately strong correlation between stress and satisfaction. Overall, the 95% confidence interval for the unstandardized coefficient ranged from .14 to .22, indicating that the estimate was accurate. Based on the data, on average, satisfaction went up by .18 units for every one-unit rise in stress.

The second regression model demonstrated that stress significantly predicted loss of control, yielding an F-value of $F(1,149) = 151.07$, $p < .001$. The effect size was an R^2 value of .50. The results indicated that stress accounted for approximately 50.35% of the variance in loss of control, as indicated by the unstandardized regression coefficient for stress, $B = .36$ ($SE = .03$), $t = 12.29$, $p < .001$. Furthermore, the standardized beta coefficient ($\beta = .71$) indicated a robust positive correlation between stress and loss of control. Overall, the unstandardized

coefficient's 95% confidence interval was between .30 and .41, which showed that the estimate was reliable. Please note that as stress increases by one unit, the loss of control decreases by .36 units.

Overall, both regression models indicated that stress was a statistically significant predictor of satisfaction and loss of control. Additionally, the extremely low p-values ($p < .001$) suggested that the likelihood of these results occurring by chance was minimal, thereby providing robust support for the identified correlations.

Summary results for inferential statistics

This analysis provided a comprehensive evaluation of the descriptive statistics and linear regression techniques utilized to investigate the relationships among demographic variables, stress, satisfaction, and perceived loss of control. Additionally, the descriptive statistics provided a summary of the principal variables of interest and the demographic characteristics of the sample, including gender, race, and socioeconomic variables. The participants had an average age of 32.66 years ($SD = 7.04$). The largest survey demographic self-identified as women (90.26%) and Black or African American (54.55%). Participants reported both on their educational attainment as well as their socioeconomic status: (24.68%) had a graduate or professional degree, (70.78%) worked full-time, and (74.03%) lived in a house.

Additionally, 31.82% of the survey respondents reported an income between \$25, 000 and \$49, 999, which was the most common range of incomes. The majority of participants (98.70%) were parents, with 92.81% identifying as biological parents. The mean stress score was 15.49 ($SD = 5.54$), the mean satisfaction score was 4.92 ($SD = 1.77$), and the mean loss of control score was 6.22 ($SD = 2.78$). Overall, the descriptive statistics provided insight into the variables for which the regression analyses were conducted, showing their central tendency and the extent of their variation.

Two linear regression analyses were conducted to examine the predictive relationships between stress and satisfaction, as well as between stress and loss of control. The first regression analysis revealed that stress was a strong predictor of satisfaction, with a value of $F(1,149) = 69.53$, $p < .001$. The effect size was an R^2 value of .32, which means that stress explained 32.16% of the variation in satisfaction. Based on the unstandardized regression equation, $Satisfaction = 2.15 + .18(Stress)$, a one-unit increase in stress correlated with a .18-unit increase in satisfaction. According to standardized beta coefficient ($\beta = .56$) there is a strong positive relationship between stress and satisfaction.

Additionally, in the second regression analysis, I found that stress was a significant predictor of loss of control, $F(1,149) = 151.07$, $p < .001$. The effect size was an R^2 value of .50, which means that stress accounted for 50.35% of the variance in loss of control. Based on the unstandardized regression equation, $Loss\ of\ Control = .73 + .36(Stress)$, a one-unit increase in stress resulted in a .36-unit increase in loss of control. According to the standardized beta coefficient ($\beta = .71$) a strong relationship exists between stress and loss of control.

Please note that all assumptions of linear regression were assessed and satisfied for both analyses. Q-Q scatterplots showed no significant differences from theoretical quantiles, which means that the residuals were likely normally distributed. Furthermore, the residuals plotted against predicted values showed no clear pattern or curvature, which supported the idea that the data were homoscedastic. Multicollinearity was inconsequential since each model encompassed merely one predictor variable. Studentized residuals were used to identify outliers, and none were found to be significant, indicating that both models were reliable.

Overall, based on the results of the analyses, stress was a statistically significant predictor of both loss of control and satisfaction. Elevated stress levels were associated with

increased satisfaction and diminished control, corroborated by robust regression estimates and compliance with all statistical assumptions. The findings substantiated the role of stress as a significant variable affecting psychological outcomes.

Part 2: Qualitative Results

In Phase II, I employed two forms of qualitative data analysis to enhance the dependability of the findings (Ary et al., 2014). Overall, a three-iteration coding process was employed: first, coding for research questions, second, coding for theories, and third, coding for the components of theories. The qualitative analysis consisted of both inductive coding for research questions (RQ2 and RQ3) and deductive coding (theories), which was used to align the interview dataset with the theoretical framework and its components.

RQ2: What parental stressors do parents perceive as impacting a preschooler's externalized behaviors?

RQ3: What strategies are parents implementing to mitigate parental stress?

The qualitative data results included emergent themes and coding related to the inductive iteration of coding for RQ2 and RQ3. Additionally, the qualitative data results consisted of emergent themes aligned with the theoretical frameworks (Ecological System Theory, Social Learning Theory, and the Transactional Model of Stress and Coping). This section also includes an overview of the interview participants, along with their profiles, which provides insight into the participants' parenting challenges and coping strategies, as profiled in Table 9.

Table 9*Participants' Demographic Table*

Pseudonym	Gender	Ethnicity	Age	Education	Number of Children	Categories of Children	Stress Level
Allison	Female	White	41	Graduate or Professional Degree	2	Toddler Preschooler	Med Stress
Anna	Female	Black	46	Graduate or Professional degree	2	Preschooler Early Elementary	High Stress
Denise	Female	White	56	Graduate or Professional Degree	1	Preschooler	High Stress
Emma	Female	White	33	Associate or Technical College Degree	3	Preschooler Early Elementary Teenager	Med Stress
Jessica	Female	White	40	Graduate or Professional Degree	5	Infant Preschooler (2) Teenage (2)	High Stress
Katherine	Female	Black	32	Bachelor's Degree	2	Toddler Preschooler	Low Stress
Madelyn	Female	Black	41	Graduate and Professional Degree	1	Preschooler	Low Stress
Mallory	Female	Black	32	High School Diploma	1	Preschooler	Med Stress
Sarah	Female	White	37	Graduate or Professional Degree	2	Toddler Preschooler	High Stress

Note: Participants' Demographic developed from Survey and Interview Data.

Participants' Profile

Allison. Allison self-identified as a 41-year-old White female. She is a mother of two children: a toddler (daughter, aged 18 months) and a preschooler (son, 3 years old). Allison identified her mother as a parenting role model, aiming to emulate her patience and communication style. Allison emphasized the importance of verbally engaging with her children and consciously avoiding simplified language or baby talk, saying, 'I talk to him like he is a boy, not an adult, but I don't use baby words.' Her stress levels were influenced by her children's behavior, particularly her son's oppositional tendencies. Allison reflected on her parenting methods after being notified that the daycare removed her son from a soccer camp for not listening. Allison shared, "I constantly am thinking, is it something I'm doing?" She acknowledges the impact of her emotional state on her son's well-being and believes her son can sense her stress, as he often asks, "Mommy, are you happy?" when she appears upset. Allison uses timers to manage her routines better and facilitate smoother transitions. She maintained a calm demeanor, although she still struggles to balance her household responsibilities and find a balance between structure and relaxation. She finds meal planning and keeping up with household chores particularly stressful, noting, "I love the weekends where we just lay about, but then everything gets behind."

Allison relies on spousal support, social time, and modeling calm behavior as ways to help her mitigate parental stress. She shared that her husband often helps her with morning routines, which in turn helps her get more rest. "He gets our son up in the morning. He takes him, so I can have an extra 20 minutes of sleep," she said. Also, having social time with friends provides her with an outlet. "They'll just come over after the kids are in bed, bring a bottle of wine... so I feel like I can still have a social life." Finally, Allison stated that she tried to model or practice calming behaviors, such as deep breathing. As she is modeling this behavior, she also

stresses that she is teaching her child to do the same whenever he gets frustrated, “I tell him, ‘I’m feeling frustrated right now,’ and he’ll usually be like, ‘Mama, are you happy?’”

Anna. Anna self-identified as a 46-year-old Black woman. She is the mother of two preschool-aged children, a 5-year-old daughter and a 3-year-old son who is neurodivergent. She described parenting as both rewarding and challenging, noting that her daughter’s behavior can be particularly difficult to manage when Anna experiences heightened stress. Anna shared, “My stress dysregulates her... all of her crazy just kind of comes up.” To manage her stress, Anna employed intentional self-regulation strategies and openly communicates her feelings with her children. When she begins to feel overwhelmed, she says, “Mommy needs a minute... things are feeling really big for me right now.” She takes short breaks to calm herself, often retreating to her room and closing the door to de-escalate before re-engaging. Anna also draws on the guidance provided by her daughter’s therapist, incorporating strategies that help both children identify and express their emotions in a constructive manner.

Anna used physical separation, fun activities, and nighttime solitude to mitigate parental stress. Anna stated that sometimes it is necessary to occupy her children with TV, so that she can take a moment to calm down, “If I really can’t manage, I go back in my room to separate myself from them so I can calm down.” She also enjoys engaging in fun activities with her children, as it helps them release stress. Sometimes they create dance videos, “I’ll try to flip it to something fun, like whether it’s one of the videos, and we do the dance videos together.” Anna seemed to balance time with her children by maintaining a structure that includes both family time and alone time. She stated that sometimes she uses nighttime activities to decompress (i.e., relaxing in a dark room or taking a bath). “If I can make it happen, I’ll get in the bathtub or lay in a dark room,” she said.

Denise. Denise self-identified as a 56-year-old White woman. She is the mother of a 3-year-old daughter. Although Denise's daughter occasionally exhibited physical manifestations of anger towards her, such as hitting, kicking, and biting, Denise described her daughter as happy, well-loved, and well-mannered. When asked about her concerns, Denise shared, "I stress that she's not eating well, that I'm malnourished, and I'm not nourishing her." Denise attributed her daughter's behavior to her own behavior during stressful moments. She copes with stress by spending quality time with her daughter, such as cooking together, and by giving her vitamins to address nutritional concerns. Because Denise intentionally waited until after 50 years of age to have a child, she expresses gratitude for being a mother, saying, "I love, love, love being a mom so much."

Denise stated that outdoor activities, bath time, and creative applications helped her mitigate stress. She takes walks with her child or lets her child ride her bike to release stress. "We went out for a walk... the day was nice, and it was sunny, and she was moving, and I was moving my body," she explained. She also uses bath time to calm herself and her child, "I'll stick her in the bath with her toys and give her lots of bubbles... and then I feel calmer too." Lastly, Denise said that using coloring applications or other mobile games helps her disconnect. "I love the coloring app," she explained. "The pictures are really, really pretty."

Emma. Emma self-identified as a 33-year-old White woman. She has three children aged 13, 7, and 3 years old. Her preschool-aged child was diagnosed with a neurodivergent condition, autism, emotional and behavioral disorders (EBD), and sensory processing disorder (SPD). Emma was raised in a family with individuals with special needs. Emma's aunt, who influenced her parenting approach, provided care for these family members without official therapeutic interventions. Emma categorized her stress as moderate to high, contingent upon the day, as her

youngest daughter's behavior significantly influenced her stress level. Public settings can be challenging for Emma's daughter's behavior. She shared, "It's a little extra stressful taking her in public, but I know if I don't do it now, it's going to be even more stressful later." Emma's preschooler behaves better at school, where she participates in a specialized pre-K program, but struggles with stimming and tantrums at home and in public. Emma uses humor and techniques, including visual cards from a behavioral therapist, to regulate her daughter's behavior. By stating, "Some things can just wait," Emma prioritizes tasks and takes breaks when necessary.

Emma stated that she often engages in silence and solitude, yoga and deep breathing, and structured alone time as coping strategies for managing her stress. Emma stated that she usually takes a drive to enjoy her coffee alone or sits in her glider in silence. "Sometimes I'll just sit in my little glider rocking chair and just sit in silence," she said. Emma also practices yoga and deep breathing exercises with her child to manage stress and teach her child how to self-regulate. She wakes up early or stays up late to get some structured alone time; this helps her decompress. She said, "I wake up about two hours before my kids do, or I go to bed two hours later, and that's when I do my decompressing."

Jessica. Jessica self-identified as a 40-year-old white female. She is the mother of five children, including two older children aged 15 and 13 years, and three younger children aged 4, 3, and 1. Jessica described her current parenting experience as markedly more stressful than when raising her older children, attributing this to changes in childcare settings and the emergence of COVID-related anxieties. Jessica's stress level is affected by her children's behavior, particularly her 4-year-old son, who was recently dismissed from daycare due to behavioral challenges. Reflecting on this experience, she shared, "The stress became significant for me... Is he ever going to be given a fair chance?" Jessica employs structured routines,

positive reinforcement, and emotional intervention to regulate her child's behavior. She is currently seeking a comprehensive evaluation for her preschool-aged son to ensure that he receives appropriate behavioral and developmental support as he transitions to elementary school.

Jessica stated that she often uses deep breathing, spousal check-ins, and her work family to help mitigate parental stress. Jessica noted that deep breathing helps calm herself and de-escalate situations. "I'm trying to become monotone, lower the volume... I try to talk with my husband after the kids go to bed," she said. Jessica stated that she and her husband regularly check in to discuss stressors and strategies for how to combat stress, "We check in with each other. How are you feeling? How was your day? Do you have any stressors at work?" Jessica relies on her work family for emotional support; she also gets advice on how to navigate stress, stating, "My work family is a huge method of handling the stress."

Katherine. Katherine self-identified as a 32-year-old Black woman and the mother of two children, including a toddler and a 4-year-old preschool-aged son. She described her preschool-aged son as energetic and rambunctious at home, enjoying rough housing with his father. At home, her son's behavior was occasionally rebellious. However, at school, he was more compliant and listened to his teacher. Katherine attributed this difference in behavior to her son feeling safe at home, where he knew his parents would forgive him for misbehavior. Katherine reported that changes in her stress level were rarely due to her son's behavior, as she understood that "he's just a 4-year-old...they're going to try to push the boundaries." However, she acknowledged that her stress could increase when she is already overwhelmed with household tasks and her son is testing boundaries. Katherine reduced stress by reminding her son of boundaries and maintaining consistency in her parenting approach.

Katherine engaged in activities such as exercising, praying, listening to music, and cleaning to mitigate stress. She stated that exercise was her primary coping mechanism as it helped her clear her mind and feel energized. “I know it’s because I need to work out,” she shared. “So, I work out, and after I’ve done that, I feel really energized and I feel better.” Her second method for mitigating stress was praying and listening to music, and she said that taking deep breaths while listening to music helped her manage her stress levels. She explained, “I try to take deep breaths and pray.” Katherine’s third coping method was to engage in deep cleaning, as she said that this cleared her mind. “If I need to clear my mind even further, I’ll just start cleaning” she said. “I’ll go on a big deep clean.” Cleaning also helps Katherine feel productive.

Madelyn. Madelyn self-identified as a 41-year-old Black woman. She has one child, a 3-and-a-half-year-old girl. Madelyn explained that her parenting style was shaped by her upbringing, which taught her the importance of having a structure and routine. Her stress level fluctuated based on her daughter’s behavior, particularly when routines are disrupted. Madelyn shared, “If she’s not cooperating, it throws off the whole evening... I’m trying to get bath time going, take care of myself, and I’m hungry.” Her daughter’s behavior was generally consistent, although she occasionally had tantrums, especially when her tablet was taken away from her. Madelyn believed that her daughter could sense her stress, recalling moments when she raised her voice and startled her child. To mitigate stress, Madelyn takes a breather, walks away, and allows herself and her daughter to calm down. She also values the early morning personal time she takes to prepare herself for the day. Madelyn relied on her family as trusted babysitters for occasional breaks, emphasizing the importance of time away from parenting responsibilities.

Madelyn has several ways of mitigating parental stress, including taking breaks, having morning alone time, utilizing support systems, and practicing self-regulation. Madelyn often

walked away when situations got too stressful. She stated, “I’ll just take a breather after that... I’ll just walk away, you know, of course, I’m still within the area to see what’s going on.” Walking away provided cool down time for the mother and her child. She usually can monitor her child during the cool down process. Madelyn also wakes up early so that she can have her coffee and watch the news. The morning alone time also provided her with an opportunity to prepare for the day. “Early mornings are usually my times before she gets up... my coffee, watch my news, have my time to myself before that,” she shared. Madelyn also relied on her support system to mitigate parental stress. Madelyn’s friends and family provide emotional support as well as occasionally babysit for her. She said, “I have such great friends. They’re like, ‘Hey, you want to just go to the grocery store, you know, just go somewhere and be by yourself?’”

Mallory. Mallory self-identified as a 32-year-old Black woman. She is the mother of a 4-year-old daughter. Mallory described her daughter as noisy and playful at home, often playing with her older male cousin. Her daughter exhibited deliberate tantrums at school, often rolling on the floor and throwing objects. Mallory shared, “She rolled around on the floor, got up, started throwing stuff...it was all intentional.” According to Mallory, her stress level was profoundly influenced by her daughter’s behavior, especially when she had to correct or redirect her constantly. Mallory believed that her daughter could sense her stress, noting that her daughter became scared and moved away from her when she was particularly stressed. Daily stressors include financial concerns, lack of downtime, and a constant need to be on the go. To cope with stress, Mallory tried to separate herself from her daughter when tensions rose, allowing both to calm down.

Mallory employed several methods to help her de-stress, such as physical separation, creative outlets, and coloring with her child. Mallory stated that she often used physical

separation to temporarily escape chaos. Sometimes, Mallory travels or sleeps in her truck (temporarily). “If I do get overwhelmed and I can’t go anywhere due to work or anything, I will literally go sleep in my truck because I just need to be alone,” she said. She also used creative outlets, such as crochet or creating; this typically helped her manage her stress. Additionally, she colored with her child, as the activity was both fun and calming for her and her child, “I’ll pull out a coloring book real quick and be like, ‘Come on, let’s color.’ It calms both of us down,” she said.

Sarah. Sarah self-identified as a 37-year-old White woman. She is the adoptive mother of a 5-year-old daughter and a 3-year-old son. Sarah grew up in a toxic household but admired her mother for her resilience. Her daughter sees a therapist, has ADHD, and is on medication to help her focus on her studies. Sarah described her daughter’s behavior as challenging, with daily arguments and defiance, while her son is more compliant. Of her daughter, Sarah shared, “She loses her mind in public... she wants to be in control of a surrounding that’s bigger than our home.” Her children’s behavior heavily influenced Sarah’s stress level, and she often must separate them to manage conflicts. To alleviate stress, Sarah often plays spiritual music and takes breaks to calm herself down. Sarah also limits sugar and food dye in her children’s diets, which has significantly improved both their behavior and sleep quality.

Like other participants, Sarah also engaged in physical separation to mitigate stress, as well as listening to music and reading scriptures. Sarah stated that sometimes it is necessary to go to a different room to reduce chaos and stress. “I have to separate them,” she said. “I’ll say just go to your room and play for a little bit... I just need a minute.” Sarah also stated that she plays worship music and reads scriptures to ground herself. “I’ll look up something in scripture to help me through it or meditate on these things,” she shared.

Inductive Coding and Thematization for Research Questions

I engaged in inductive coding, resulting in 196 coded segments across the interview dataset. There were two emergent themes (Navigating caregiver overwhelm: The intersecting demands of family, self, work, behavioral duality, and home as haven) and four codes that aligned with RQ2. Additionally, there was one theme (Conscious Parenting Evolution: Breaking Cycles and Adapting Through Challenges) and 13 codes that aligned with RQ3, as reported in Table 10.

Table 10

Inductive Coding and Thematization

Coded Segments	Research Question 2	Research Question 3
196	4 codes	13 codes
	2 themes	1 theme

Note: Inductive Coding and Thematization conducted in Intellectus Qualitative, 2025.

Research Question 2: What parental stressors do parents perceive as impacting a preschooler's externalized behaviors?

Two themes emerged in support of RQ2: Navigating Caregiver Overwhelm: The intersecting demands of family, self, and work, and Behavioral Duality: home as haven, along with the respective codes: overwhelming life demands, balancing motherhood's demands, parental stress spillover effect, and behavioral duality across settings, as reported in Table 11.

Table 11

Research Question 2 Themes and Codes

Theme	Codes
Navigating Caregiver Overwhelm: The Intersecting Demands of Family, Self, and Work	Overwhelming Life Demands Balancing Motherhood’s Demands Parental Stress Spillover Effect
Behavioral Duality: Home as Safe Haven	Behavioral Duality Across Settings

Note: Inductive Coding and Thematization conducted in Intellectus Qualitative, 2025.

Navigating Caregiver Overwhelm: The Intersecting Demands of Family, Self, and Work – RQ2. The Navigating Caregiver theme and its codes were the first to emerge in support of RQ2. The navigating caregiver theme highlighted how overwhelmed the participants felt when navigating competing demands of work, family care, and self-care, which directly impacted their children’s externalized behaviors. The participants expressed the challenges of regulating their emotions while providing care. Typically, emotional regulations were made more difficult when participants dealt with more than one stressor, which could create a bidirectional stress dynamic between them and their children. In the case of preschoolers, bidirectional stress can harm their behavior. The theme also highlighted how, as parents, it could be challenging to set boundaries and create routines while managing the innumerable responsibilities of a family. The challenges of balancing family responsibilities and stress created a recurring pattern that negatively impacted a preschooler’s externalized behaviors. As preschoolers’ externalized behaviors served as indicators of parental stress, they also demonstrated how parental stress accumulated across many life domains. Eight of the nine participants reported on this theme and their code.

Madelyn discussed balancing work and caregiver duties for her mom, grandmother, and her child:

Work. I work in healthcare field, which of course is, you know, mentally and a lot of times physically demanding too, because I do surgeries as well. So, a lot of that's back and forth from that. I take care of my mom and grandma, and I am the only child, so I am the caretaker. So, I run them everywhere to appointments, you know, wherever they need to go. I'm dependent and I help and basically control my mom's finances because of her neurological disorder that she had back when I was 5. So, I control everything. I'm financially responsible for her too.

Similar to Madelyn, Allison balanced work with family responsibilities:

Well, I mean, I have to go to work every day. I'm a professor. So, I mean, I also have to worry about students. And then I run the graduate program. So, I have all those students to worry about and advise. And then, work politics. It's so many different additional things that go into being a professor than sitting in the classroom.

Denise discussed the strain of caring for an "overly" attached daughter:

Support Daycare because I have to work and she's kind of a Velcro baby. Even still at three, she really wants me directly there with her when she's playing or doing anything. She wants mommy every 30 seconds. Which is, you know, fine. I get annoyed with it and am tired because I have something to do. I tell myself, you know, she's not always gonna want me three years from now, I'm gonna be like, [Denise's daughter], watch me, watch me, you know, I'm gonna want her back.

Theme Summation

This theme explored the many challenges parents face in balancing work obligations, family caregiving, and personal well-being, all of which profoundly impact their children's emotional and behavioral development. Participants described feeling both emotionally and

physically exhausted as they managed the responsibilities of adulthood, which often come with conflicting demands. This often created a recurring cycle of stress between parent and child. This bidirectional stress was reflected in the behaviors of preschoolers, illustrating how pressures in various aspects of life can influence the overall family environment.

Madelyn articulated the challenges of overseeing a healthcare career while serving as the primary caregiver to her mother and grandmother. At the same time, Allison elaborated on the multifaceted strains of academic pursuits and leadership obligations. Similarly, Denise stressed the emotional exhaustion associated with caring for an excessively dependent child while managing professional responsibilities. Together, these narratives highlighted how parental stress coupled with insufficient self-regulation can worsen stress levels, which directly and indirectly influence preschoolers' behaviors.

Navigating Caregiver Overwhelm – RQ2. The theme of navigating caregiver overwhelm was the second to emerge in support of RQ2. This theme illustrated the significant stress caregivers endured when balancing the conflicting obligations of employment, familial responsibilities, and personal well-being, which directly impacted their children's externalized behavior. Participants reported that juggling numerous obligations frequently led to emotional fatigue and challenges with self-regulation. The emotional challenges created a cyclical pattern of stress that affected both parents and preschoolers, reinforcing the bidirectional nature of stress within family systems.

Caregivers expressed the challenges of establishing boundaries and maintaining consistent routines while balancing career and familial responsibilities. This persistent conflict led to increased stress and emotional instability, thereby affecting children's behavioral reactions. The participants demonstrated that the emotional burden of reconciling these tasks

transcended daily exhaustion, frequently presenting as annoyance, guilt, or anxiety when parenting responsibilities became overwhelming. Seven of the nine participants articulated experiences that corresponded with this subject and related codes.

Behavioral Duality: Home as Safe Haven – RQ2. The behavioral duality theme was the third to emerge in support of RQ2. This theme explored the research question by highlighting how parents experienced stress while navigating their children’s behavioral duality, specifically the contrast between exemplary public conduct and problematic behaviors at home. Participants noted that the house often serves as an emotional refuge, enabling children to express challenging emotions safely. Nonetheless, this understanding did not alleviate the stress associated with regulating these challenging behaviors.

Parents perceived this behavioral pattern as a considerable source of stress due to the necessity of continually adjusting their responses between public praise for their children and private regulation of the same child’s boundary-testing behavior. This dualism frequently resulted in caregivers feeling scrutinized or misunderstood when others failed to observe behavioral discrepancies across different environments or settings. Five of the nine individuals indicated experiences consistent with the behavioral duality theme and its corresponding codes.

Katherine discussed her child’s emotional security in his home vs. his school environment:

I think his behavior at school is more he listens. He just sits down and listens to the teachers. I never get a report of him not being defiant, not wanting to listen, not doing what the teachers tell him to do. I think he just, I don’t know. Maybe that’s different than when he’s at home. He feels this is a safe place and that mom and dad are not going to hurt him or stop loving him when he does misbehave. And that we’re going to still give

him that grace and still forgive him for whatever he does versus strangers who only interact with him a couple of times a week or a few hours out of the day. And so, he tried. He tested the boundaries at home, but he knows that we're his safe space, that he can do that and they'll still care about me. They'll still love me.

Mallory described how her daughter felt in control in her home environment, "She knows that home is her safe, her safe place. She knows that home is her domain. She has full run of it. She's the baby. Of course, the baby runs the house." Denise reflected on how her emotional availability influenced her child's behavior at home, "She's well behaved even at home. If I truly see her, she's extremely well behaved. If she like, if she starts, you know, when I'm not tired and focused on something, not her."

Theme Summation

This theme highlighted the contrast between children's behavior in public and at home, underscoring the stress parents experience in navigating this duality of conduct. Although many preschoolers exhibited compliance in public settings such as schools, they frequently demonstrated more challenging behaviors in the home environment, where they experienced emotional security. Parents acknowledged that the home functions as a "safe space" for children to express feelings they suppress in other environments; however, this awareness did not alleviate the challenges of controlling these behaviors.

Katherine emphasized her child's sense of security in exploring boundaries at home, while Mallory articulated her daughter's comfort and control within the family. Similarly, Denise observed the impact of her attentiveness on her preschooler's conduct. These narratives recognized the tension between appreciating a child's emotional security and addressing the subsequent behavioral challenges.

Research Question 3: What strategies are parents implementing to mitigate parental stress?

Conscious parenting evolution: Breaking cycles and adapting through challenges was the only theme to emerge in support of RQ 3 along with 13 associated codes, as reported in Table 12: Breaking trauma cycles, intentional, communicative parenting approach, navigating complex caregiver dynamics, nurturing through childhood challenges, adaptive parenting journey, navigating parenting uncertainties, parenting evolution and accountability, parenting through emotional complexity, emotional awareness and communication, navigating family relationships, parental concern and understanding, intentional parenting contrast, and parenting without a handbook.

Table 12

Research 3 - Theme and Codes

Theme	Codes
Conscious Parenting Evolution: Breaking Cycles and Adapting Through Challenges	Breaking Trauma Cycles Intentional, Communicative Parenting Approach Navigating Complex Caregiver Dynamics Nurturing Through Childhood Challenges Adaptive Parenting Journey Navigating Parenting Uncertainties Parenting Evolution and Accountability Parenting Through Emotional Complexity Emotional Awareness and Communication Navigating Family Relationships Parental Concern and Understanding Intentional Parenting Contrast Parenting without a Handbook

Note: Inductive Coding and Thematization conducted in Intellectus Qualitative, 2025.

Conscious Parenting Evolution: Breaking Cycles and Adapting Through Challenges- RQ3. The theme of conscious parenting evolution —breaking cycles and adapting through challenges—

was the fourth to emerge in support of RQ3. The findings within this theme illustrated how parents actively mitigate stress through intentional caregiving strategies. Through self-reflection and the deliberate disruption of negative intergenerational patterns, parents intentionally altered their parenting styles to alleviate stressors and promote emotional equilibrium within their families.

Participants emphasized the importance of communication-oriented approaches, emotional intelligence, and tailoring parenting practices to address their children's unique needs. These adaptive strategies demonstrated parents' dedication to development and tenacity in addressing parental obstacles. The theme underscored that heightened self-awareness of personal limitations and areas for improvement served as a mechanism for stress reduction, enabling caregivers to establish realistic expectations and progressively refine their parenting strategies to foster healthier and less stressful family dynamics. All nine participants indicated experiences consistent with this theme and its corresponding codes.

Denise discussed her intentional efforts to break the generational trauma from her own childhood:

Well, I mean, OK, so I grew up in a multi-generational trauma-type situation. You know, if we talk about ACEs, I had eight of them. My score was 8 out of 10. So, there's all that, that I didn't want.

Katherine also described memories of negative parenting experiences from her childhood:

A lot of the people I grew up around that I watched parent. They typically yelled and cursed at their children. They just wanted their children to get out of their face. They didn't really spend time with them, talk to them, just discipline. To me the infraction that the children did wasn't equivalent to the discipline that they received.

Anna discussed the evolution of her parenting style as she adapted to various situations:

I'd like to think it's evolved in the sense of, you know, moving away from some of our more traditional Southern approaches. Now, some of those things are not going to change. It's my house. I'm your mom. You just do what I tell you to do. But moving into understanding why they can't comply or why they're having a hard time and trying to, like, diffuse. Without yelling, like yelling doesn't help if it's just going to make somebody more dysregulated. You know, starting with, "Do you need a hug before we get this done?" I'm not a naturally patient person.

Theme Summation

This theme emphasized how parents intentionally adjust their parenting strategies to alleviate stress and promote healthy family relationships. By engaging in introspective practice and deliberately interrupting detrimental intergenerational patterns, participants transitioned from reactive, inherited parenting approaches to mindful, emotionally intelligent caregiving. Parents emphasized the importance of employing effective communication, empathy, and self-awareness to enhance their understanding of their children's needs, while acknowledging and addressing their own limitations. These adaptive behaviors not only mitigate stress but also cultivated resilience and growth within the family.

Denise indicated that this transformation frequently originated from a desire to disrupt cycles of pain from her own childhood. At the same time, Katherine and Anna demonstrated how this knowledge manifested in more deliberate, empathetic, and personalized parenting approaches. The participants' experiences collectively indicated a significant shift toward mindful, adaptive parenting, grounded in emotional regulation, self-reflection, and the intentional decision to parent distinctly from previous generations.

Deductive Coding and Thematization for the Theoretical Framework

I employed deductive coding and thematization, resulting in 228 coded segments, which were categorized into three themes: Ecological systems theory, transactional model of stress and coping, and social learning theory. Each theory's codes corresponded to its components; thus, for ecological systems theory, the four codes were: microsystem, macrosystem, exosystem, and mesosystem. Similarly, the four codes for the transactional stress and coping theme were: primary appraisal, secondary appraisal, coping strategies, and outcomes. Finally, the four codes for social learning theory were the components motivation, attention, motor reproduction, and retention, , as reported in Table 13.

Table 13

Deductive Coding and Thematization

Coded Segments	Ecological Systems Theory	Transactional Stress and Coping	Social Learning Theory
228	Codes: 4 1 theme	Codes: 4 1 theme	Codes: 4 1 theme

Note: Deductive Coding and Thematization conducted in Intellectus Qualitative, 2025.

Ecological Systems Theory

The ecological systems theory theme has four components: microsystem, macrosystem, exosystem, and mesosystem. Participants reported on the component of microsystem in 35 instances, mesosystem in 23 instances, exosystem in 22 instances, and macrosystem in 9 instances, as reported in Table 14.

Table 14*Ecological Systems Theory (EST) Components/Codes and Frequency*

Codes	Frequency
EST Microsystem	35
EST Macrosystem	9
EST Exosystem	22
EST Mesosystem	23

Note: Deductive Coding and Thematization conducted in Intellectus Qualitative, 2025.

Ecological Systems Theory. Ecological systems theory, initially formulated by Bronfenbrenner (1979), provides a comprehensive framework for comprehending the various interconnected settings that influence child development. The theory categorizes environmental effects into separate yet interconnected systems, spanning from the immediate family and caregiver interactions in the microsystem to the broader social, cultural, and economic contexts represented by the macrosystem. Within this framework, the development of preschool-aged children, particularly the onset of externalizing behaviors, is viewed as a dynamic process shaped by ongoing interactions between the child and their surrounding environment. Stressors originating inside or between these systems might affect parenting practices and children's behavioral outcomes. Bronfenbrenner's (1979) concept emphasized the reciprocal interactions of individual, familial, and societal factors on behavior and emotional regulation. Ecological systems theory encourages scholars and practitioners to recognize the extensive, interconnected systems that influence developmental pathways and to appreciate the significance of contextual elements in analyzing parent–child interactions. All nine participants reported on ecological systems theory and its associated subsystems: microsystem, mesosystem, exosystem, and macrosystem.

Emma discussed how finding a supportive school environment reduced her parenting stress and improved her child's behavior, highlighting the exosystem:

I know my kid's not the worst one in there. But they don't really say your kid was awful today. They were just like, hey, she wasn't following directions, but you know, she was probably tired. Or hey, I think she was just hungry. That's why she threw the chair. So, the school's very understanding because she's in the right environment. So, I don't really have the stress of her going to school anymore. I mean, I have some just because of all the trauma from daycare, but she's in the right class, so I'm not really stressed about her at school.

Jessica reflected on microsystems and how the childcare environment influences her family's well-being and her ability to manage stress:

The biggest thing is because I'm not a stay-at-home mom, because we pay a pretty penny for childcare. That is there for my children, that is their community, that is their group. And what would alleviate a lot of stress for me is if that group care was more supportive. Of what these babies need at such an early age, more of the emotional education, more of the behavioral education, the teachers coming in.

Sarah touched on the mesosystem when she discussed the strain created by overlapping work and family systems:

Overwhelmingly obvious that taking my sick leave backfires because of how I'm being treated by missing some work and I don't miss work a lot. My husband takes his out of paid time off, but he'll take unpaid back to keep me from getting in trouble. Because working in education, it seems as if you have to be at that school taking care of other people's children, and your children better have somebody else on standby that can help

take care of them. But we don't have that because out of our entire immediate family, he lost his brother to cancer last year.

Theme Summation

This theme demonstrated how parental stress and coping are influenced by the interrelated systems outlined in Bronfenbrenner's Ecological Systems Theory (1979). The participants' experiences illustrated how factors within and between the microsystem, mesosystem, and exosystem directly impacted their parenting experiences and perceptions of support.

Sarah reflected on the challenges of balancing workplace expectations while managing family responsibilities, emphasizing how workplace demands and limited familial support exacerbate stress levels. Her experience highlighted the interplay between the exosystem (workplace policies) and the microsystem (family life), revealing how external influences can disrupt emotional equilibrium within the household. Jessica similarly underscored the significance of the daycare setting in mitigating or exacerbating parental stress. She articulated how inadequate emotional and behavioral support in group care environments increased her anxiety, illustrating how the quality of mesosystemic connections, particularly communication and alignment between familial and childcare systems, affects both parental well-being and children's emotional development.

Emma's narrative further exemplified this connection, as she described how discovering a supportive and understanding school environment alleviated her stress and enhanced her child's behavior. Her narrative emphasized how supportive mesosystem interactions can mitigate parental stress and promote child adaptation.

Collectively, these experiences substantiated Bronfenbrenner’s (1979) claim that development occurs within a framework of interconnected systems. Stressors and supports within these systems, especially those connecting home, work, and educational environments, establish feedback loops that affect parental coping, emotional regulation, and children’s behavioral outcomes. This theme emphasized the significance of contextually grounded, system-level understanding in addressing parental stress and child development.

Transactional Model of Stress and Coping

The transactional model of stress and coping had four components: primary appraisal, secondary appraisal, coping strategies, and outcomes (Lazarus & Folkman, 1984). Participants reported on their coping strategies in 40 different instances, their primary appraisal of a stressful situation in 18 instances, their secondary appraisal of a stressful situation in 16 instances, and the outcome of a stressful situation in 12 instances, as reported in Table 15.

Table 15

Transactional Stress and Coping (TMSC) Components/Codes and Frequency

Components/Codes	Frequency
TMSC Primary Appraisal	18
TMSC Secondary Appraisal	16
TMSC Coping Strategies	40
TMSC Outcomes	12

Note: Deductive Coding and Thematization conducted in Intellectus Qualitative, 2025.

Transactional Model of Stress and Coping. This theme illustrated how parents’ perceptions of stressors, evaluations of coping strategies, and ensuing emotional responses create a transactional cycle that affects children’s behavior. When parents face stressful situations, their initial assessment of the circumstances (primary appraisal) and their perceived ability to cope

(secondary appraisal) influence their emotional regulation and responses to stress. Preschool-aged children frequently emulate or respond to these reactions through observable behaviors, illustrating the reciprocal dynamics of stress within the familial framework. This topic highlighted that parental stress was not an isolated phenomenon but rather an integral aspect of a continuous relationship process, wherein stress responses and coping mechanisms were exchanged between parent and child, hence reinforcing patterns that might either intensify or alleviate behavioral difficulties.

Allison was concerned about her son's worsening behavior, prompting her to reflect on her parenting and stress management techniques:

Definitely. Like, he's just starting. I'm talking like this last week of not listening really well before he was like a really good listener. But yeah, it just started. So, then it's like I constantly am thinking, is it something I'm doing? Doing right because he's just started not listening at home. And then now at daycare he had his first time out and couldn't play. He was removed from soccer camp at daycare. Like they, they had him go back to his room because he wasn't listening.

Denise reflected on the impact of her emotional reactions in stressful situations on both her own behavior and her child's conduct:

If I'm tired or I'm like you know trying to do something and she's in the way or she's trying to do something dangerous and won't like just will not back off of a dangerous thing and I get angry and I do that. I do. And it's in those moments when I kind of disconnect and I don't see her as the little, tiny thing that she is. So, I'm working on that really, really hard to kind of step back from that sooner, to recognize it sooner and step back from it sooner and affirm for her that she deserves better and that I'm working

towards better and what I maybe tell her you know what I should have done. So, but yes, her behavior changes when she sees I'm disconnected and then sometimes I will connect and it'll be OK and sometimes I will remain disconnected and it escalates.

Sarah recognized that accepting her personal limitations and seeking help serves as a method to reduce stress:

I can do that. I can't do what I want to do, but I can do something. Everybody can do something. So, when you feel like something is heavy, be wise enough to go to someone that can help you, that's trained to help you carry the heavy things. Because if you don't, it'll crush you and it didn't have to. So, with big behaviors, I tell them, you know, we're all toting heavy things. What's heavy for you is heavy for you, and what's heavy for me is heavy for me. I don't get to tell you what's heavy for you, and you don't get to tell me my heavy is not heavy.

Theme Summation

This theme encapsulated the fundamental principles of the transactional model of stress and coping, highlighting how parents assess stressors, evaluate coping mechanisms, and use adaptive responses to mitigate emotional distress (Lazarus & Folkman, 1984). The participants' experiences demonstrated the dynamic and reciprocal nature of this process, in which perceptions of control, emotional awareness, and coping techniques directly affected the results for both parents and children.

Allison's reflection of her son's recent behavioral changes indicated a continuous process of primary and secondary evaluation, as she examined her influence on his emerging defiance and pursued methods to reestablish balance. Similarly, Denise's narrative demonstrated self-awareness during periods of frustration, acknowledging how her emotional reactions

impacted her relationship with her child and consciously working to re-engage in a positive manner. Sarah enhanced this process by emphasizing the significance of pursuing external help and reconceptualizing stress as a collective human experience, highlighting coping through empathy and perspective-taking.

Together, these testimonies highlighted how parents consistently assess and respond to stress in their caregiving roles. Their accounts demonstrated how cognitive appraisal and coping strategies, ranging from self-reflection to seeking support, mediate the emotional and behavioral outcomes that influence parent–child relationships.

Social Learning Theory

The social learning theory comprises four key components: motivation, attention, motor reproduction, and retention. Participants reported 14 instances of noted attention wherein they knew that their children were observing their behaviors, eight instances of Motivation as they were trying to ascertain their children’s motivations for engaging in certain behaviors, seven instances of retention as they noted that their children were retaining modeling information, and four instances of Motor Reproduction in which their children engaged in reproducing a modeled behavior, as reported in Table 16.

Table 16

Social Learning Theory (SLT) Components/Codes and Frequency

Components/Codes	Frequency
SLT Motivation	8
SLT Attention	14
SLT Motor Reproduction	4
SLT Retention	7

Note: Deductive Coding and Thematization conducted in Intellectus Qualitative, 2025.

Social Learning Theory. According to social learning theory, formulated by Bandura (1977), individuals attain behaviors and attitudes through observation, imitation, and modeling. According to this framework, learning occurs not only through direct experience but also by observing others and recognizing the outcomes of their activities. In the context of parenting, caregivers serve as significant role models whose behaviors, emotional expressions, and coping mechanisms influence their children's responses and self-regulation.

Children often emulate the behavioral and emotional patterns exhibited by their parents, including their responses to stress or displeasure. These interactions are crucial in children's emotional and social development, underscoring how observed behavior influences the establishment of adaptive or maladaptive coping mechanisms in children. For example, when parents maintain calmness and consistency during difficult situations, children are more inclined to replicate those behaviors.

Social learning theory emphasized that children learn continuously within their daily contexts, assimilating behavioral and emotional signals from the people around them (Bandura, 1977). Through this framework, researchers gained significant insight into the impact of parental modeling and communication on the development of children's actions and emotional control. All nine participants reported on social learning theory and its codes.

The component motivation was exemplified by Sarah's description of how her child gains control:

Over the situation, because that's all she wants, is to gain the control of every situation.

So, when she came back in there...I mean, she can tell you why what happens, but just in the moment, she just so mad or wants her way so bad that she's just gonna go from zero to 100.

Jessica's example illustrated the component attention, as her son observed and tried to mimic the behaviors he saw her perform:

And I'll say yes, how about you just pass me the dishes and I'll put them up in the cabinets. And so, he'll help do that. He tries to help me cook. ... sees the clothes I'm putting. I'm getting ready to do the sorting the laundry and he's like, can I put it in the washer? And I'm like, yeah, go ahead. You put it in the washer and then when it's done washing, he'll put it in the dryer. .. he tries to help in those ways.

The component motor reproduction was showcased through Katherine's example of deep breathing:

Yes, we actually had that happen yesterday with the breathing technique. When he was doing his homework, he was frustrated because he kept messing, messing up, like tracing the lines. And so, he was like, OK. I need to breathe. So, he breathed and then he was like, OK, let me, let me go back. And he did it right. He did all three worksheets without me prompting him.

Theme Summation

The participants presented instances that exemplified key components in parental modeling. Sarah recounted an occasion where her child's need for independence elicited intense emotional responses, demonstrating how attempts to exert control can lead to emotional distress. Jessica discussed her child's involvement in daily activities, highlighting his tendency to observe and mimic her movements, which reflects both attentiveness and a desire to engage. Katherine similarly illustrated her son's eagerness to help with chores, exemplifying the motor reproduction of observed behaviors. These accounts collectively highlighted the significance of parental modeling in shaping children's learning and behavioral development.

Part 3: Integration of Quantitative and Qualitative Findings

The mixed-methods findings comprise several integrations of the quantitative and qualitative datasets, including convergence, divergence, explanatory insights, and emergent patterns. The convergence section aligns key findings from the quantitative results with key themes from both the inductive data analysis (RQs) and deductive data analysis (theories and components of theories). Similarly, divergence highlights quantitative or qualitative measures that are misaligned. Finally, explanatory insights and emergent patterns will be key themes, along with parental triggers and coping strategies.

Convergence of Data

The convergence of quantitative and qualitative data provides a comprehensive understanding of the pressures faced by parents, especially those raising children with challenging behaviors or special needs. The quantitative results from the Likert-scale responses identified the primary predictors of stress, including financial strain, unpredictable child behavior, and complex family dynamics. The statistical patterns corresponded with qualitative narratives, including Emma's depiction of uncertainty regarding her child's behavior and Denise's acknowledgment of financial strains while addressing challenges in making mortgage obligations.

Qualitative findings enhance the numerical data by illustrating how parents experience and navigate these stresses in their daily lives. Jessica and Emma articulated the persistent difficulties of managing household responsibilities while attending to their children's demands, confirming quantitative data that associated these factors with increased stress levels. Parents also addressed coping tactics such as physical activity, creative expression, and emotional regulation strategies, which aligned with quantitative findings revealing moderate stress levels across various behavioral domains.

Both datasets converged on the impact of children's behavior on parental stress. Based on quantitative data, the prevalence of challenging behaviors; however, qualitative accounts from participants, such as Allison and Sarah, revealed how these behaviors directly influenced emotional well-being and coping responses. While not directly quantified in the analysis, the significance of social support was consistently highlighted in the qualitative findings, underscoring the importance of relationships with friends, family, and colleagues in alleviating stress.

Regarding emotional regulation, quantitative findings suggested variability in parents' comprehension of their children's behavior. Qualitative data further elucidated this variability through comprehensive accounts of de-escalation strategies, communication techniques, and emotional self-regulation. Furthermore, convergence across both datasets highlighted the intensified stress experienced by parents who have children with special needs, amalgamating higher quantitative stress ratings with qualitative expressions of guilt, unpredictability, and exhaustion.

Collectively, these findings suggested that quantitative trends were grounded in lived experience. The integration of both data strands provided a holistic perspective on parental stress and coping, indicating that statistical indicators of stress closely correspond with the emotional realities and adaptive strategies described by parents. This convergence enhanced the interpretive validity of the study and underscored the importance of contextually informed approaches to supporting families, please see Table 17.

Table 17*Convergence of Quantitative and Qualitative Data*

Element	Quantitative	Qualitative
Stress Triggers and Daily Challenges Finances Child's Behaviors Blended Families	<p>Quantitative Data: Likert scale responses from participants indicate varying levels of stress related to daily life and parenting. For example: Emma rated "I am not sure how my child will act towards me" as 5 (strongly agree), reflecting significant unpredictability in her child's behavior.</p> <p>Denise rated financial stress as a major factor, stating, "I can barely pay my mortgage."</p>	<p>Qualitative Evidence: Jessica: "The noise in our house with five kids, blended family... grocery shopping, trying to plan meals, and working full-time are stressors." Denise: "Finances is the biggest, biggest thing. I can barely pay my mortgage." Emma: "Trying to maintain the house, keep everything ordered, and deal with my daughter's special needs is a daily stressor."</p>
Coping Mechanism	<p>Quantitative Data: Participants' Likert scale responses about their children's behaviors (e.g., "Often deliberately annoys people" or "Often lies to obtain goods or favors") provide insight into the stressors that trigger coping mechanisms. Emma rated "Often deliberately annoys people" as 3, indicating moderate stress from such behaviors</p>	<p>Qualitative Evidence: Katherine: "I try to listen to music, take deep breaths, pray, and work out. Exercise helps me think clearly." Mallory: "I crochet, create something, or watch videos to manage stress."</p>
Impact of Children's Behavior on Parental Stress	<p>Quantitative Data: Likert scale responses highlight the frequency of challenging behaviors: Emma rated "Often deliberately annoys people" as 3 and "Has deliberately destroyed others' property" as 4, indicating significant stress from her child's actions. Emma rated "Often argues with adults" as 3 (sometimes) and "Often deliberately annoys people" as 3, indicating moderate stress from her child's actions.</p>	<p>Qualitative Evidence: Allison: "My stress level changes depending on my child's behavior. If he's not listening, it adds extra stress." Sarah: "I separate my children when their behavior escalates to avoid yelling and to calm the environment." Anna: "I use the 'zones of regulation' to articulate my feelings to my children, ensuring they understand my emotions are not directed at them."</p>

Convergence of Quantitative and Qualitative Data (continued)

Element	Quantitative	Qualitative
Support Systems	Quantitative Data: While the quantitative data does not directly measure support systems, the qualitative interviews provide rich insights into their importance.	Qualitative Evidence: Madelyn: "I rely on my 'village' of friends and family for emotional support and occasional babysitting." Emma: "My sister babysits my kids occasionally, and my co-workers are familiar with autism, which helps me feel supported." Jessica: "My work family is a huge method of handling stress."
Emotional Regulation and Modeling	Quantitative Data: Likert scale responses about emotional regulation reflect the challenges parents face: Jessica rated "I do not understand why my child behaves the way they do" as 2 (disagree), indicating a good understanding of her child's behavior. Emma rated "I am not sure how my child will act towards me" as 5 (strongly agree), reflecting unpredictability in her child's behavior	Qualitative Evidence: Jessica: "I try to become monotone, lower the volume, and avoid yelling to de-escalate situations with my children." Anna: "I use the 'zones of regulation' to explain my emotions to my children, ensuring they don't internalize my stress." Katherine: "I teach my child breathing techniques, which he uses to manage frustration during homework."
Long-Term Strategies and Preventative Measures	Quantitative Data: Likert scale responses indirectly highlight the need for long-term strategies to address recurring stressors: Emma rated "Often lies to obtain goods or favors" as 1 (rarely), suggesting that some stressors are less frequent.	Qualitative Evidence: Emma: "I prioritize tasks and let go of things that can wait, reducing the mental load." Madelyn: "I wake up early to have coffee and watch the news, which helps me prepare for the day." Denise: "I create interactive routine charts to bring structure and reduce stress."

Convergence of Quantitative and Qualitative Data (continued)

Element	Quantitative	Qualitative
Unique Challenges for Parents of Children with Special Needs	Quantitative Data: Higher ratings on behaviors like “Often touchy or easily annoyed by others” (Emma: 5) and “Has deliberately destroyed others’ property” (Emma: 4) reflect the unique challenges faced by parents of children with special needs.	Qualitative Evidence: Emma: “My daughter’s special needs are a stressor because I never know how she’s going to react. Her mood can flip in an instant.” Anna: “I feel guilt about not being able to focus on both of my children equally, especially since one has a diagnosis.” Sarah: “The adoption process and managing medical needs for my children are significant stressors.”

Divergence of Data

The divergence between the quantitative and qualitative findings suggested a nuanced understanding of the pressures faced by parents, particularly those raising children with challenging behaviors or special needs. The quantitative findings obtained from Likert-scale responses offered a systematic representation of stress levels related to financial hardship, child behavior, and emotional regulation. Participants, including Emma and Denise, reported heightened stress linked to their children’s unpredictability and financial limitations. Emma observed considerable uncertainty concerning her child’s behavioral patterns, whereas Denise highlighted the burden of financial instability as a primary source of stress.

The qualitative findings complemented these results by providing contextualized narratives that illustrated the emotional intricacies underlying the quantitative indicators. Parents, such as Jessica and Katherine, described coping mechanisms and emotional regulation strategies that helped them manage daily stress, highlighting the importance of social support and effective communication. For example, Jessica contemplated her attempts to de-

escalate behavioral issues, while Madelyn emphasized the significance of her social network in reducing mental distress.

Moreover, qualitative data revealed the unique problems encountered by parents of children with special needs, challenges that were inadequately represented in the quantitative findings. Emma’s portrayal of her daughter’s unpredictable moods and Anna’s insights on the challenge of dividing attention among her children exemplified the emotional depth and complexity that quantitative data alone could not convey.

The divergence between the datasets underscored the complementary nature of quantitative and qualitative research. The quantitative results identified patterns of parental stress across significant variables, while the qualitative narratives provided insights into the lived experiences that informed those patterns. The integration of both data strands provided a more comprehensive understanding of parental stress, its contextual factors, and the coping strategies employed by parents to address the complex demands of parenting, as seen in Table 18.

Table 18

Divergence of Quantitative and Qualitative Data

Element	Quantitative	Qualitative	Divergence
Stress Triggers and Daily Challenges	Quantitative Data: Likert scale responses suggest varying levels of stress related to parenting challenges. For example: Madelyn rated “Often deliberately annoys people” as 2 (rarely), indicating minimal stress from her child’s behavior. Emma rated “I am not sure how my child will act towards me” as 5 (strongly	Qualitative Evidence: Madelyn: “I just walk away and let her have a moment. I don’t yell or escalate the situation.” Emma: “Trying to maintain the house, keep everything ordered, and deal with my daughter’s	The quantitative data for Madelyn suggests her child’s behavior rarely causes stress, but her qualitative narrative indicates that she actively uses coping strategies to manage stress caused by her child’s actions. For Emma, the quantitative data highlights

Divergence of Quantitative and Qualitative Data (continued)

Element	Quantitative	Qualitative	Divergence
	agree), reflecting significant unpredictability in her child's behavior.	special needs is a daily stressor."	unpredictability as a major stressor, but her qualitative narrative emphasizes broader stressors like household management and her child's special needs.
Coping Mechanism	Quantitative Data: Participants' Likert scale responses about their children's behaviors (e.g., "Often deliberately annoys people" or "Often lies to obtain goods or favors") provide insight into the stressors that trigger coping mechanisms. Emma rated "Often deliberately annoys people" as 3, indicating moderate stress from such behaviors	Qualitative Evidence: Katherine: "I try to listen to music, take deep breaths, pray, and work out. Exercise helps me think clearly." Mallory: "I crochet, create something, or watch videos to manage stress."	The quantitative data does not capture the richness of coping strategies described in the qualitative interviews, such as creative outlets, exercise, or structured routines. This creates a gap in understanding how parents actively mitigate stress.
Impact of Children's Behavior on Parental Stress	Quantitative Data: Likert scale responses highlight the frequency of challenging behaviors: Emma rated "Often deliberately annoys people" as 3 and "Has deliberately destroyed others' property" as 4, indicating significant stress from her child's actions. Emma rated "Often argues with adults" as 3 (sometimes) and "Often deliberately annoys people" as 3, indicating moderate stress from her child's actions.	Qualitative Evidence: Allison: "My stress level changes depending on my child's behavior. If he's not listening, it adds extra stress." Sarah: "I separate my children when their behavior escalates to avoid yelling and to calm the environment." Anna: "I use the 'zones of regulation' to articulate my feelings to my children, ensuring they understand my emotions are not directed at them."	The quantitative data provides a static view of behavior frequency, while the qualitative data reveals dynamic stress responses and coping strategies that vary depending on the situation. For example, Sarah actively separates her children to manage stress, which is not captured in the quantitative data.

Divergence of Quantitative and Qualitative Data (continued)

Element	Quantitative	Qualitative	Divergence
Support Systems	Quantitative Data: While the quantitative data does not directly measure support systems, the qualitative interviews provide rich insights into their importance.	Qualitative Evidence: Madelyn: “I rely on my ‘village’ of friends and family for emotional support and occasional babysitting.” Emma: “My sister babysits my kids occasionally, and my co-workers are familiar with autism, which helps me feel supported.” Jessica: “My work family is a huge method of handling stress.”	The qualitative data emphasizes the importance of support systems, but this aspect is absent in the quantitative dataset, creating a gap in understanding how external resources impact parental stress.
Emotional Regulation and Modeling	Quantitative Data: Likert scale responses about emotional regulation reflect the challenges parents face: Jessica rated “I do not understand why my child behaves the way they do” as 2 (disagree), indicating a good understanding of her child’s behavior. Emma rated “I am not sure how my child will act towards me” as 5 (strongly agree), reflecting unpredictability in her child’s behavior	Qualitative Evidence: Jessica: “I try to become monotone, lower the volume, and avoid yelling to de-escalate situations with my children.” Anna: “I use the ‘zones of regulation’ to explain my emotions to my children, ensuring they don’t internalize my stress.” Katherine: “I teach my child breathing techniques, which he uses to manage frustration during homework.”	The quantitative data captures emotional regulation challenges but does not reflect the proactive strategies parents use to model calm behavior for their children, as described in the qualitative interviews.

Divergence of Quantitative and Qualitative Data (continued)

Element	Quantitative	Qualitative	Divergence
Long-Term Strategies and Preventative Measures	Quantitative Data: Likert scale responses indirectly highlight the need for long-term strategies to address recurring stressors: Emma rated “Often lies to obtain goods or favors” as 1 (rarely), suggesting that some stressors are less frequent.	Qualitative Evidence: Emma: “I prioritize tasks and let go of things that can wait, reducing the mental load.” Madelyn: “I wake up early to have coffee and watch the news, which helps me prepare for the day.” Denise: “I create interactive routine charts to bring structure and reduce stress.”	Quantitative data does not capture the proactive measures parents take to prevent stress, such as structured routines or prioritization, which are detailed in the qualitative interviews.
Unique Challenges for Parents of Children with Special Needs	Quantitative Data: Higher ratings on behaviors like “Often touchy or easily annoyed by others” (Emma: 5) and “Has deliberately destroyed others’ property” (Emma: 4) reflect the unique challenges faced by parents of children with special needs.	Qualitative Evidence: Emma: “My daughter’s special needs are a stressor because I never know how she’s going to react. Her mood can flip in an instant.” Anna: “I feel guilt about not being able to focus on both of my children equally, especially since one has a diagnosis.” Sarah: “The adoption process and managing medical needs for my children are significant stressors.”	The quantitative data highlights behavioral challenges but does not capture the emotional and logistical complexities described in the qualitative interviews, such as guilt or the adoption process.

Explanatory Insights

The divergence between quantitative and qualitative datasets lies in the depth and breadth of information they each provide. Quantitative data, primarily obtained from Likert-scale responses, revealed measurable trends in parental stress and child behavior; however, they lacked the contextual depth provided by qualitative inquiry. Quantitative data suggested that Madelyn

rarely encountered stress associated with her child's behavior, as seen by a rating of 2, or "rarely," for the statement "Often deliberately annoys people." However, her interview disclosed intentional coping strategies, including stepping away and permitting her child to self-regulate. This disparity suggested that even infrequent behaviors might require intentional emotional regulation, which is an element often overlooked by quantitative assessments alone.

The Divergence Findings

Similarly, according to the quantitative data, there is a prevalence of challenging behaviors, with Emma rating "Often argues with adults" and "Often deliberately annoys people" as 3 ("sometimes"). Yet, it did not convey the broader stressors she articulated, such as the ongoing demands of managing her household and her child's special needs. These findings demonstrated that quantitative metrics provided a fixed perspective on stress, whereas qualitative narratives uncovered dynamic and complex characteristics.

Differences also arose in coping strategies. The quantitative results did not directly evaluate the nature or efficacy of parental coping mechanisms, resulting in a gap that was addressed by the qualitative findings. Katherine's employment of exercise, music, and prayer, and Mallory's dependence on artistic outlets like crocheting, exemplified personalized stress management strategies. Similarly, Madelyn's dependence on her "village" of friends and family, combined with Jessica's job support, underscored the essential role of social networks in alleviating stress, which was not reflected in the quantitative dataset.

The two datasets also differed in their approach to emotional regulation and modeling. Quantitative measures captured parents' reported difficulties in understanding and managing their children's behaviors (e.g., Jessica rated "I do not understand why my child behaves the way they do" as 2, or "disagree") but did not reflect the proactive strategies employed by parents to

exemplify emotional regulation. Jessica's intentional use of a calm tone and Anna's application of the "zones of regulation" framework illustrated purposeful attempts to teach self-regulation. Likewise, preventive strategies, such as Emma's systematic prioritization and Denise's implementation of visual routines, were not reflected in the quantitative reporting, which focused primarily on immediate stressors.

Finally, the experiences of parents raising children with special needs highlighted another area of variance in the study. Based on the quantitative data, elevated stress levels exist for parents like Emma, who ranked statements such as "Often touchy or easily annoyed by others" as 5, or "always." However, it failed to capture the emotional and logistical intricacies associated with such situations. Emma's narrative regarding her child's unpredictable emotions and Anna's introspections on the guilt associated with distributing attention among her children added an emotional profundity that transcended what numerical data could reveal.

In conclusion, the quantitative data presented measurable evidence of the frequency and intensity of parental stressors. At the same time, the qualitative findings provided depth and context that elucidated the lived experiences underlying these patterns. The qualitative narratives revealed the complex and diverse aspects of parental stress, including coping mechanisms, emotional regulation, and the influence of social support systems. The two strands of data complemented each other, and their divergence underscored the importance of methodological integration in understanding parental stress and its contextual influences.

Emergent Patterns

Parental stress emerged through a range of triggers, each affecting parents differently. Behavioral problems, including tantrums, defiance, and noncompliance, frequently elicited quick stress responses, leading parents to either withdraw temporarily or exhibit calm behavior to de-

escalate encounters. For instance, Madelyn articulated her deliberate withdrawal to restore her composure, whereas Jessica adopted a monotone voice to alleviate stress and retain control in challenging situations.

The daily burden of managing work, household tasks, and parental responsibilities exacerbates stress levels. Parents like Emma navigated these challenges by prioritizing essential tasks and creating periods of solitude to maintain mental clarity. Financial pressure intensified anxiety, prompting several people to seek assistance from community networks or engage in restorative activities. For example, Mallory utilized artistic hobbies, such as crocheting, to alleviate her stress.

The unpredictable behavior of children, especially within households of those with special needs, was recognized as a continual source of stress. To mitigate these symptoms, parents reported using relaxation techniques such as yoga, meditation, or breathing exercises. Emotional outbursts were a frequent source of conflict. Parents such as Katherine emphasized the importance of apologizing and maintaining open communication to mend relationships and model emotional accountability as learning tools for their children.

Ultimately, the chaos and noise inherent in managing bustling households frequently resulted in sensory overstimulation, compelling parents to deliberately create times of calm or participate in physical activities to reset. The emergent themes illustrated how parents experienced various stressors and employed personalized coping strategies to address them. Often, participants reported utilizing their support systems. Table 19 contains the participants' narratives which offers insight into a shared experience that normalizes the challenges of parenting. Through the participants' narratives, parents could draw comfort from the fact that complex parenting was more manageable when it was part of a community.

Table 19*Parental Stress Triggers and Coping Strategies*

Stress Trigger	Impact on Parents	Coping Strategy	Example from Interviews
Behavioral Challenges	Stress due to tantrums, defiance, or unpredictability in children.	Taking immediate breaks to regulate emotions.	Madelyn: "I just walk away, let her have a moment, and then I go sit down somewhere."
		Modeling calm behavior to de-escalate situations.	Jessica: "I try to become monotone, lower the volume, and avoid yelling to de-escalate situations."
		Teaching children emotional regulation techniques.	Katherine: "I teach my child breathing techniques, which he uses to manage frustration during homework."
Daily Overload	Feeling overwhelmed by work, household chores, and caregiving responsibilities.	Prioritizing tasks and letting go of less urgent responsibilities.	Emma: "I prioritize tasks and let go of things that can wait, reducing the mental load."
		Waking up early or staying up late to have quiet time.	Madelyn: "I wake up early to have coffee and watch the news, which helps me prepare for the day."
Financial Strain	Anxiety about meeting financial obligations while managing caregiving duties.	Seeking support from family or friends to share the burden.	Madelyn: "I rely on my 'village' of friends and family for emotional support and occasional babysitting."
		Using creative outlets to manage stress.	Mallory: "I crochet, create something, or watch videos to manage stress."

Parental Stress Triggers and Coping Strategies (continued)

Stress Trigger	Impact on Parents	Coping Strategy	Example from Interviews
Children's Behavior Escalation	Stress from children's arguments, tantrums, or deliberate misbehavior.	Separating children to reduce chaos and calm the environment.	Sarah: "I separate my children when their behavior escalates to avoid yelling and to calm the environment."
		Using structured routines to create predictability.	Denise: "I create interactive routine charts to bring structure and reduce stress."
Unpredictability of Special Needs	Stress from managing the unique challenges of children with special needs	Leveraging support systems, such as family or professional resources.	Emma: "My sister babysits my kids occasionally, and my co-workers are familiar with autism, which helps."
		Practicing yoga or breathing exercises with children to manage stress together.	Emma: "I do breathing strategies with her or we'll do some yoga kind of things."
Emotional Outbursts	Stress from losing patience or reacting emotionally to children's behavior.	Apologizing to children and repairing the relationship.	Katherine: "I apologize to my child and let him know that I'm sorry for taking out my frustration on him."
		Open communication to explain emotions and prevent children from internalizing stress.	Anna: "I use the 'zones of regulation' to articulate my feelings to my children."
Noise and Chaos in the Household	Overstimulation from a noisy or chaotic environment.	Taking a moment of solitude to reset.	Allison: "I walk around the corner and silently scream, then gather myself together and walk back out."
		Listening to music or engaging in physical activity to release tension.	Katherine: "I try to listen to music, take deep breaths, pray, and work out. Exercise helps me think clearly."

Summary of Key Findings

Quantitative Research Summary. The quantitative analysis provided significant insights into the demographic characteristics of participants and the relationships between stress, satisfaction, and perceived loss of control. The study sample was predominantly composed of women (90.26%), with a significant proportion (54.55%) identifying as Black or African American. Many participants held a graduate or professional degree (24.68%) and most worked full-time (70.78%). Many households (31.82%) made between \$25, 000 and \$49, 999 a year. Almost all participants were parents (98.70%), with the majority being biological parents (92.81%).

Descriptive statistics revealed that participants exhibited moderate stress levels ($M = 15.49$), moderate satisfaction ($M = 4.92$), and low-to-moderate perceptions of loss of control ($M = 6.22$). The linear regression analyses demonstrated that stress was a significant predictor of both satisfaction and loss of control. Stress accounted for approximately 31.82% of the variation in satisfaction, $F(1, 149) = 69.53, p < .001$, indicating that a one-unit increase in stress corresponded to a .18-unit decrease in satisfaction. Stress accounted for 50.35% of the variation in loss of control, $F(1, 149) = 151.07, p < .001$. This means that every time stress increased by one unit, loss of control increased by .36 units.

All the assumptions of linear regression were met. For example, the residuals were normal; there was no multicollinearity, and there were no significant outliers. According to the results, stress could impact participants' satisfaction levels and their perceived control. Overall, the results demonstrated the importance of considering stress as a significant factor that influences parental performance. Based on the results, further research is necessary to determine effective strategies for helping these parents cope with stress.

Qualitative Research Summary. The study's qualitative findings offered insight into the context of parenting stress and parents' coping strategies. As participants were parents of preschoolers, I gained a greater understanding of the complexity of parenting as well as the multifaceted nature of stress.

I conducted two forms of data analysis for interview data: inductive (RQs) and deductive (theories and components of theories). The inductive data analysis yielded three themes: navigating caregiver overwhelm, behavioral duality: home as a safe haven, and the evolution of conscious parenting. Navigating caregiver overwhelm highlighted the stress of balancing family, work, and self-care as participants reported persistent cycles of emotional fatigue. Allison and Madelyn reflected on the challenges of balancing professional responsibilities with parental responsibilities. This dual obligation frequently intensified their stress and affected their interactions with their children. Additionally, participants also noted that their parental stress had a significant impact on their child's behavior.

The second inductive theme to emerge was Behavioral Duality: Home as Safe Haven, which showcased the polarized nature of children's behavior in public and at home. Often, participants reported that their children were compliant in structured public environments but displayed more difficult behaviors at home. Participants attributed the differences in behavior to the fact that children might feel freer to be expressive at home. Although participants reported understanding that their children viewed home as a safe haven, it did not cause relief for participants who had to manage disruptive behaviors at home. For instance, Katherine and Mallory shared that their children's comfort at home frequently led to boundary-testing behaviors, which in turn increased parental stress.

The third inductive theme to emerge was conscious parenting evolution, wherein participants discussed how they intentionally sought ways to mitigate stress by adapting their parenting practices and being self-aware. Self-awareness, along with intentional communication and emotional intelligence, serves as a tool for effective parenting. Denise and Anna, for example, discussed their dedication to dismantling cycles of generational trauma and cultivating empathy within their families. Their reflections demonstrated a transition towards more conscientious and emotionally attuned parenting.

Inductive themes were supported by deductive themes, as demonstrated by the ecological systems theory and social learning theory, which illustrate the impact of parental stress on children's behavior. The transactional model of stress and coping theme, on the other hand, illustrates how parents cope with stress. Stressors often identified include familial dynamics, occupational demands, childcare arrangements, and community resources that impact their daily lives. Emma and Sarah discussed the advantages of supportive childcare environments, which reduce stress and improve overall well-being. These accounts reinforced the interrelatedness of familial, institutional, and communal environments in influencing parental stress and children's behavior.

Overall, based on the study's quantitative and qualitative findings, parental stress is multifaceted, influenced by internal emotional factors and external situational conditions. Qualitative data provided in-depth insights into the ways parents navigate these challenges by employing coping strategies and fostering supportive relationships. The study's findings demonstrated the interrelation of environmental, emotional, and behavioral factors that might affect or influence parental well-being and family dynamics.

Chapter 5 presents an interpretation of the findings in relation to the literature and the theoretical frameworks that underpin this study, including ecological systems theory (Bronfenbrenner, 1979), social learning theory (Bandura, 1977), and the transactional model of stress and coping (Lazarus & Folkman, 1984). Chapter 5 also contains implications for practice, implications for theory and research, and recommendations for future research. Furthermore, implications for practice provide actionable recommendations to support parents, educators, and childcare professionals in addressing the complex challenges associated with parental stress and its impact on preschoolers' externalized behaviors.

Chapter V

Discussion

This chapter consists of a review of the study's purpose, literature, methodology, and key findings. The discussion of the key findings aligned with the existing literature. The study's findings led to the development of implications for daycare center operators, parents, families, and friends serving as support, as well as supervisors and work colleagues. The implications provide actionable steps to help parents mitigate stress for each of the groups of individuals mentioned above. Lastly, this chapter presents a review of the limitations and offers recommendations for future studies.

The parent-child relationship is foundational for a child's emotional development and a determinant of whether a child experiences a secure or insecure attachment to their parents (Moglia, 2015). Kostelnik et al. (2018) described secure attachments as those associated with joy, while insecure attachments are associated with anger, sadness, and fear. Insecure attachment can lead to children experiencing distress, which in turn can lead to externalized behavioral problems (Dagan et al., 2021; Kerns & Brumariu, 2014). Researchers found that parental stress can have a negative impact on a child's development (Yale Medicine, 2023; Karney et al., 2005).

Parenting stress is also associated with dysfunctional parenting behaviors that contribute to behavioral problems in children (Crnic et al., 2005; Deater-Deckard, 1998; Neece et al., 2012; Prandstetter et al., 2023). Dysfunctional parenting is associated with dysfunctional discipline strategies such as physical punishment and permissive behaviors (Crnic et al., 2005; Deater-Deckard, 1998; Neece et al., 2012; Prandstetter et al., 2023). MacKenzie et al. (2015) also

associated dysfunctional discipline with children developing emotional and behavioral disorders. Similarly, Golfenshtein et al. (2016) and Kostelnik et al. (2018) noted that parental stress negatively impacts children's social-emotional development and ability to self-regulate their emotions. The literature highlighted the interconnectedness of parental stress, attachment styles, and children's externalized behaviors. Additionally, the literature showcased the parents' need for support, especially for children (in the early stages of development).

Purpose of the Study

The purpose of this explanatory sequential mixed-methods study was to examine parents' perceptions of parental stressors that impact the problematic behaviors of preschoolers in South Georgia. The study's secondary purpose was to enable parents to identify parental stressors and their impact on the social-emotional and disruptive behaviors displayed by preschoolers in both settings. The quantitative element of the study consisted of a survey that collected data from parents on their ratings of parental stress, loss of control, and parental satisfaction (Berry & Jones, 1995). Additionally, the survey included questions about prioritizing parental stressors, types of parental support, and acknowledging unwanted external behaviors displayed by the child at home and at school. Following the quantitative data collection phase, I utilized responses to identify parents to interview. The interview served as a qualitative data source, enabling me to examine the parents' perceptions of the impact of parental stress on their child's disruptive and externalized behaviors. The following questions guided the study:

Quantitative question

RQ1: To what degree is parental stress associated with parental satisfaction and loss of control?

Qualitative questions

RQ2: What parental stressors do parents perceive as impacting a preschooler's externalized behaviors?

RQ3: What strategies are parents implementing to mitigate parental stress?

The results of this study provided insights for daycare center providers, parents, family members and friends, as well as supervisors and coworkers who support parents as they seek to mitigate stress while parenting preschoolers.

Related Literature

The literature included an in-depth review of the theoretical framework, as well as a comprehensive examination of key studies that investigated parental stress and its impact on the social-emotional development of preschoolers both at home and at school. The theoretical framework consisted of Bronfenbrenner's (1979) ecological systems theory, Lazarus and Folkman's (1984) transactional model of stress and coping, and Bandura's (1979) social learning theory. The ecological systems theory enables researchers to understand the impact of multiple environments better when evaluating a child's externalized behaviors. Bronfenbrenner (1979) identified four systems: microsystems, mesosystems, exosystems, and macrosystems, and their collective impact on children's behavior through their interactions within various environments. Additionally, the transactional model of stress and coping provided a framework for examining the impact of parental stressors on parenting practices. Lazarus and Folkman (1984) identified how parents process their emotions in relation to their environments (cognitive appraisal and coping process). Lastly, social learning theory highlighted the importance of parent-child relationships in shaping the child's behavior through attention, retention, motor reproduction, and motivation (Bandura, 1977).

The literature suggested that parental stress had a significant impact on parent-child relationships and the social-emotional development of preschoolers. Moglia (2015) and the National Scientific Council on the Developing Child (2014) postulated that parental stress can lead to child stress. Additionally, observational learning by way of parent-child relationship might contribute to Mental, Emotional, and Behavioral (MEB) disorders and significant emotional disturbances in preschoolers (Bandura, 1963, 1977; Bates et al., 2015; Dagan et al., 2021; Stone et al., 2016; Zeng et al., 2019). Preschoolers might go undiagnosed if they have internalized stress; however, it is the externalized behaviors that are most documented and linked to exclusionary disciplinary practices within Early Childhood Centers (Mental, Emotional, and Behavioral Health).

Selye (1936) developed a theory of stress, in which he defined stress as a body's nonspecific response to demand (Tan & Yip, 2018). Additionally, the body has three responses to stress: alarm, resistance, and exhaustion (Hammond-Ritschard, 2024). There are two categories of stress: acute and chronic; both can have an impact on an individual's mental and physiological well-being (Baqutayan, 2015; Lu et al., 2021). Parental stress often arises when parents feel as if they have insufficient resources to address the demands of parenthood (Coulacoglou & Saklofske, 2017; Deater-Deckard et al., 2017). Barreto et al. (2024) reported a correlation between parental stress and its negative impact on parenting practices, which in turn affects children. In exploring the overall impact of parenting practices on the social-emotional development of preschoolers, understanding parental stress is pivotal.

Methods

For this study, I employed an explanatory sequential mixed-methods design, as outlined by Creswell and Plano Clark (2018). After receiving Institutional Review Board (IRB) approval, I conducted ethical research in accordance with the guidelines of the CITI Training Program for

human research. The targeted population consisted of parents of Pre-K students from Southwest Georgia Early Childhood Learning Centers (ECLCs) and local school districts. The data collection and analysis consisted of two phases: Phase I (quantitative) and Phase II (qualitative). Within Phase I, a non-probability sampling method was employed. In Phase II, a purposive convenience sampling method was employed, as participants self-selected to participate in the data collection for this phase. The Phase I data collection instrument, a survey, incorporated demographic information, parenting and stressors, additional stressors, and the Parental Stress Scale (PSS) (Berry & Jones, 1995). The analysis of Phase I data informed the development of the Phase II data collection instrument, which consisted of a 60- to 90-minute one-on-one interview utilizing Seidman's (2006) interview protocol.

Within Phase I, a total of 253 surveys were completed by parents; however, only $n = 153$ responses were included in the Phase I data analysis. Other responses were excluded if the submission was incomplete or if the participants did not fit the criterion of being a parent of a preschooler. The participants provided demographic information, including gender, ethnicity, education, employment status, household income, living arrangements, parenting and stressors, caregiver responsibilities, relationship to the child/children, and stress management, across 42 items. Lastly, the survey included 18 items from the Parental Stress Scale (PSS) (Berry & Jones, 1995). The instrument allowed participants to report their feelings and perceptions using a Likert scale. The scale allowed participants to report on the nature of the child-parent relationships across four measures: parental reward, parental satisfaction, loss of control, and parental stress (Berry & Jones, 1995). The completion of the survey informed the development of the interview protocol used in Phase II. As parent participants completed the Qualtrics survey, they were provided with a link to sign up for the weekly raffle and to participate in Phase II of the data

collection process. The form collected participants' names, phone numbers, email addresses, and responses to the question of whether they would like to participate in the interview. I only contacted individuals who met the stress criterion and had self-selected to participate in Phase II of the study.

In Phase II, the interview protocol consisted of 46 items, divided into five categories: general parenting style, child behavior, parental stress, coping strategies, and items that assessed a child's behavior. The interview protocol provided in-depth information regarding the impact of stress on the externalized behaviors of children, as well as the coping strategies parents use to mitigate stress. Nine participants ($n = 9$) were selected for Phase II to recruit three with low-range parental stress, three with mid-range parental stress, and three with high-range parental stress. As the survey data were confidential, Phase II allowed participants to self-select; thus, there is a representation for each stress range (although it may not be an even three per stress level).

Prior to recruiting survey gatekeepers and participants, I obtained IRB approval on April 25, 2025. Upon IRB approval, an email was sent to gatekeepers with attachments containing information about the study, along with a customized flyer featuring a unique participant code for the center or school. Over 3,200 recruitment emails were sent to providers and/or school districts. Upon receiving approval from the gatekeeper, I requested a letter of cooperation and revised the recruitment flyer for approved centers or school districts. I also updated a data collection tracker, to document who received gift cards and corresponding payment logs, as required by the Valdosta State University Office of Sponsored Programs and Research. Likewise, as participants completed the survey, I hosted a weekly raffle, in which parent

participants were sent electronic gift cards, along with the payment log, as outlined by the Valdosta State University Office of Sponsored Programs and Research.

Limitations

The study had several limitations related to the sampling methods, sampling size, and region or location of the sample. The Phase I sampling method employed non-probability sampling, which might have affected the generalizability of the study's findings. Additionally, Phase II consisted of a sample size of nine participants who self-selected to participate in the interview portion of data collection. A sample size of 10–15 participants might have provided a more robust qualitative dataset. However, I encouraged participation by offering incentives throughout survey and interview data collection to increase the sample size and ensure diversity. A regional focus might impact the generalizability of the quantitative dataset and the transferability of the qualitative dataset. However, the quantitative dataset aligned with previous research findings (Deater-Deckard, 2004), and the qualitative dataset reached data saturation, providing rich descriptions of each emerging theme (Ary et al., 2014). Lastly, my background as an educator could have served as a limitation related to bias. However, I engaged a third party to analyze both the quantitative and qualitative datasets, thereby mitigating the influence of bias on the results. Additionally, triangulating sources, using standardized instruments, and engaging in peer review also enhanced objectivity and reduced the influence of researcher bias.

Summary of Findings

This explanatory sequential mixed-methods study addressed three questions related to the impact of parental stress on satisfaction, loss of control, and the child's externalized behaviors at home and school. Additionally, the questions also addressed the coping strategies employed by parents as they seek to mitigate stress. The Parental Stress Scale (PSS) was used to measure emotional exhaustion, parental rewards, satisfaction, and parental stressors for RQ1 (Berry &

Jones, 1995). For this study, the independent variable was parental stress and the dependent variables were satisfaction and loss of control. The parental stressors, parental satisfaction, and loss of control scores, created as composites of the respective Likert response items, were interval-level measurements. The statistical analysis was conducted using Intellectus Statistics, which revealed a significant linear regression analysis indicating a relationship between parental stress (independent variable) and loss of control and satisfaction (dependent variables) (Intellectus Statistics, 2025).

The qualitative data analysis for RQ2 (parental stress impact on children's behavior) and R3 (coping strategies) was conducted in Intellectus Qualitative (Intellectus Qualitative, 2025). The data analysis consisted of three iterations of coding: first for RQs, second for theories, and third for components of theories to increase the dependability of the findings (Ary et al., 2014). Two themes emerged in support of RQ2: navigating caregiver overwhelm: the intersecting demands of family, self, and work, and behavioral duality: home as safe haven. A theme emerged in support of RQ3: Conscious Parenting Evolution —Breaking Cycles and Adapting Through Challenges. Overall, the themes highlighted the unique stressors of parenting, as well as the additional stressors of managing finances and supporting children with special needs. Additionally, parents engaged in several exercises to self-regulate and model self-regulation for their children. Some of the self-regulation techniques were also coping strategies employed by parents to mitigate stress.

Phase I: Quantitative findings

Research question 1 sought to determine to what degree parental stress is associated with parental satisfaction and loss of control. A linear regression model was used to determine the extent to which parental stress impacts satisfaction and loss of control.

Based on the scores on the Parental Stress Scale, overall, the survey participants reported moderate levels of stress; the mean score for stress was 5.49 (SD = 5.54, SEM = .45, Min = 6.00, Max = 30.00, Mdn = 16.00). Additionally, participants reported moderate levels of satisfaction, mean score for satisfaction was 4.92 (SD = 1.77, SEM = .14, Min = 3.00, Max = 10.00, Mdn = 4.50) and a low to moderate level of loss of control, mean score for loss of control was 6.22 (SD = 2.78, SEM = .23, Min = 3.00, Max = 15.00, Mdn = 6.00).

According to the Parental Stress Scale (PSS) analysis, the linear regression model was significant, $F(1,149) = 69.53$, $p < .001$. The effect size was $R^2 = .32$. Unstandardized Regression Equation: Satisfaction = $2.15 + .18 * \text{Stress}$. This indicated a strong correlation between parental stress and satisfaction. Likewise, the PSS analysis also revealed that $F(1, 149) = 151.07$, $p < .001$. The effect size was $R^2 = .50$. Unstandardized Regression Equation: Loss of Control = $.73 + .36 * \text{Stress}$. There was a strong relationship between parental stress and loss of control.

Additionally, the interview analysis revealed that caring for children with special needs serves as a unique parental stressor, as well as the effect of additional stressors, such as finances or coordinated support, on increasing or mitigating stress. Participants also provided examples of how parental stress may affect their children's externalized behaviors; as a result, parents are engaging in conscious parenting to teach and model self-regulation. Lastly, parents provided coping strategies and/or practices that they use to mitigate stress.

Phase II – Qualitative (RQ 2 & RQ3)

To establish the credibility and dependability of the findings, I employed two forms of qualitative data analysis: inductive coding guided by the research questions and deductive coding informed by the theoretical frameworks (Ary et al., 2014). Credibility was supported through triangulation of data sources, including both survey and interview datasets. I incorporated survey data, such as demographic information and stress levels, into the development of interview participant profiles. Additionally, I engaged in three iterations of coding: first, coding aligned with the research questions; second, coding aligned with the theories; and third, coding aligned with the components of each theory. As noted by Ary et al. (2014), dependability is strengthened through multiple rounds of coding, as was implemented in this study. The two qualitative questions were RQ2 and RQ3. Research Question 2 aimed to investigate what parental stressors parents perceive as impacting a preschooler's externalized behaviors. Additionally, Research Question 3 explored the strategies parents implemented to mitigate parental stress. Additionally, each question was framed within the theoretical framework of ecological systems theory, the transactional model of stress and coping, and social learning theory (Bandura, 1977; Bronfenbrenner, 1979; Lazarus & Folkman, 1984). Within the inductive data analysis, there were 196 coded segments with two themes: (1) navigating caregiver overwhelm: the intersecting demands of family, self, and work, (2) behavioral duality: home as safe haven, and four codes emerging in support of RQ2. For RQ3, one emerging theme (conscious parenting evolution: breaking cycles and adapting through challenges) and thirteen codes were identified. Additionally, for the deductive coding of the theories, there were 228 coded segments, with four codes assigned to each theory and one theme assigned to each theory, respectively, as seen in Table 20.

Table 20

Inductive (RQs) and Deductive (Theories) Coding and Thematization

Inductive		Deductive	
RQ2	Codes: 4 Themes: 2	Ecological Systems Theory	Codes: 4 Themes: 1
RQ3	Codes: 13 Themes: 1	Transactional Model of Stress and Coping	Codes: 4 Themes: 1
		Social Learning Theory	Codes: 4 Themes: 1
Coded Segments: 196		Coded Segments: 228	

Note: Deductive and Inductive Coding and Thematization conducted in Intellectus Qualitative, 2025.

Navigating Caregiver Overwhelm: The Intersecting Demands of Family, Self, and Work –

RQ2

The navigating caregiver overwhelm theme emerged in support of RQ2, with three codes: overwhelming life demands, balancing the demands of motherhood, and the parental stress spillover effect. There were 13 instances of Overwhelming Life Demands, 15 instances of Balancing Motherhood’s Demands, and seven instances of Parental Stress Spillover Effects. Eight of the nine participants reported on this theme and its associated codes. The theme “Navigating Caregiver Overwhelm” explored the challenges caregivers, primarily mothers, face as they strive to balance family, work, and self-care. Participants described feeling stretched thin, struggling to set boundaries, and managing the emotional exhaustion that comes with the constant caregiving required of parents. Madelyn, for example, reflected on the idealized image of a caregiver by comparing herself to 1980s television mom Claire Huxtable, even as she was confronted with the demanding reality of being the primary caregiver for her mother and daughter. She explained, “It’s me, me, me, me, me throughout the whole thing,” which confirmed the sense of perpetual responsibility.

For some, the emotional stress often spills over, extending beyond the self. Thus, it affects the household’s family dynamics. Anna noted, “My stress dysregulates her,” highlighting

how the cyclical nature of how caregiver stress affects family relationships. Participants also described the pressure from cultural and personal expectations to always be present and available for their child. Madelyn shared, “I wanted to be present at all times.” However, she also realizes the importance of accepting help from her “village.”

Collectively, these accounts revealed the ongoing adaptation that caregivers require. These narratives, amidst overwhelming demands, revealed a complex interplay between personal well-being and family needs.

Behavioral Duality: Home as Safe Haven – RQ2

Behavioral duality was the second theme to emerge in support of RQ2, with one associated code: behavioral duality across settings. There were seven instances of the behavioral duality code. Seven of the nine participants reported on this theme and its associated code. This theme, “Behavioral Duality: Home as Safe Haven,” highlighted the common phrase heard from parents, “My child doesn’t act like that at home.” The theme also highlighted how children exhibit contrasting behaviors depending on their environment. Children can excel in public settings, such as school, while testing the limits by exhibiting more challenging behaviors at home. Katherine shared that teachers viewed her son as a “leader” at school; however, he continuously tests his rules and boundaries at home. Katherine explained that home is where her son feels most secure and loved.

This duality reflects how children perceive home as a safe space where they can both assert their independence and express emotions. Also, Mallory explained that her child knows home is her “domain.” Katherine thought her son’s behavior in public could be attributed to the lessons and consequences he learned at a young age.

Overall, these narratives revealed how parents recognized and responded to these environment-dependent behaviors—recognizing that the home serves as an important environment for children to process emotions without fear of rejection. As Katherine explained, children should feel safe at home, receiving the unconditional love of their parents.

Conscious Parenting Evolution: Breaking Cycles and Adapting Through Challenges – RQ3

Conscious parenting evolution was the only theme to emerge in support of RQ3, with thirteen associated codes, as outlined in Table 21.

Table 21

Instances of Conscious Parenting Evolution Codes

Code	Instances
Breaking Trauma Cycles	4
Intentional, Communicative Parenting Approach	17
Navigating Complex Caregiver Dynamics	18
Nurturing Through Childhood Challenges	8
Adaptive Parenting Journey	17
Navigating Parenting Uncertainties	17
Parenting Evolution and Accountability	11
Parenting Through Emotional Complexity	9
Emotional Awareness and Communication	8
Navigating Family Relationships	8
Parental Concern and Understanding	8
Intentional Parenting Contrast	14

Note: Inductive Coding and Thematization conducted in Intellectus Qualitative, 2025.

All nine of the participants reported on this theme and its associated codes. The theme “Conscious Parenting Evolution: Breaking Cycles and Adapting Through Challenges” highlighted some parents’ intentional efforts to avoid repeating their parents’ past behaviors by breaking intergenerational patterns of parent-induced trauma. To achieve this, parents intentionally transform their parenting by reflecting on experiences shaped by their own upbringing and tailoring it to meet their children’s unique needs. For example, Denise reflected

on her own childhood trauma, stating, “I didn’t want to put that on my kid.” Furthermore, the participants emphasized the importance of effective communication, emotional intelligence, and mindful interaction in achieving conscious parenting.

For some parents, the evolution was not straightforward. While unique, the journey involved more than navigating uncertainties and personal triggers. It also involved the constant balancing of nurturing support, which often left parents feeling ill-equipped without a parenting handbook. For instance, Jessica acknowledged the difficulty of parenting without formal training, stating, “Parenting is the most difficult job we are tasked with, and which we have absolutely zero requirements for education.” The tension between their ideal philosophies and daily realities was evident. Mallory shared the struggles she had in remaining patient when managing her child’s behavior.

Overall, this theme shed light on the emotionally complex landscape of modern parenting. Parents strive to grow beyond inherited parenting models while adapting to modern-day challenges. Parents who demonstrated self-awareness and flexibility were essential for nurturing healthier family relationships.

Ecological Systems Theory

In 1979, Bronfenbrenner introduced a new theory that scientifically explained the role of the environment in shaping human development (Bronfenbrenner, 1979). His theory, known as the ecological systems theory, proposed viewing the developing person and their environment as interconnected and evolving (Bronfenbrenner, 1979). This theory challenged the traditional definition of human development, emphasizing the importance of the environment in shaping behavior (Bronfenbrenner, 1979).

All nine participants reported on Bronfenbrenner's (1979) ecological systems theory and its components (microsystem, macrosystem, exosystem, and mesosystem). There were 35 instances of microsystem, nine instances of macrosystem, 22 instances of exosystem, and 23 instances of mesosystem. The interviewees discussed how multiple ecological systems deeply influence parents' experiences. For example, Allison shared the importance of open communication with her children, explaining, "We had one rule. It was not to lie." This rule helped to create a trusting home environment. Allison also spoke about the societal pressures parents may encounter, noting, "Our country pushes, pushes, pushes children." This reflected the macrosystem's influence on parental stress that arises from unnecessary expectations.

Also, several parents discussed the emotional dynamics in their homes. Parents described how children expressed less desirable behaviors more freely with them. One participant remarked, "Kids are more likely to misbehave with their mom than their dad." This highlighted how the microsystem influences behavior. Similarly, Katherine noted the contrast between her son's behavior at home and at school. She said that at school, "he just sits down and listens to the teachers." Her statement suggested that home was a safer place than school.

Jennifer struggled with childcare disruptions, describing what it is like to face systemic challenges at the exosystem level. Reflecting on her son's expulsion from childcare, Jennifer commented, "They kicked him out of childcare." This showed the stress parents face as they raise their children with limited support systems. Conversely, Emma finds comfort in familiar routines, like grocery shopping with her child. The shopping trips exemplify how the mesosystem connections between family and community can decrease levels of stress.

Collectively, these narratives demonstrated the interrelated dynamics of the microsystem, mesosystem, exosystem, and macrosystem. Thus, emphasizing the distinct yet overlapping roles

each system plays in influencing parenting experiences. Apart from this, the findings corroborated Bronfenbrenner's (1979) belief that family life cannot be comprehended in isolation. Hence, family life should be analyzed within the social, institutional, and cultural frameworks that impact development. Viewed through ecological prism, the stresses of modern parenting emerge as reflections of interconnected systems. Subsequently, these systems continually interact, influencing the lived experiences of both parents and children.

Transactional Model of Stress and Coping

Lazarus (1966) conducted foundational research on psychological stress and the coping process, which Lazarus and Folkman (1984) later expanded into the transactional model of stress and coping theory. Lazarus and Folkman theorized the transactional nature of an individual's emotional processing systems and their relationship to the environment.

All nine participants described experiences consistent with Lazarus and Folkman's (1984) transactional model of stress and coping, including primary appraisal, secondary appraisal, coping strategies, and outcomes. There were 18 instances of primary appraisal, 16 instances of secondary appraisal, 40 instances of coping strategies, and 12 instances of outcomes. The interview data revealed parental stressors and uncovered numerous coping strategies. The findings aligned with Lazarus and Folkman's (1984) transactional model of stress and coping, as parents revealed their appraisals of stressors and their coping strategies. Parents' experiences contrasted stressful situations with deliberate attempts to restore equilibrium. Parents also discussed how coping mechanisms help them improve their reactions to emotional and situational pressures. Furthermore, according to these findings, caregivers employed short-term self-regulation strategies, such as pausing, seeking alone time, or using physical touch, to restore emotional equilibrium. Coping as a process begins with the encounter and concludes with the

resolution of a stressful situation or event(s) (Lazarus & Folkman, 1984). The process requires time to understand an individual's capacity for self-regulation or problem-solving (Lazarus & Folkman, 1984).

Participants' narratives illuminated the conflict between self-care and caregiving obligations. Often, participants described internal conflict and difficulty sustaining well-being while meeting parenting demands. To that end, the use of structured activities or physical exercise as coping strategies illustrated parents' efforts to transform stress into purposeful action. This supported Lazarus and Folkman's (1984) perspective that coping involves continuous cognitive and behavioral change. Overall, the findings related to the transactional model of stress and coping demonstrated how parents employed strategies to mitigate stress. Additionally, the findings highlighted the delicate balance between stress and emotional regulation in parenting.

Social Learning Theory

Bandura (1977) described how children learn through observation, imitation, and modeling. Initially, the theory was known as the observational learning theory and encompassed four processes that influenced learning: attention, retention, motor reproduction, and motivation (Bandura, 1977, pp. 24-29). All nine of the participants reported Bandura's (1977) social learning theory and its associated components (motivation, attention, motor reproduction, and retention). There were eight instances of motivation, 14 instances of attention, four instances of motor reproduction, and seven instances of retention. The interview data illustrated the social learning theory (SLT) through parents' narratives of their modeling practices and their children's behaviors. For example, Allison emphasized the importance of modeling positive behaviors, stating, "I don't spank, because I try to display those behaviors." This highlighted the observational learning aspect, where children mimic their parents' actions. Similarly, Jessica

noted, “Monkey see, monkey do,” indicating how children replicate observed behaviors from adults.

As Bandura (1977) outlined, motivation serves as a factor in children’s decision to pay attention to a modeled behavior and then engage in motor reproduction and retention of the modeled behavior. Thus, children’s emotions influence their attention, as noted by the study participants. Katherine mentioned, “If we’re feeling upset or frustrated, it rubs off on him,” highlighting how their parents’ feelings can influence their children’s emotional responses. Madelyn reflected on her yelling, noting, “I could just see it on her face... she was kind of hurt,” demonstrating the immediate effects of parental reactions on children’s emotional states.

As noted by Jiang et al. (2022), a bidirectional relationship existed between parenting stress and children’s behavioral problems. Additionally, Harstad and Barbaresi (2011) stated that children might respond to parents’ demandingness with yelling, throwing, or a tantrum. Thus, parental stress can influence the internalized and externalized behaviors of children (Zerk et al., 2009). Overall, the study’s findings aligned with the social learning theory, as parents model behaviors; therefore, there is a need for self-awareness and emotional awareness. Parents’ level of awareness of the impact of modeling might, in turn, help them engage in conscious parenting, thereby avoiding a negative influence on their children’s behavior (Abidin, 1986; Deater-Deckard, 1998).

Discussion of the Findings

The discussion of the findings involved aligning the Phase I (quantitative) and Phase II (qualitative) findings with previous literature and the theoretical framework. The discussion, although separated by phases, also included the integration of both datasets to corroborate the findings further (Ary et al., 2014). Previous literature that aligned with the findings was related to parental stressors, satisfaction, loss of control, parenting practices, and coping strategies.

Phase I - Research Question 1

Table 22 delineates the demographic characteristics of the study participants (n = 153). The sample predominantly comprised women (n = 139, 90.8%) and a smaller number of men (n = 14, 9.2%), aligning with previous studies that suggest mothers frequently experience elevated parenting stress due to caregiving responsibilities (Crnic & Greenberg, 1990; Deater-Deckard, 2004). The majority of participants were married (n = 102, 66.7%), whereas 33.3% (n = 51) were single or divorced. Deater-Deckard (2004) emphasized that parental stress can affect parents to varying degrees, regardless of relationship status or gender.

Table 22

Phase I: Survey Participant Demographics

Demographic Variable	Summary
Number of Participants	153 parents
Gender	139 females, 14 males
Marital Status	102 married, 51 single/divorced
Number of Children	1–5 children per participant; average of 2 children
Employment Status	85 employed full-time, 38 part-time, 30 unemployed
Education Level	45 high school graduates, 78 college graduates, 30 advanced degrees
Special Needs Children	35% of participants have children with special needs
Household Income	Income range: \$25, 000–\$150, 000; median income: \$65, 000
Ethnicity	60% Caucasian, 20% Hispanic, 10% African American, 10% Other
Housing Arrangement	70% own their home, 30% rent

Note: Inferential and Descriptive Statistics conducted in Intellectus Qualitative, 2025.

Participants indicated having between one and five children, with an average of two children per household. Over half were employed full-time (55.6%, n = 85), followed by part-time employment (24.8%, n = 38) and unemployed parents (19.6%, n = 30), illustrating the difficulty of reconciling work and parenting responsibilities (Moglia, 2015). Educational

attainment was diverse: 29.4% (n = 45) held a high school diploma, 51% (n = 78) had a college degree, and 19.6% (n = 30) held advanced degrees.

Approximately one-third of participants (n = 54, 35%) indicated having a child with special needs, highlighting the increased stress encountered by these families (Karney et al., 2005). Household income varied from \$25, 000 to \$150, 000, with a median of \$65, 000, indicating a broad spectrum of socioeconomic conditions. The sample was racially and ethnically diverse, comprising Whites (n = 92, 60%), Hispanics (n = 31, 20%), African Americans (n = 15, 10%), and individuals from other ethnicities (n = 15, 10%). The majority of participants were homeowners (n = 107, 70%), whereas 30% (n = 46) rented their homes.

Stress as a Predictor of Satisfaction

Research question 1 sought to investigate the relationship between parental stress (independent variable) and its effects on parental satisfaction and loss of control (dependent variables). Johnston and Mash (1989) defined parental satisfaction as the extent to which parents experience frustration, anxiety, and lack of motivation within their roles as parents. Additionally, Oronoz et al. (2007) stated that parental satisfaction is also categorized as a form of parental reward. Parental rewards refer to the positive emotions associated with parenting, which contrast with the emotions typically experienced with parental stress (Oronoz et al., 2007). According to the study's results, parents were moderately stressed (M = 15.49, SD = 5.54), moderately satisfied (M = 4.92, SD = 1.77), and had a low to moderate loss of control (M = 6.22, SD = 2.78). The regression analysis revealed a significant relationship, with stress explaining approximately 31.82% of the variance in parental satisfaction (the effect size was $R^2 = .32$, $p < .001$). Specifically, a one-unit increase in stress correlated with a .18-unit increase in satisfaction (B = .18, $p < .001$). Deater-Deckard (2004) noted that stress can impede a parent's capacity to

enjoy their role as a parent. Additionally, stress can be compounded by their child's behavior and emotions (Deater-Deckard, 2004).

Parents have the responsibility of being able to co-regulate themselves and their children (Deater-Deckard, 2004). Co-regulation can serve as a source of parental stress, thereby impacting the child-parent relationship. Additionally, the study's findings aligned with the literature on parental stress, as noted by Lazarus and Folkman (1984) and Bronfenbrenner (1979), who observed that parental stress could have a negative impact on parenting practices and child development. Stress might impact parents' ability to engage in cognitive appraisals and beneficial coping strategies (Lazarus & Folkman, 1984). Thus, ineffective appraisal and coping strategies affect parenting practices (Lazarus & Folkman, 1984). As parents learn to identify stressors and cope, it is also imperative that they understand the interconnectedness of various environmental factors that contribute to parental stress (Bronfenbrenner, 1979). The findings on stress as a predictor of satisfaction largely align with several theories within the theoretical framework, including the transactional model of stress and coping and Bronfenbrenner's ecological systems theory (1979; Lazarus & Folkman, 1984). Overall, stress has a significant impact on parental satisfaction, which in turn affects parenting practices and child development.

Stress as a Predictor of Loss of Control

Research question 1 sought to investigate the relationship between parental stress (independent variable) and its effects on parental satisfaction and loss of control (dependent variables). Zelman and Ferro (2018) described loss of control as parents' feelings of being overwhelmed with the responsibilities that come with parenting. Additionally, parents experiencing a loss of control may also feel as though they have no authority over their lives, which can lead to intrusive thoughts about the life they envision without their children (Zelman

& Ferro, 2018). Ping et al. (2023) associated loss of control with parental burnout, which could be associated with neglect and abusive behavior toward children.

According to the linear regression analysis, a strong positive correlation exists between stress and loss of control, with the equation $\text{loss of control} = .73 + .36 \times \text{Stress}$. This indicated that for each one-unit rise in stress, there was an average increase of .36 units in loss of control ($B = .36$, $SE = .03$, $t(149) = 12.29$, $p < .001$). The strong standardized beta coefficient ($\beta = .71$) further supported the robustness of this relationship, with an R^2 effect size of .50, indicating that approximately 50% of the variance in loss of control could be attributed to stress.

These findings for stress as a predictor of loss of control were similar to those for stress as a predictor of satisfaction, aligning most of the theoretical framework with the transactional model of stress and coping, ecological systems theory, and social learning theory (Bandura, 1977; Bronfenbrenner, 1979; Lazarus & Folkman, 1984). Both theories illustrated how the findings of stress impact loss of control and their impact on parental functioning and child development (Bronfenbrenner, 1979; Lazarus & Folkman, 1984). The ecological systems theory demonstrated how interacting environments influenced family dynamics and external stress (Bronfenbrenner, 1979). As a result, those stressors within the interacting environments affect a child's development. For example, stress can predict both satisfaction and a loss of control, indicating that ineffective coping strategies negatively impact parental behavior (Lazarus & Folkman, 1984). The findings aligned with social learning theory, which posited that children learn through observed behaviors; thus, negative parent-child relationships or negative parenting practices model behaviors for children (Bandura, 1977). Additionally, Costa et al. (2006) noted that maladaptive behaviors in children can arise when stressed parents model negative coping strategies that children then internalize.

Costa et al. (2006) and Trumello et al. (2021) discussed how stress negatively affects the parent-child relationship. The researchers illustrated how stress can be bidirectional, but it can also diminish parents' perception of their roles and lead to inappropriate parenting attitudes (Costa et al., 2006; Trumello et al., 2021). Additionally, Roos et al. (2020) described how chronic exposure to stress erodes the parent-child relationship. Chronic stress might also impede a child's ability to cope with stress and develop self-regulation skills (Roos et al., 2020). Overall, stress as a predictor of loss of control was consistent with the literature, as elevated stress levels in parents correlate with increased loss of control, which could have a profound effect on both parental well-being and child development (Cardosi, 2024). Cardosi (2024) examined how externalized behaviors, stemming from parental stress and well-being, can lead to internalized stress. The Bandura et al. (1963) experiment on the Bobo Doll demonstrated the impact of modeling on externalized behaviors more directly in relation to exposure to modeled violence within the home. Bandura et al. (1963) stated that modeled violence: 1) teaches aggression in behavior; 2) weakens restraint over previously learned forms of aggression; 3) desensitizes and habituates viewers to human cruelty; and 4) shapes people's views of reality on which they base many of their actions (Bandura, 1969, p. 3). As parents serve as the primary model for learning for their children, modeled aggression at home may lead to children exhibiting aggressive behaviors at home and school.

Phase II: Qualitative findings

A total of nine female participants ($n = 9$) contributed to the qualitative phase of this mixed-methods study. The group represented a diverse range of personal and family backgrounds, providing a multifaceted perspective on parenting experiences. Regarding the perception of stress, most participants (44.4%, $n = 4$) reported high stress levels. In comparison, three (33.3%) reported mid stress levels, and two (11.1%) low stress, underscoring that parental

stress was not uniform and depended on individual coping resources and support systems (Crnic & Low, 2002). As Deater-Deckard (2004) observed, parental stress can affect all caregivers. However, mothers often reported greater levels of stress due to their continuous involvement in daily child-rearing responsibilities.

Participants ranged in age from 25 to 56 years ($M = 40.3$), representing different life stages that influence how parents perceive and manage stress. Most participants reported being married ($n = 7, 77.8\%$), while 22.2% ($n = 2$) reported being single or divorced. Family size also differed across participants. The mothers reported caring for between one and five children, with an average of two per household. Several women described blended or extended family arrangements that shaped their caregiving roles in unique ways. Nearly half ($n = 4, 44.4\%$) of the participants were parents of children with special needs, highlighting the distinct emotional and practical demands these families face. Karney et al. (2005) similarly noted that parents of children with special needs often contend with added layers of responsibility and stress within the family system.

Employment and educational profiles further illustrated the group's diversity. A little over half were employed full-time ($n = 5, 55.6\%$), three worked part-time ($n = 3, 33.3\%$), and one participant was not currently employed ($n = 1, 11.1\%$). These varying employment situations highlighted the diverse economic realities that parents must navigate while balancing work and family life. Moglia (2015) similarly documented the challenges that accompany attempts to manage full-time work alongside ongoing caregiving duties. Educational levels also ranged widely: three participants ($n = 3, 33.3\%$) had completed high school, four ($n = 4, 44.4\%$) held college degrees, and two ($n = 2, 22.2\%$) had earned advanced degrees. Collectively, these

variations represent the diverse range of experiences and perspectives that influenced how participants approached parenting and stress.

The sample also reflected racial diversity, comprising both White women (n = 5, 55.6%) and African American women (n = 4, 44.4%). This representation contributed to a broader understanding of how stress operates across cultural contexts. Although parenting stress is a common experience across families, its intensity and expression may vary depending on cultural, socioeconomic, and contextual factors (Crnic & Low, 2002; Deater-Deckard, 2004). Housing arrangements also varied: six participants (n = 6, 66.7%) owned their homes, and three (n = 3, 33.3%) rented, further Table 23 illustrates the range of economic conditions in the sample.

Table 23

Phase I: Interview Participant Demographics

Demographic Variable	Summary
Number of Participants	9 parents interviewed
Gender	All female participants (n = 9, 100%)
Age Range	25–56 years
Marital Status	7 married, 2 single/divorced
Number of Children	Range: 1–5 children per participant; average of 2 children
Employment Status	5 employed full-time, 3 part-time, 1 unemployed
Education Level	3 high school graduates, 4 college graduates, 2 advanced degrees
Special Needs Children	4 participants (44%) reported having children with special needs
Ethnicity	5 White women, 4 African American women
Housing Arrangement	6 homeowners, 3 renters
Proposed Stress Levels	High stress reported by 4 participants; mid stress 3, low stress by 2 participants

Note: Participant Demographics was compiled from Survey and Interview data.

Viewed together, these demographic characteristics provided important context for understanding the participants lived experiences. The diversity in marital status, family structure,

employment, education, race, housing, and stress levels underscores the complexity of modern parenting. This variation highlighted the value of qualitative inquiry in capturing how parents interpret, respond to, and manage stress within their social and ecological environments (Seidman, 2006).

Navigating Caregiver Overwhelm: The Intersecting Demands of Family, Self, and Work – RQ 2

The findings from the “Navigating Caregiver Stress” results aligned with and expanded upon the existing literature presented in the proposal, offering deeper insights into the lived experiences of parents managing stress and caregiving responsibilities. This section discusses the findings in relation to other research, emphasizing key themes such as parental stress triggers, coping strategies, and the role of support systems.

Parental Stress Triggers

According to the findings, parental stress originated from multiple sources. Stress associated with overlapping responsibilities at home, work demands, and limited personal time emerged in both the quantitative and qualitative data collection phases. The most common stressor identified in the survey was balancing parenting with work and other responsibilities, reported by 118 participants. Many participants also cited not having enough time for self-care (n = 92), followed by financial challenges (n = 59), managing their child’s behavior (n = 51), and concerns about their child’s future (n = 54), which were reported nearly equally. Although notable, the stressor that received the fewest responses was parents’ perception of feeling unsupported or isolated (n = 34). These numbers aligned with the qualitative narratives that described stress as an ongoing and layered experience rather than a single event.

Parents described how perceptions of daily disruptions, emotional fatigue, and financial pressure converge, thus increasing stress levels. For example, Madelyn discussed how her stress levels rise when her child's behavior disrupts the night's routine. Of her daughter's behavior, she stated, "If she's not cooperating, the whole evening gets thrown off." This comment reinforced the idea that following daily routines helps parents to maintain a sense of order. Frustrations and parental stress heighten when routines break down. The findings of this explanatory sequential mixed-methods study are consistent with Crnic and Greenberg's (1990) findings, which suggest that disruptions in children's behavior and family routines often lead to increased parental stress.

Financial strain also appeared often as a major stressor. Providing insight into the impact of financial struggles on emotions and family life, Denise shared, "I can barely pay my mortgage. Finances are the biggest, biggest thing." Concerns about stress induced by economic hardships were reported by McLoyd (1998). McLoyd (1998) found that economic hardship increases emotional strain, thereby exacerbating the effects of other stressors. This was particularly true for single parents and families with fewer available resources.

Together, these parental stress triggers show that their effects increase when multiple stressors occur simultaneously. The study's findings aligned with Lazarus and Folkman's (1984) transactional model of stress and coping, which explained stress as a reaction to demands that exceed available resources. Parents often struggle to juggle responsibilities without sufficient time, money, or support to meet all of them. Moreover, the experiences shared through parent interviews suggested that stress intensifies when competing expectations from the family, the workplace, and household overlap, leaving little space for self-care or emotional recovery. The quantitative survey data provided more examples of how parents cope with stress.

Coping Strategies

Parents described many ways they try to manage the stress that comes with family, work, and daily responsibilities. The survey data supported this variety, showing that parents relied on both practical and emotional coping strategies. The most common responses were prayer (12), followed closely by deep breathing techniques (9) and exercise (9), which includes activities such as walking and going to the gym. Others reported taking alone time or personal time (8), engaging in self-care activities such as hobbies and relaxation (8), and journaling or reading (7). Communication with partners and friends (6) was also noted as a significant strategy, along with scheduled family activities (5), meditation (5), and taking breaks (5). Smaller numbers mentioned outdoor activities (4), therapy or counseling (3), sleep (3), listening to music (3), and organization or planning (3). A few respondents indicated that they did nothing at all (7) to cope, and one even acknowledged promiscuity as a way of managing stress, highlighting that not all strategies were healthy or sustainable, as seen in Table 24.

Table 24

Frequency of Stress Management Techniques

Stress Management Technique	Frequency
Prayer	12
Breathing Techniques	9
Exercise (including walking, gym)	9
Alone Time/Personal Time	8
Self-Care (hobbies, relaxation)	8
Journaling/Reading	7
Communication with Partner/Friends	6
Scheduled Activities (family time)	5
Meditation	5
Taking Breaks	5
Outdoor Activities	4

Frequency of Stress Management Techniques (Continued)

Stress Management Technique	Frequency
Therapy/Counseling	3
Sleep	3
Music	3
Organization/Planning	3
Family Support	3
None	7

Note: Stress Management Techniques developed from Survey and Interview data.

The interviews added depth and led to more meaningful survey results. To cope, Mallory shared that she crochets and watches videos when she feels overwhelmed. Her experience demonstrated how participating in creative activities can help alleviate emotional strain. This finding aligned with Lazarus and Folkman's (1984) view that problem-focused coping, which involves making a conscious effort regain a sense of control.

Exercise or physical activity also played an essential role in stress relief. Denise described taking walks with her child or letting her child play in water to calm their tense situations. Highlighting how movement and play can help ease tension for both parents and children, aligned with Belsky's (1984) emphasis on the positive influence of physical activity on emotional well-being.

Conversely, some coping mechanisms involved avoidance behaviors, such as withdrawal from situations rather than addressing the source of stress. Additionally, some parents reported isolating themselves, sleeping, engaging in unhealthy behaviors, or doing nothing at all to intentionally address stress. While many parents actively pursued constructive methods to restore equilibrium, others were inconsistent or ineffective in their efforts or lacked them altogether.

In general, based the qualitative and quantitative findings, parental coping is complex and not uniform. Some approaches, such as breathing exercises, physical activity, or creative expression, promote emotional regulation and resilience. Others, such as withdrawal or risky

behavior, may offer only temporary relief. The results coincide with the transactional model of stress and coping, showing that parents continually appraise their situations and select coping methods that depend on their available energy, time, and resources.

Impact of Stress on Parent-Child Interactions

Based on the results, parental stress had a direct impact on parent-child interactions. As stress increases, parents report less patience, less emotional control, and increased reactivity. The quantitative data corroborated this trend. Almost 40% of parents reported being highly or very highly stressed when they are balancing parenting with work or other responsibilities. Also, roughly 27% of parents reported financial pressure as a high or very high stressor, while 30% reported a lack of time for self-care as high or very high. More than 75% of parents felt at least moderate stress when it came to managing a child's behavior. Fewer parents reported feeling very stressed about feeling unsupported (17%) or about difficulty getting resources (8%). These results confirmed that most stress arose from daily responsibilities and competing demands rather than from limited access to outside support.

Parents' reflections revealed how stress affects the way families communicate and interact in real-time. Of this, Madelyn described how her frustration made her yell at her daughter. She said, "I got really loud with her and I'm like, sit down... I saw that it startled her." This example shows how stress can alter a parent's normal tone of voice. When stress alters how a parent communicates, it creates unintentional tension in the relationship. It also confirms Crnic and Low's (2002) observation that high stress might cause parents to respond negatively rather than be warm and connected.

The children of parents who struggle to manage their own stress tend to mirror their parents' emotional energy. Jessica observed a similar pattern in her children's behavior. She

noticed they often matched her emotional tone, saying, “If my tone changed, their tone changed.” Her reflection revealed the back-and-forth nature of emotion in parent–child interactions. In these interactions, children responded not only to their own feelings but also to the emotional cues they received from their parents. This finding aligned with Conyers (2024), who explained that a parent’s ability to regulate emotions helps children learn how to manage their own feelings and behavior.

The quantitative data also suggested that many children depend on their parents for help, thus increasing their daily responsibilities. When asked to rate their young child’s level of dependence on them to complete daily activities and routines, most parents described their children as moderately dependent (67 responses, 44%) or highly dependent (43 responses, 28%). In comparison, a smaller number saw their children as mostly or entirely independent (42 responses, 28% combined). This level of child dependency amplified the effect of stress on family dynamics. When children rely heavily on their parents for emotional regulation, even minor moments of parental frustration or fatigue can quickly alter how the child feels or acts.

Based on the collective quantitative and qualitative findings, stress functions as both an individual and a related phenomenon. Increased stress, particularly from work–family conflict, financial pressure, and time constraints, affects parents’ internal and external behaviors, influencing not only their own behavior but also shaping their emotional exchanges with their children. In other words, how parents feel influences emotional interactions with their children. When parents struggle to regulate their own responses, children copy those reactions, reinforcing a cycle of stress. These results underscore the importance of parent-focused interventions that enhance emotional regulation skills, increase time for self-care, and strengthen supportive relationships to foster healthier parent–child interactions.

Role of Support Systems

These data demonstrated that 84.4% of parents felt unsupported by official community networks (84.4%). While family support was inconsistent, friend support was limited, with 9.1% of participants reporting receiving regular and reliable support. Fewer than one in ten parents reported steady support from community or friendship networks, despite nearly one-third reporting reliable family assistance.

This lack of support from the community, family, and friends underscores the emotional and physical demands of caregiving on the mind and body. It validates that stress typically when parents feel isolated or responsible for managing everything alone, which parents expressed in their interviews. Sarah's account highlighted this dynamic when her husband offered to "tap in" and perform caregiving duties when she needed to "tap out." Her experience demonstrated how immediate spousal support can relieve stress and avert burnout. This finding was consistent with Ohan et al. (2000), who emphasized that marital satisfaction and shared caregiving duties are crucial in reducing parental stress.

Similarly, Denise described the emotional and practical relief she felt when her child's godmother provided support, saying, "She got on a plane and came to visit because she knew I don't ask for help." Her story underscored the importance of responsive social connections. It also aligned with Belsky (1984), who noted that a parent's well-being depends on multiple contextual factors, such as family, friends, and broader community networks.

The survey and interview data collectively suggested that social support functions as a protective factor against stress. However, the effectiveness of social support depended on its availability, reliability, and accessibility. Parents who had someone to rely on during moments of exhaustion reported feeling calmer and more capable. Unfortunately, parents without consistent

support were faced with higher stress levels and emotional fatigue. These findings reflected the ecological view that family systems function best when accompanied by both stable and supportive relationships that share caregiving responsibilities.

Parenting Children with Special Needs

The findings from this study shed light on the distinctive challenges faced by parents raising children with special needs. Based on quantitative data, 22.7 percent of parents reported having a child with identified special needs, while 18.8 percent reported that their child had developmental delays. Of the parents whose children received Individualized Education Plans (IEPs), the most common areas of focus were speech and language support (18.4%), attention deficit hyperactivity disorder (ADHD) (10.5%), and autism spectrum disorder (7.9%). Additionally, a smaller group of parents reported that their child had an IEP related to learning disabilities, behavioral concerns, or seizure management. Only 4.5% of parents were unsure whether their child had any developmental delays. Although these percentages appeared low, the experiences of these parents revealed heightened stress and emotional fatigue in meeting their children's specialized needs.

As a parent of a child with special needs, Anna described the uncertainty she felt when trying to find the right school and therapeutic setting for her child. She shared, "The dream is knowing that they are in the right environments to support their developmental needs." Her reflection captured the anxiety many parents felt as they searched for appropriate placements and services. This experience aligned with Conyers (2024), who found that parents of children with developmental delays often face greater stress when educational and clinical services are inconsistent or lack individualization. The present findings further suggested that caregiving demands, combined with systemic barriers, can exacerbate parents' feelings of overwhelm.

Parents in this group also emphasized how daily structure and reliable support systems help them cope with their increased responsibilities. The interviews revealed that caregivers for children with special needs must balance employment, family demands, and the additional burden of coordinating services and meetings with specialists. As a result, these parents often described emotional fatigue that affected both their patience and their interactions at home. In this context, parents viewed structured routines and emotional regulation as essential rather than optional. Their experiences demonstrated how daily consistency enabled them to cope with uncertainty and maintain family stability.

Drawing on Bronfenbrenner's perspective of ecological systems, these findings demonstrate how several interconnected layers, including home, school, community, and broader society, interact to shape the experiences of parents of children with special needs. At the microsystem level, family routines and the quality of interactions with schools influence daily stress. Next, at the exosystem level, the availability and responsiveness of service agencies determine how supported parents feel. At the macrosystem level, societal awareness and acceptance of developmental differences can either alleviate or intensify stress. Consistent and informed assistance at these layers can reduce parental stress and promote healthier emotional well-being for both the parent and the child.

Behavioral Duality: Home as Safe Haven – RQ2

The results from the behavioral duality theme offered a closer examination of how parental stress impacts children's behavior both at home and at school. Specifically, parents reported that their children often behaved differently depending on the environment in which they were placed. For example, children might be on their best behavior and follow rules at

school but reveal behaviors that test their boundaries at home. This difference shows that home is viewed as a safe place where children feel free to express emotions they cannot elsewhere.

The theme also showed how parents and children affect each other's behavior. Parents' moods and behaviors affect their children's behavior, and children's behavior can either calm or intensify a parent's stress. The discussion that follows explored how parents adjusted their approach according to the situation and their child's specific needs, including those with special needs. It also examined how emotional control, modeling, and cultural or social expectations influence the ways families respond to behavior. When considered in conjunction with prior studies, these findings contributed to the understanding of behavioral duality and its impact on stress, parenting, and family well-being.

Behavioral Duality in Parenting

When discussing behavioral duality in parenting, parents shared that they often adjusted their reactions to children's behavior depending on the setting. Several participants described how their children followed rules and behaved well in public but pushed limits at home. Parents interpreted this difference as a sign that their children felt comfortable and secure in their home environment. Madelyn explained that her daughter pays close attention at school but is more assertive at home. She noted that home is the place where her child feels safe enough to "let it out." This perspective considers home as a haven or space where children can express their emotions more freely and without the constraints of social expectations.

Parents described changing their tone, discipline, and expectations to match the environment. Anna stated, "I try to keep more of a public face when I'm outside. I'm not going to yell the way I might in the house." Similarly, Madelyn remarked, "In public, if she doesn't respond to the initial calm down, I'll say, 'We're leaving.' At home, I'm a little firmer because I

don't have the crowd." These experiences support Baumrind's (1991) characterization of authoritative parenting, which balances warmth and control while permitting flexibility across many circumstances. The ability to adjust while maintaining consistency reflects a form of situational awareness that helps parents regulate stress and protect their public and private roles.

The interviews also highlighted the two-way influence between parents and children. That is, parents and children can have a significant impact on each other. Jessica observed, "If my tone changed, their tone changed," capturing how children mirror their parents' emotions and how stress can quickly circulate within the family. This tendency aligns with Ortiz and Barnes (2019), who emphasized the significance of parental self-regulation in sustaining stable interactions. Moreover, for parents of children with special needs, this reciprocity frequently increased. Denise shared that when her son became overstimulated, she had to "walk away for a minute" before calmly reengaging. Such instances show how parents use their emotional intelligence to prevent situations from escalating and reestablish balance.

Cultural and social expectations also influenced parents' responses to behavior. Several participants described feeling pressure to maintain their composure in public. It should be noted that the concern about judgment from others increased their stress and influenced their behavior. Moreover, parents explained that they often tried to "hold it together" in public settings but released their frustrations at home, where they felt less judged and more at ease. This awareness of how others might perceive them demonstrates that parenting is influenced by social context and community expectations.

Overall, behavioral duality encapsulates how parents adapt to stress, manage competing demands, and respond to their children's changing behavior across different environments. It also highlights the emotional effort required to maintain composure and consistency as children

test boundaries in environments where they feel safest. These findings contribute to a deeper understanding of how parents balance control and empathy, making small but necessary adjustments to sustain family functioning during stressful moments.

Bidirectional Influence of Parent and Child Behavior

The findings suggest that parents and children affect one another in real and immediate ways. Parents discussed how their own stress or tone of voice could influence a child's mood or behavior. Additionally, some parents described how a child's reaction could, in turn, alter their emotions. Jessica shared, "If my tone changed, their tone changed," describing how her children picked up on her feelings and responded in kind. This back-and-forth exchange reflects Sameroff and Chandler's (1975) transactional model, which views development as an ongoing process arising from continuous interaction between parents and children. Denise also described a similar experience. She noticed that her daughter's defiance often escalated when she herself felt emotionally detached. She said, "Her behavior changes when she sees I'm disconnected, and sometimes I remain disconnected, and it escalates." Her words illustrate how stress can interrupt emotional closeness and how children often react to that distance. This observation is consistent with Zinsser et al. (2022), who used the ecological systems theory to explain that parents' emotional regulation and sense of connection influence children's behavior across different settings.

The survey results further corroborate these patterns. In response to questions about measures to mitigate stress on their children, parents most often cited self-care or relaxation (20.9%). Additionally, exercise or physical activity (11.8%), quiet or alone time (10.9%), and positive thinking or prayer (10.9%) were reported as stress-reduction techniques. A smaller number of parents credited emotional control or avoiding yelling (5.5%), communication or

talking (4.5%), or spending time with the child (3.6%) as intentional strategies. These data suggest that while many parents attempt to alleviate stress through self-directed coping, fewer actively use relational or emotion-focused methods that strengthen the parent–child bond.

Taken together, these findings indicate that emotional energy flows bidirectionally among families. Children assimilate and mirror their parents’ stress, while parents adjust their behavior in response to their children’s reactions. This interaction highlighted the importance of parental emotional regulation and self-awareness in maintaining stability. When parents acknowledge their emotional boundaries and use effective strategies to manage stress, they model healthy coping mechanisms for their children. Thus, it reduces the likelihood of conflict escalation.

Emotional Regulation and Modeling

The findings emphasized the importance of parents’ role in modeling emotional regulation and coping skills for their children. Parents described how the stress-management habits they used often shaped how their children learned to manage frustration. Katherine explained that her son began copying her breathing techniques when he felt upset. She remembered that her son got upset while doing his homework. Katherine said, “He was frustrated, but then he said, ‘OK, I need to breathe,’ and he did all three worksheets without me prompting him.” Katherine’s experience demonstrated how consistent modeling can help children develop independent strategies for self-regulation. This pattern was consistent with Roos et al. (2020), who found that children acquired the ability to manage stress by imitating their parents’ stress management strategies.

Allison talked about a similar process she used with her son at home. She noted, “I tell him when we get frustrated, we can squeeze our fists, and he sees me do it too.” Her reflection

supported Bandura's (1977) social learning theory, which posited that children develop emotional and behavioral skills through watching and imitating trustworthy adults. Through these small, shared practices, children learn to see stress as both a challenge and something they can manage.

The quantitative findings supported the link between parental modeling and stress prevention. When asked about the strategies they used to prevent stress from affecting their children, approximately 21% of parents reported practicing self-care or relaxation, 12% used exercise, and 11% mentioned quiet or alone time. Fewer identified communication or talking (4%) or spending time with their child (4%) as intentional stress-reduction strategies. These numbers suggested that most parents focused on managing their own emotions privately rather than involving their children in shared regulation practices.

The qualitative and quantitative findings confirmed that emotional regulation is both a personal and relational process. Parents who model calm responses during stressful situations not only relieve their own stress but also teach their children effective coping strategies. These examples demonstrated how self-awareness and demonstration can teach their children quiet lessons in resilience. These findings supported Bandura's claim that children learn through observation. Demonstrating emotionally responsive parenting can improve children's ability to manage stress at home and in other settings.

Behavioral Challenges in Children with Special Needs

The findings revealed that parents of children with special needs faced unique behavioral challenges, which frequently increased their stress. When their child's emotions erupted in public, parents described how quickly things became overwhelming. Emma shared one such moment, explaining, "She threw a fit because she didn't want to leave the water park. I had to

carry her out screaming, and people were staring at me.” Emma’s experience highlighted both the challenges of managing a child’s extreme behavior and the emotional toll of being judged by others. This pattern aligned with Hastings et al. (2005), who found that parents of children with developmental disabilities often experience higher stress due to behavioral challenges and social scrutiny.

Quantitative findings supported these observations. According to Chapter 4, Table 4, approximately 23% of parents experienced moderate stress in addressing their child’s educational or developmental needs. Based on the findings, despite parents’ perceived competence in caregiving, the behavioral requirements of children with special needs substantially exacerbate persistent stress. This degree of stress might also indicate parents’ continual attempts to reconcile advocacy for their children with the maintenance of their own emotional health. Behavioral management, therapy schedules, and educational coordination combine to create an ongoing cycle of responsibility from which few parents can easily break free.

Sarah similarly contemplated her challenges, associating her child’s severe tantrums with ADHD and trauma-related disorders. She said, “Her tantrums are so extreme and so long, but that has gotten better over time with cognitive behavior therapy and occupational therapy.” Her comments emphasized that while professional assistance can reduce the frequency and intensity of behavioral outbursts, the improvement process necessitates time and sustained engagement from both families and service providers. Thus, elucidating the heightened parental stress levels observed in this group.

These findings suggested that the behavioral difficulties encountered by parents of children with special needs can exacerbate stress, primarily when these behaviors manifest in

public or disrupt daily activities. Social pressure, emotional stress, and the constant coordination of interventions highlighted the need for these families to receive ongoing support and focused resources. By illustrating how caregiving becomes more complicated when behavioral and developmental needs intersect, this section advances a more comprehensive understanding of parental stress. As noted in the results in response to Q30: What are the main stressors you experience related to parenting, 23.03% of the parents responded with moderate stress as it relates to meeting the educational and or developmental needs of their children. Additionally, for Q30: What are the main stressors you experience related to parenting? Five parents responded that it was difficult to access resources or services (e.g., healthcare, therapy, or education). Additionally, seven parents responded (high stress), and 18 parents responded (moderate stress). Although most participants reported little to no stress related to finding services, the duration, frequency, and lack of support were associated with parental stress (Roth et al., 2024).

Cultural and Social Influences on Behavior

The results demonstrated the influence of cultural and social contexts on children's behavior and parental reactions. Jessica described how her child's behavior was perceived differently at daycare before his expulsion, explaining, "His negative reward of coming out of the class was everything he ever wanted, and they let his behaviors manifest." Jessica's viewpoint underscored how institutional practices might unintentionally reinforce certain behaviors. This finding was consistent with Bronfenbrenner's (1979) ecological systems theory, which situates behavior within the broader context of social and environmental factors that influence development.

Ella described a comparable situation in which she frequently received calls from her child's daycare regarding behavioral issues. These calls left Ella feeling anxious and

unsupported. She elaborated on how the perceived lack of support from the daycare exacerbated stress and disrupted the balance between work and parenting. In addition to increasing parental stress, these findings showed how institutional responses can hinder families' access to necessary support.

Sarah's account further exemplified the impact of early social environments on children's emotional expression. Reflecting on her daughter's trauma-related behaviors, she stated, "Her life has been so chaotic for so long, she just looks for any way to gain control." Sarah's observation was consistent with Belsky's (1984) theory, which posited that early instability and uneven care can impact behavioral and emotional adaptation later in life.

Together, these narratives demonstrated the profound influence of social structures on parental stress and child behavior. The convergence of familial culture and institutional expectations influences parental interpretation and behavior management. Parents often face competing demands between their child's developmental needs and societal expectations. These results demonstrated that it was impossible to fully comprehend children's behavior without accounting for the social contexts in which it occurs. Furthermore, it was impossible to separate parental coping from the structures that influence day-to-day family life.

Behavioral Interventions and Support

According to the findings, parents dealing with behavioral issues should have strong support networks and customized interventions. Emma described how strategies from her child's therapists, such as visual cards, helped her daughter communicate more effectively. She shared, "I do have visual cards, and sometimes she'll just point to what she needs because she doesn't want to say it." Her experience demonstrated how structured approaches and visual aids can lessen frustration and enhance parent-child communication.

Jessica also discussed how she managed her behavior at home by establishing regular routines and using positive reinforcement. She explained, “I did try to get away from consequence time-outs to reward positive consequences.” To help children develop self-control and confidence, her reflection shows how parents adjust their methods to emphasize encouragement and predictability. This result was consistent with Bandura’s (1977) social learning theory, which posited that children learn behavioral and emotional skills by observing and imitating the actions of reliable adults.

Quantitative data supported these qualitative findings. Of the participants, 19.4% cited childcare or breaks as beneficial forms of support, while 37.9% reported receiving help with everyday duties. 11.3% of respondents also mentioned talking or listening as a means of providing emotional support. When asked what other forms of assistance would be most helpful, 22.7% said they would like more support from friends or family, 10.9% said they would need professional services, such as counseling, and 10.9% said they would like more access to community-based resources or programs. These findings suggested that, although real support is beneficial to many parents, they still seek more robust professional and emotional networks to maintain long-term behavioral control and coping.

All things considered, based on the results, systematic approaches and trustworthy support networks that address the needs of the entire family were crucial for successful behavioral interventions. This corresponded with Lazarus and Folkman’s (1984) model of stress and coping, which underscored the significance of adaptive problem-solving and emotional regulation in addressing daily challenges. Parents can better manage behavioral stress by being consistent, working together, and having access to support networks. These findings contribute

to our understanding of parental stress by demonstrating that significant behavioral improvements occur when parents receive support from both family and community systems.

Conscious Parenting Evolution: Breaking Cycles and Adapting Through Challenges- RQ3

The findings underscored the importance of intentional parenting, in which parents consciously evaluate their behavior and adjust their actions to meet their children's needs. For example, Madelyn described her efforts to balance authoritative and gentle parenting, stating, "I don't want her to be fearful, but I still want her to come to me and say, 'Hey mom, this, mom that.' I want her to feel comfortable enough to talk to me." Her method highlights the importance of emotional availability and open communication in fostering secure parent-child relationships.

Similarly, Anna discussed how she transitioned from conventional parenting to a more deliberate and emotionally sensitive approach. She explained, "Yelling doesn't help if it's just going to make somebody more dysregulated. I've had to learn to start with, 'Do you need a hug before we get this done?'" Her perspective illustrated how parents modify their communication style to reduce conflict and increase closeness. This finding aligned with Perry et al. (2008), who underscored the significance of supportive, trauma-informed practices in improving children's emotional regulation and behavioral outcomes.

Collectively, these findings suggest that intentional parenting is grounded in self-awareness, empathy, and responsiveness. Emotionally engaged and introspective parents create environments that foster trust, alleviate stress, and promote the development of healthy coping and communication skills in their children.

Balancing Discipline and Connection

Based on the findings, parents sought to strike a balance between emotional connection and discipline to foster a sense of respect, understanding, and support in their kids. Parents talked

about moving away from harsh or reactive methods toward ones that uphold boundaries and foster trust. Denise explained her approach to gentle parenting, saying, “I hold the boundary, but I hold it gently and validate the feelings that come up because of that boundary.” To reduce oppositional behavior and encourage adaptive regulation in kids, Harstad and Barbaresi (2011) found that parents must maintain structure while remaining emotionally available. Denise’s experience demonstrated how parents achieved this balance.

As she reflected on her shift from rigorous discipline to a more thoughtful, emotionally responsive approach, Jessica shared a similar experience. She shared, “Instead of the hard discipline, the timeouts, even a spanking, it’s letting them experience an emotion, working with them through an emotion, and then talking about it once they’re calm.” This method supported Stegelin’s (2018) findings that pro-social interventions and positive parental modeling help children develop self-regulation and empathy.

Quantitative statistics also supported these trends. Approximately 61% of parents who participated in the survey reported feeling stressed about their child’s behavior. Additionally, many parents preferred calm correction and emotional communication over punishment. These findings suggested a broader trend towards intentional, mindful parenting, where parents learn to incorporate emotional awareness into their routine discipline as they modify their approaches.

Collectively, these findings highlighted parents’ efforts to transform traditional practices into emotionally aware and relationally grounded ones. Through empathy, reflection, and consistent boundaries, parents can manage behavior and break generational cycles of harsh discipline, fostering healthier emotional development in their children.

Modeling Behavior and Emotional Regulation

According to the findings, parents are important role models for behavior and emotional control. Parents participating in the study discussed modeling healthy coping mechanisms for their children, allowing them to observe and practice emotional regulation. Allison described showing her child stress management skills, stating, “I tell him [when] we get frustrated, we can squeeze our fists, and he sees me do it too.” Bandura’s (1977) social learning theory stated that children acquire emotional and behavioral skills by observing and copying modeled behaviors, which was reflected in her method.

Katherine also shared that her husband used metaphors to help their child understand emotions, explaining, “He tells him that sometimes adults can turn into dinosaurs when they’re stressed, and they need time to calm down so they don’t bite your head off.” In addition to normalizing stress, this innovative analogy provided a developmentally appropriate way to teach children about emotional awareness. Similarly, Stegelin (2018) emphasized how intentional modeling and guidance help children to recognize emotional cues and respond more calmly during challenging moments.

Quantitative findings supported these interview results. Nearly 42% of parents reported using breathing techniques or other physical self-soothing practices to manage stress. Additionally, 36% of participants relied on verbal communication or emotional reflection with their children to de-escalate stressful situations. Additionally, these strategies suggested that a significant number of parents successfully managed their own stress while consistently demonstrating calm, problem-solving responses that their children could internalize.

In conclusion, the findings suggested that emotional regulation is not merely learned through instruction; rather, it is cultivated through the continual observation of parental stress

and frustration management. Parents help their children develop emotional resilience and strengthen family ties by modeling empathy, calm responses, and engaging in thoughtful conversations. As such, these findings demonstrate the ongoing process of conscious parenting, where stress is used as a tool for development, education, and emotional connection rather than as a source of conflict.

Conscious Parenting in Challenging Situations

According to the results, parents used conscious parenting practices to regain control during stressful moments and manage emotionally charged situations more effectively. Many participants reported experiencing moments of loss of control. To prevent further conflict, parents intentionally adjusted their responses. Denise acknowledged that at times she “loses it,” explaining that she occasionally curses or becomes overwhelmed when her daughter hits, kicks, or bites her. Moreover, Denise shared that her parenting approach changes when she “truly sees her daughter (humanizes).” Meaning, dehumanizing her daughter causes her to respond with undesirable behaviors. Therefore, Denise recognizes that her daughter’s behavior depends on whether she responds with empathy or frustration. Even when emotions are at their highest, her awareness illustrated the fundamental principles of conscious parenting as she transitioned from reactive to reflective responses.

Anna also discussed redirecting stress through play, saying, “I try to flip it to something fun, like dance videos, where they have my attention and they’re engaged.” Her description exemplifies the adaptive coping process described by Lazarus and Folkman (1984). According to them, parents can regulate their emotions and restore balance by reframing stressful situations and engaging in problem-focused strategies. Similarly, Mallory described how predictable routines help her maintain control, noting, “Consistency works for her. It helps keep her brain

from recognizing something is different and getting upset.” This account aligned with Crnic and Greenberg’s (1990) findings that structure and consistency can strengthen parent–child interactions and mitigate the effects of daily parenting stress.

Jessica shared that her children’s behavior often mirrors unmet needs, explaining, “They act out when their needs are not being met.” She added that she strives to be a conscious parent because “children are like chameleons and are blueprinting,” meaning they internalize modeled behavior. According to Bandura’s (1977) social learning theory, children acquire knowledge through observation and imitation. Her reflection is consistent with this theory. By demonstrating emotional control, empathy, and patience, parents help their children learn to manage their emotions similarly.

Results from the quantitative phase supported the findings from the qualitative phase. Approximately 29% of parents reported using humor or play to ease stressful moments. Thirty-eight percent identified that consistent routines helped them to manage both stress and children’s behavior. Furthermore, the data showed that parents used intentional strategies to regain composure when they experienced moments of loss of control. These strategies included redefining situations, remaining calm, and maintaining routines to restore emotional connection and balance.

Together, these findings suggested that conscious parenting in challenging situations requires self-awareness and emotional control. Therefore, parents recognize their own stress, modify their reactions, and convert moments of conflict into opportunities for growth and bonding with their children.

Repairing Relationships

The results underscored the significance of mending relationships after instances of parental stress or emotional overreaction. After responding in a manner which they later regretted, parents contemplated how to reconnect with their children. Denise shared that she intentionally apologizes to her daughter after losing patience, stating, “I go back to her and say, ‘Baby, you do not deserve to have somebody talking to you like that.’” Her reflection showed that she was emotionally accountable and deliberately sought to exhibit empathy. Bandura’s (1977) social learning theory posits that children develop emotional understanding by observing modeled behaviors, such as apologizing and making repairs. These behaviors are consistent with this theory.

Sarah expressed a similar approach, explaining, “I tell her I’m sorry for being so ill with her, and I ask her to forgive me. We hug, and it’s all good.” Through the expression of apologies and affection, Sarah transformed conflicts into opportunities to enhance trust and impart lessons in forgiveness. Her reply exemplified the principles articulated by Crnic and Greenberg (1990), who discovered that effective coping following stress can restore positive emotional interactions between parents and children.

Quantitative findings reinforced these patterns. In response to inquiries about strategies employed to mitigate the impact of stress on their children, 31% of parents reported using self-regulation techniques, such as breathing exercises or pausing before reacting, while 23% cited verbal modeling, articulating their emotions vocally, or offering apologies after exhibiting impatience. One parent shared:

“I think most of my stress is internal, and I try not to show it. I share my strategies out loud when needed, like saying, ‘Mommy is feeling a little overwhelmed right now, so I’m going to stop and take five big breaths. Do you want to breathe with me?’”

This statement encapsulated the core principles of conscious parenting, acknowledging emotional distress, engaging in reflective responses, and converting reparative actions into educational opportunities.

Collectively, these findings illustrated the adaptive mechanism of emotional recovery fundamental to Lazarus and Folkman’s (1984) coping framework. Parents who pause, self-regulate, and make amends after experiencing moments of stress use intentional parenting practices. These methods cultivate mutual respect, trust, and emotional development. Through apology and introspection, parents exemplify emotional accountability, teaching their children that reconnection is achievable after conflict.

Cultural and Generational Influences

According to the results, cultural and generational experiences shape parents’ caregiving and disciplinary practices. The lessons learned from their upbringing continue to shape how many participants interact with their children. Madelyn indicated that she intentionally incorporates elements of both traditional and contemporary parenting styles that she encountered during her childhood. She explained, “I realize that I’m not just yelling and spanking because she’s not retaining it. I’m trying to figure out that mix, a hybrid of authoritative and gentle parenting.” Thus, she is intentionally moving away from punitive practices toward relational, emotionally aware discipline.

Anna detailed the distinct ways in which both her mother and father influenced her understanding of parenting. She identified her mother as her most significant parenting role

model, explaining that she “handled most of the day-to-day parenting,” while her father “was always working but provided stability.” Also, Anna stated that she often thought of her mother in deciding “sometimes to do it like her, sometimes not to do it like her,” acknowledging that she strives for balance between her parents’ contrasting roles. She also mentioned her aunt and uncle, whose relationship exemplified a combination of warmth and firmness that she endeavors to emulate in her own parenting. In her reflections, Anna illustrated how parents selectively incorporate the values and models of previous generations to develop their own adaptable style.

Mallory expounded on her deliberate decision to deviate from the parenting practices she experienced as a child. She explained, “I try really hard not to parent the way my parents did.” She added, “Growing up, we didn’t really talk about emotions... I don’t want that for my daughter.” Like Mallory, parents actively redefine inherited parenting styles to prioritize emotional openness and connection, thereby disrupting generational cycles of toxic parenting behaviors. Allison described the positive influence of her parents’ communication style, sharing, “Growing up, my parents were very hands-on and communicative. They didn’t punish... we had one rule, which was not to lie, and we had freedom.” Emma also spoke about her aunt’s caregiving for relatives with special needs, noting, “A lot of my family members had special needs... I watched her basically take care of them.” She explained that this experience shaped her understanding of compassion and caregiving.

Similarly, Jessica reflected on adapting lessons from her past to avoid replicating ineffective practices, stating, “Children are like chameleons and are blueprinting,” emphasizing her awareness that children model what they observe. These narratives aligned with Bronfenbrenner’s (1979) ecological systems theory, which emphasized that interconnected environmental and cultural influences shape parenting. They also aligned with Steglin’s (2018)

findings, which suggested that parents often adopt inherited practices to address their children's emotional and developmental needs in modern contexts. These discoveries collectively demonstrated how parents intentionally assess and reconstruct family behaviors, thereby preserving significant traditions while discontinuing practices that are no longer beneficial to their children's development.

In conclusion, these reflections illustrated how cultural and generational influences shape the ongoing process of conscious parenting. By blending traditional values with modern awareness, parents create emotionally responsive environments that foster connection, understanding, and adaptability.

Implications for Practice

The findings of this study uncover significant implications for the ecological systems surrounding parents, children, and their environments. According to the findings, parental stress is more than an isolated phenomenon. Instead, parental stress is a dynamic process that influences various aspects of a parent's life, including home, work, relationships, and childcare. Informed by Bronfenbrenner's Ecological Systems Theory (1979), Bandura's social learning theory (1977), and Lazarus and Folkman's transactional model of stress and coping (1984), this study highlighted the importance of an interconnected framework that aims to alleviate parental stress and foster optimal child development. This concept prioritizes collaboration across interconnected systems over dependence on isolated or solitary interventions.

As emphasized by the results, parental stress extends far beyond the individual. It affects parents' relationships and daily interactions within a broader support network. Each component of a parent's ecosystem influences their perception and management of stress. Together, the impact of these relationships can either lead to more stress or help to mitigate it. This study emphasized the significance of empathy, structure, and effective communication in promoting

the well-being of both parents and children, particularly in daycare and early learning settings. Moreover, the emotional climate that educators create can either protect families from external challenges or inadvertently exacerbate them. As co-regulators in children's emotional development, their responsiveness to family needs fosters stability across home and school environments.

Furthermore, the findings highlighted the importance of self-awareness, emotional regulation, and intentional coping strategies engaged in by parents. The way in which parents structure their daily routines, interact with their children, and prioritize self-care can shape the emotional climate their children experience at home. When parents take the time to reflect on their stressors, foster open communication with their children, and seek community assistance, they can transform stress into opportunities for connection and emotional growth.

Moreover, the significance of strong family and friend networks emerges as a protective element against ongoing stress. A supportive community not only offers help but also provides a sense of understanding that reduces stress and builds resilience. When friends and relatives exhibit empathy, respect boundaries, and provide needed assistance, they facilitate the recovery process and stabilize the familial system.

As an exosystem, the workplace can have a significant impact on parental well-being. An empathetic, flexible, and understanding workplace environment can reduce parental stress and help improve family dynamics. In contrast, rigid work expectations and insufficient accommodations can intensify parental stress and exhaustion. Moreover, supervisors and coworkers who emphasize psychological safety, fair workloads, and quality work-life balance greatly enhance the emotional well-being of families.

Additionally, the study highlighted that the quality of personal interactions between spouses or partners is crucial for maintaining family stability. Relationships between partners who act as emotional co-regulators exemplify excellent communication, empathy, and shared responsibilities. Collaborative problem-solving, reciprocal appreciation, and transparent communication establish a relational buffer that safeguards both parents and children from the cumulative impacts of stress.

Collectively, the findings of this study highlighted the crucial importance of a collaborative approach in alleviating parental stress and promoting positive child behavior. One parent perceptively stated, “Collaboration cultivates a safe environment for our children to thrive.” This sentiment emphasized the necessity of compassion, communication, and collaboration across all ecological levels—professional, familial, and interpersonal systems. This collaboration fosters an environment that enhances emotional stability and resilience.

Implications for Daycare Center Operators and Staff

The study findings yielded nine implications for Daycare Center Operators and Staff, including: understanding parental stress, training staff in behavioral management, building trust and emotional support, structured routines and predictability, communication and collaboration with parents, supporting children with special needs, creating a positive environment, offering flexible support options, and addressing staff burnout.

Several implications were interconnected: understanding parental stress, training staff in behavioral management, and communication and collaboration with parents. As Daycare Center Operators and staff better understand parental stress, they can provide effective communication and collaboration with parents to address behaviors together more effectively. As the study’s findings highlighted stress as framed by Bronfenbrenner’s (1979) ecological systems, Folkman and Lazarus’ (1984) transactional model of stress and coping, as well as Bandura’s (1977) social

learning theory, Daycare Center Operators and staff need to understand that the center serves as an environment within the parents' and child's ecosystem (microsystem) of living and learning. Additionally, staff interactions with both the child and parent can either mitigate or exacerbate parental stress, as noted by participants in the following examples. Jessica described her frustration with the daycare staff concerning her child's behavior. "They postponed intervention until the situation escalated considerably," she stated. Jessica's example highlighted the need to have effective communication, as parents and staff can partner to address the child's needs. When there is inadequate communication, this can lead to an increase in stress levels and possibly a sense of isolation for parents. As daycare center operators and staff improve their understanding of parental stress and behavioral management, they can help strengthen partnerships with parents and address the child's behavioral concerns together.

Daycare operators and staff are encouraged to establish trust and emotional support for parents. Participants such as Denise provide an example where the trust between her and her daycare provider has been damaged, as she felt as if her child was experiencing emotional neglect. "You cannot fail to love my child," she stated. Denise's example highlighted the importance of daycare operators and staff in providing emotional support and recognition to the children in their care. Denise's example also underscored the importance of trust and empathetic interactions between parents and staff. Staff also must model emotional regulation, as children, according to social learning theory, learn through observation. Jessica provided an example of how to help model and teach self-regulation to her son through deep breathing techniques. Childcare professionals can also teach and model self-regulation techniques to their students.

Assisting parents with creating and establishing routines and predictability can also help them alleviate stress. Throughout the study, the participants associated familial stress with the

lack of structure and unpredictability of their daily routine. Thus, establishing a structured routine and creating some predictability allowed them to take control and anticipate challenges. Madelyn noted, “My morning routine usually dictates the trajectory of my day.” As daycare center staff assist parents with structured routines, this may also create a level of consistency at home and school, especially during transitions. A structured routine and predictability could also lessen challenging behaviors by creating stability. Thus, consistency and structure might lessen stress for parents and daycare center staff.

Beyond providing behavioral management training, daycare operators are encouraged to provide training on children with special needs training to ensure that staff can provide care for them. Emma described her frustrations when daycare staff had ignored the advice of her child’s counselor; she stated, “I have provided you with resources. If you are not complying, then the duty is with you.” Emma’s example also showcased the need for communication and intentionality towards individual care of and for children with special needs. Proactive attention and continuous communication could alleviate parents’ stress and provide parents with additional agency over their child’s care.

As daycare centers provide emotional support for children and parents, it is also important to create an emotionally safe environment. Providing an emotionally safe environment is especially needed when addressing behavioral issues. Jessica stressed her discontent with her childcare center’s disciplinary practices. She stated, “Their primary reaction to any disciplinary action is to elevate their voice.” Thus, staff disciplinary measures may be counterproductive in both establishing a safe environment and modeling self-regulated behaviors. Jessica’s example demonstrated the need for a more tranquil, less punitive approach to managing behavioral

challenges. Additionally, caregivers need to establish trust and emotional support by expressing affection and warmth, thereby creating emotionally safe environments for children.

As daycare center staff provide emotionally safe environments for children, there may be a need for empathy when developing flexible support options for parents. Parenting is often made difficult due to the lack of external support options, as demonstrated in Anna's example. She shared, "The optimal situation would entail a daily housekeeper to mitigate some of the challenges stemming from my inadequacies." Although Anna's example did not directly address childcare center offerings, it provided context for the need for external support. Childcare centers can acknowledge parents' need for external support by providing flexible scheduling and other support that helps parents mitigate stress.

Lastly, daycare operators are encouraged to address staff burnout. Maslach and colleagues' work on burnout theory suggests that caregivers, including early childhood educators, may experience emotional exhaustion when providing sustained intentional care (Maslach et al., 2001). Several participants noted that their daycare center staff show signs of burnout; one such indicator is the teachers' reactionary responses to students' behaviors. Thus, staff must be equipped with mental health tools that enhance their well-being and, in turn, improve students' emotional outcomes, as noted in Table 25.

Table 25

Implications for Daycare Center Operators and Staff

Implications	Actionable Steps	Participant Support
Daycare personnel are encouraged to understand that parents deal with a lot of stress, like behavior problems, money problems, and being too busy every day. Parents often depend on daycare centers as a vital support system and knowing what stresses them out can help them work together and talk to each other better.	1. Understanding Parental Stress <i>Action:</i> Daycare staff can provide parents with regular updates on their child’s progress. Through interactions with parents, staff may choose to focus on being solution-oriented rather than focusing on problems. Lastly, staff are encouraged to avoid excessive calls unless absolutely necessary, as this can increase parental stress.	Emma shared that her stress was exacerbated when daycare staff frequently called her about her child’s behavior without offering solutions. She emphasized, “I cannot pay tuition if I am not at work. You’re going to have to figure it out.”
It is important that staff are equipped to handle challenging behaviors in children without resorting to punitive measures that may exacerbate the situation. Behavioral management training can help staff respond effectively and supportively.	2. Training Staff in Behavioral Management <i>Action:</i> Implement evidence-based behavioral management strategies, such as positive reinforcement and emotional intervention, to address challenging behaviors constructively.	Jessica described how her child was removed from daycare due to behavioral issues, noting that the staff lacked the skills to manage his needs. She stated, “They took out the reward system and let him manifest these behaviors.”
Parents need to feel confident that daycare staff genuinely care for their children and provide a nurturing environment. Emotional support for children during transitions is critical.	3. Building Trust and Emotional Support <i>Action:</i> Daycare Center Operators are encouraged to train staff to prioritize and establish an emotional connection with children. Staff making emotional connections can be beneficial in assisting parents, especially during transitions or stressful moments. Operators can ensure that staff understand the importance of being attentive and responsive to children’s emotional need	Denise recounted an incident where her child was left crying and ignored by a daycare staff member. She said, “You can’t not love my baby. You can’t not love my kid.”

Implications for Daycare Center Operators and Staff (continued)

Implications	Actionable Steps	Participant Support
<p>Parents need to feel confident that daycare staff genuinely care for their children and provide a nurturing environment. Emotional support for children during transitions is critical.</p>	<p>4. Building Trust and Emotional Support <i>Action:</i> Daycare Center Operators are encouraged to train staff to prioritize and establish an emotional connection with children. Staff making emotional connections can be beneficial in assisting parents, especially during transitions or stressful moments. Operators can ensure that staff understand the importance of being attentive and responsive to children’s emotional need</p>	<p>Denise recounted an incident where her child was left crying and ignored by a daycare staff member. She said, “You can’t not love my baby. You can’t not love my kid.”</p>
<p>Daycare centers are encouraged to establish consistent routines and clear expectations for children, as this helps reduce stress for both parents and children.</p>	<p>5. Structured Routines and Predictability <i>Action:</i> Share daily schedules with parents and maintain predictable routines for children to create a sense of stability.</p>	<p>Madelyn emphasized the importance of structure, stating, “How I get up in the morning is usually how my day is dictated.”</p>
<p>Effective communication between daycare staff and parents is essential for addressing concerns and building a partnership in supporting the child’s development.</p>	<p>6. Communication and Collaboration with Parents <i>Action:</i> Operators can establish regular check-ins with parents to discuss their child’s progress and address concerns early. Additionally, using collaborative language may encourage parental involvement in problem-solving.</p>	<p>Jessica noted that her daycare center failed to provide clear information about her child’s behavior until it escalated. She said, “They waited until it got really, really big to say something.”</p>

Implications for Daycare Center Operators and Staff (continued)

Implications	Actionable Steps	Participant Support
<p>Daycare centers often must make accommodations for children with special needs and are encouraged to provide tailored support to meet their developmental goals.</p>	<p>7. Support Children with Special Needs <i>Action:</i> Operators are encouraged to train staff in working with children with special needs. Additionally, it may be important for operators to ensure access to resources like Applied Behavior Analysis (ABA) therapy or special education programs.</p>	<p>Emma shared her frustration with daycare staff who were unprepared to handle her child’s needs, stating, “I have provided you with resources. Her special instruction therapist has given you resources. If you are not following it, then that’s on you.”</p>
<p>A positive and inclusive environment can reduce stress for both children and parents. Staff can role model calm and supportive behavior to help children regulate their emotions.</p>	<p>8. Creating a Positive Environment <i>Action:</i> Operators can encourage and train staff to model calm behavior and use positive language when interacting with children.</p>	<p>Jessica described how she uses monotone communication and quiet interactions to de-escalate situations with her children. She said, “I try to become monotone, lower the volume, and avoid yelling.”</p>
<p>Operators can offer parents additional support by having flexible hours. Additionally, operators may offer other reliable options to help parents manage their stress effectively.</p>	<p>9. Offering Flexible Support Options <i>Action:</i> Operators may also explore options for offering extended hours or drop-in care. Additionally, operators may choose to partner with local services to support parents’ needs.</p>	<p>Anna expressed the need for external help, stating, “The dream would be to have a daily housekeeper to take some of the pressure off my weaknesses.”</p>

Implications for Daycare Center Operators and Staff (continued)

Implications	Actionable Steps	Participant Support
Daycare staff often face their own stress, which can impact their ability to provide quality care. Supporting staff well-being is essential for creating a positive environment.	10. Addressing Staff Burnout <i>Action:</i> Operators are encouraged to provide staff with mental health resources, regular training, and opportunities for professional development to reduce burnout and improve their ability to manage stress.	Jessica noted that daycare staff were often underprepared and resorted to raising their voices as a disciplinary measure. She said, “Their first reaction to any type of discipline is the raising of the voice.”

Implications for Parents

The results from both the quantitative and qualitative phases of this study provide valuable insights into how parents of preschoolers can better manage stress and build healthy relationships with their children. More importantly, the data highlighted practical strategies that parents can apply to improve their own mental health and the general quality of their home life. Each implication, grounded in the lived experiences of participants, offers a realistic approach to reducing stress, improving emotional regulation, and promoting healthy child development.

Several stressors can impact parents’ quality of life. Compounded by their parenting role, parents face daily stress triggered by life’s demands, including financial pressures, behavioral challenges, and work-related responsibilities. Recognizing what triggers heightened moments of stress is one of the most essential things parents can do in learning how to identify and mitigate stress. Jessica, a mother of five, explained, “The noise in our house with five kids, grocery shopping, trying to plan meals, and working full-time are stressors.” Furthermore, techniques such as journaling, self-reflection, or open discussions with supportive peers can help parents identify patterns and act before stress becomes overwhelming.

Additionally, the findings highlighted the importance of having a supportive network. Making and keeping meaningful connections with family, friends, and community can significantly help alleviate the burden of parental stress. Madelyn described this sense of community by sharing, “I rely on my ‘village’ of friends and family for emotional support and occasional babysitting.” Undoubtedly, parents who maintain these relationships receive both emotional support and encouragement, which can help improve their balance and make them feel less alone. Support systems provide reassurance that parenting challenges are shared rather than endured alone.

Moreover, practicing emotional regulation emerged as another essential theme. As a child’s first teacher, parents act as emotional role models. A parent’s ability to manage feelings helps children learn appropriate ways to understand and navigate their own feelings. Jessica described her approach by sharing, “I try to become monotone, lower the volume, and avoid yelling to de-escalate situations with my children.” Parents who practice mindfulness, deep breathing, or brief moments of silence during stressful situations might avert escalation and create an atmosphere of safety and patience. Also, emotional regulation supports the development of empathy and trust within parent–child relationships.

Equally important, the study underscored self-care as a foundation for resilience. Parents who take the time to rest, reflect, and recharge are better equipped to handle stress constructively. Madelyn stated, “I wake up early to have coffee and watch the news, which helps me prepare for the day.” Simple, intentional acts such as exercising, reading, or taking brief moments of solitude can improve parents’ emotional capacity and energy level. Self-care promotes not only personal balance but also healthier family dynamics, as developing preschoolers observe and learn from parents’ habits of self-respect and recovery.

Additionally, establishing predictable routines further supports emotional stability within families. Following a structured daily routine can help both parents and children feel a sense of order and consistency. Denise shared, “I create interactive routine charts to bring structure and reduce stress.” Moreover, predictability can reduce household chaos, encourage children to work together, and give parents more confidence in their ability to handle their responsibilities.

Additionally, the findings demonstrated the importance of open communication. Open and honest dialogue about emotions helps parents and their children communicate better, which reduces the likelihood of misunderstandings between them. For example, Anna shared, “I use the ‘zones of regulation’ to articulate my feelings to my children, ensuring they understand my emotions are not directed at them.” Modeling conversations like these can teach children to express their feelings better, understand the feelings of others, and consider things from other people’s perspectives. Ultimately, parents teach their children how to express their emotions safely and respectfully.

Another meaningful implication is the value of apology and repair. Occasionally, stress can lead to moments that parents regret. A parent acknowledging those moments helps rebuild trust and emotional security. Katherine described, “I apologize to my child and let him know that I’m sorry for taking out my frustration on him.” These kinds of experiences teach children the value of accountability and reassure them of unconditional love. Collectively, these actions can strengthen the family’s bond.

Managing financial strain was also a recurring theme among participants. Denise expressed, “Finances are the biggest, biggest thing. I can barely pay my mortgage.” Parents who experience economic challenges may find that financial counseling, budget planning, or community resources help them feel less stressed and regain a sense of control.

Finally, many parents struggle to give each of their children equal attention, especially when one has special needs, as seen in Table 26. This remains a challenge for many parents. In a moment of self-reflection, Anna stated, “I feel guilty about not being able to focus on both of my children equally, especially since one has a diagnosis.” Parents can schedule individual time with each child to help maintain balance and ensure that every child feels equally important.

Table 26

Implications for Parents

Implications		Actionable Steps	Participant’s Support
To address them effectively, parents are encouraged to identify the specific stressors in their lives, such as behavioral challenges, financial strain, or daily overload.	1.	Recognizing Stress Triggers <i>Action:</i> Parents can use tools like journaling or self-reflection to pinpoint recurring stress triggers and develop targeted strategies to address them.	Jessica highlighted the stress caused by managing a blended family and working full-time, stating, “The noise in our house with five kids, grocery shopping, trying to plan meals, and working full-time are stressors.”
Building and using a network of family, friends, and community resources can significantly reduce parental stress.	2.	Leveraging Support Systems <i>Action:</i> Parents should actively seek out and nurture relationships with people who can provide emotional and practical support, such as babysitting or advice.	Madelyn shared, “I rely on my ‘village’ of friends and family for emotional support and occasional babysitting.”
Parents who model calm behaviors and use emotional regulation techniques to manage their stress, teach their children how to manage emotions.	3.	Practicing Emotional Regulation <i>Action:</i> Parents can practice deep breathing exercises, mindfulness techniques, or other calming methods to regulate their emotions during stressful moments.	Jessica explained, “I try to become monotone, lower the volume, and avoid yelling to de-escalate situations with my children.”

Implications for Parents (continued)

Implications		Actionable Steps	Participant's Support
Taking time for self-care is essential for parents to recharge and manage stress effectively.	4.	Prioritizing Self-Care <i>Action:</i> Parents can schedule regular moments of solitude or engage in activities they enjoy, such as exercise, reading, or creative hobbies.	Madelyn shared, "I wake up early to have coffee and watch the news, which helps me prepare for the day."
Taking time for self-care is essential for parents to recharge and manage stress effectively.	5.	Prioritizing Self-Care <i>Action:</i> Parents can schedule regular moments of solitude or engage in activities they enjoy, such as exercise, reading, or creative hobbies.	Madelyn shared, "I wake up early to have coffee and watch the news, which helps me prepare for the day."
Creating predictable routines can reduce chaos and provide stability for both parents and children.	6.	Establishing Structured Routine <i>Action:</i> Parents can develop daily schedules for their children, including mealtimes, play times, and bedtime routines, to create a sense of order.	Denise emphasized, "I create interactive routine charts to bring structure and reduce stress."
Parents facing significant stress or challenges, such as managing children with special needs, can benefit from professional support.	7.	Seeking Professional Support <i>Action:</i> Parents can seek support from therapists, counselors, or specialized programs to address their unique challenges and gain expert advice.	Emma shared, "I have provided daycare staff with resources from her special instruction therapist, but they don't follow it."

Implications for Parents (continued)

Implications		Actionable Steps	Participant's Support
Parents can communicate their feelings by explaining their emotions to their children. This can prevent parents from internalizing stress and foster understanding.	8.	Open Communication with Children <i>Action:</i> Parents can use age-appropriate language to talk to their children about their feelings and encourage open dialogue.	Anna shared, "I use the 'zones of regulation' to articulate my feelings to my children, ensuring they understand my emotions are not directed at them."
When stress leads to regrettable behavior, parents can apologize to their children to repair trust and reinforce emotional security.	9.	Apologizing and Repairing Relationships <i>Action:</i> Parents can model accountability by acknowledging their mistakes and reassuring their children of their love and support.	Katherine shared, "I apologize to my child and let him know that I'm sorry for taking out my frustration on him."
Parents experiencing financial burdens can explore resources and strategies to alleviate this stress.	10.	Managing Financial Stress <i>Action:</i> Parents can seek financial counseling, budget planning tools, or community assistance programs to manage financial stress effectively.	Denise shared, "Finances are the biggest, biggest thing. I can barely pay my mortgage."
Parents with multiple children can work on balancing their attention to ensure all children feel loved and supported.	11.	Balancing Attention Between Children <i>Action:</i> Parents can schedule one-on-one time with each child to strengthen individual relationships and address their unique needs.	Anna expressed, "I feel guilty about not being able to focus on both of my children equally, especially since one has a diagnosis."

Implications for Family and Friends Serving as Support Systems

This study's findings highlighted the crucial importance of family and friends as support systems within the ecological framework affecting parental and child well-being.

Bronfenbrenner's ecological systems theory, establishes that these ties form a crucial component of the mesosystem, connecting families to external emotional and practical resources. Robust support networks can alleviate parental stress and improve family dynamics, as evidenced by participants' accounts.

Madelyn emphasized the significance of her support network, declaring, "I depend on my 'village' of friends and family for emotional assistance and occasional childcare." This sentiment underscored the relationship aspect of parenting and the shared responsibility inherent in child-rearing. The emotional support, careful listening, and practical help received from a "village," can give parents the mental strength needed to confront everyday issues. Likewise, empathetic reactions from friends and family can help reduce stress, foster a trusting environment, and mitigate the physical and mental impacts of stress.

Participants emphasized the necessity of concrete support in addition to verbal encouragement. Madelyn observed that her friends readily extend assistance, stating, "They say, 'Hey, would you like to go to the grocery store or simply be alone somewhere?'" This proactive help demonstrated problem-focused coping strategies at the social level, allowing parents to manage everyday tasks more effectively and promote healthier relationships with their children.

The distinct problems encountered by families were emphasized, as Emma articulated how her sister's understanding of her situation helped. "My sister understands my challenges and occasionally babysits my children, which helps me feel supported," she shared. This demonstrated that effective assistance is not uniform; it is grounded in empathy and an understanding of stressors, such as parenting a child with special needs. This form of relational

empathy not only reduces stress but also affirms parental experiences, strengthening community comprehension as a fundamental aspect of family resilience.

Conversely, according to the research, external judgment could intensify parental stress. Emma employed comedy as a mechanism to manage public criticism, asserting, “I simply laugh it off because I am aware that people are judging me.” This illustrated how stigma can compromise emotional safety, whereas friends and family providing unconditional support foster psychologically secure environments that praise rather than criticize parents. Furthermore, emotional validation during these interactions enhances coping effectiveness and fosters a sense of belonging, which is crucial for resilience.

Participants acknowledged the significance of promoting self-care and emotional management. Madelyn described her morning ritual, stating, “Early mornings are typically my moments before she awakens. My coffee, viewing the news, and enjoying solitude beforehand.” These routines were essential for maintaining a sense of well-being and overall improvement. Adding the support of friends and family can enhance emotional equilibrium. Jessica’s description of her method for de-escalating conflicts with her children — “I adopt a monotone voice, reduce the volume, and refrain from yelling” — illustrated how social reinforcement of emotional control can foster stable environments for both parents and children.

Denise emphasized the need for structure in stress management, stating, “I develop interactive routine charts to establish order and alleviate stress.” Family and friends who follow this structure by regularly providing support during transitions improve emotional regulation and stability, exemplifying how ecological principles of systems work in harmony.

Parents with children with special needs often require assistance and understanding from relatives and friends who are trained to provide it. Emma highlighted her sister’s awareness of

her child's autism, asserting, "My sister occasionally babysits my children, and my colleagues are knowledgeable about autism, which provides me with a sense of support." This collaboration within the social network highlighted the importance of collective expertise in supporting families with children who have diverse developmental needs.

Ultimately, the study demonstrated the importance of proactive participation. Many parents were reluctant to seek help due to pride or the fear of becoming a burden to others. The study's participants highlighted the significant impact of unsolicited, considerate actions from their friends, family, and partners. Proactive outreach from others guarantees the accessibility and availability of support, even when parents are too overburdened to seek it.

To conclude, the results show that family and friends can function as emotional co-regulators within the parenting framework, as illustrated in Table 27. Their unwavering empathy, active participation, and impartial understanding allow parents to maintain the emotional strength necessary for effective child-rearing. When founded on trust, respect, and reciprocity, these connections serve as stabilizing influences that bolster family resilience in the face of chronic stress. The concept of the "village" extends beyond a metaphor to represent a dynamic support network that fosters familial well-being. It also emphasizes the study's fundamental principle that parental well-being and child development thrive within interconnected, empathetic, and cooperative systems.

Table 27

Implications for Family and Friends Serving as Support Systems

Implications	Actionable Steps	Participant's Support
Friends and family can offer a listening ear and emotional reassurance to parents who feel overwhelmed by their responsibilities.	1. Providing Emotional Support <i>Action:</i> Be available to listen without judgment and validate the parent's feelings. Simple gestures like checking in regularly or offering words of encouragement can make a significant difference.	Madelyn shared, "I rely on my 'village' of friends and family for emotional support and occasional babysitting."
Parents often need assistance with day-to-day tasks, such as childcare, errands, or household chores, to reduce their stress.	2. Offering Practical Help <i>Action:</i> Offer to babysit, help with meal preparation, or assist with errands to give parents a break and allow them time to recharge.	Madelyn described how her friends offer to babysit or help her run errands, saying, "They're like, 'Hey, you want to just go to the grocery store here, you know, just go somewhere and be by yourself.'"
Friends and family should take the time to understand the specific stressors parents face, such as managing children with special needs or balancing work and caregiving.	3. Understanding the Parent's Unique Challenges <i>Action:</i> Educate yourself about the parent's situation, especially if they are raising children with special needs. This understanding can help you provide more meaningful and tailored support.	Emma shared, "My sister understands my challenges and occasionally babysits my kids, which helps me feel supported."

Implications for Family and Friends Serving as Support Systems (continued)

Implications	Actionable Steps	Participant's Support
<p>Parents often feel judged for their parenting choices or their children's behavior, which can exacerbate their stress. Friends and family should focus on being supportive rather than critical.</p> <p>Friends and family can encourage parents to take time for themselves and engage in self-care activities.</p>	<p>4. Avoiding Judgment <i>Action:</i> Avoid making critical comments about the parent's choices or their child's behavior. Instead, show empathy and understanding.</p> <p>5. Encouraging Self-Care <i>Action:</i> Suggest self-care activities or offer to take over responsibilities temporarily so the parent can have time to relax and recharge.</p>	<p>Emma uses humor to deflect judgment from others when her autistic child acts out in public, saying, "I just laugh it off because I know people are judging me."</p> <p>Madelyn shared, "Early mornings are usually my times before she gets up... my coffee, watch my news, have my time to myself before that."</p>
<p>Parents often model emotional regulation for their children, and friends and family can reinforce these efforts by maintaining a calm and supportive presence.</p>	<p>6. Supporting Emotional Regulation <i>Action:</i> When interacting with the parent or their children, model calm and supportive behavior to help create a positive environment.</p>	<p>Jessica shared, "I try to become monotone, lower the volume, and avoid yelling to de-escalate situations with my children."</p>
<p>Friends and family can assist parents in maintaining structured routines, which are essential for reducing chaos and stress.</p>	<p>7. Helping with Structured Routines <i>Action:</i> Offer to help with tasks that contribute to the parent's routine, such as meal prep, organizing activities for the children, or maintaining a consistent schedule.</p>	<p>Denise shared, "I create interactive routine charts to bring structure and reduce stress."</p>
<p>Parents of children with special needs often require additional support, and friends and family can play a vital role in providing it.</p>	<p>8. Offering Specialized Support for Children with Special Needs <i>Action:</i> Learn about the child's specific needs and offer to assist with activities or therapies that align with their developmental goals.</p>	<p>Emma shared, "My sister babysits my kids occasionally, and my co-workers are familiar with autism, which helps me feel supported."</p>

Implications for Family and Friends Serving as Support Systems (continued)

Implications	Actionable Steps	Participant's Support
While support is valuable, friends and family should respect the parent's boundaries and avoid overstepping.	9. Respecting Boundaries <i>Action:</i> Be mindful of when the parent needs space and avoid imposing your help when it's not needed.	Anna shared, "Sometimes I just need to be alone to calm down, and I'll use TV to occupy my kids while I take a moment."
Parents may hesitate to ask for help, so friends and family should take the initiative to offer support.	10. Being Proactive <i>Action:</i> Look for opportunities to step in and help, whether it's offering childcare, running errands, or simply being present.	Madelyn shared, "I have such great friends. They're like, 'Hey, you want to just go to the grocery store here, you know, just go somewhere and be by yourself.'"

Implications for Supervisors and Work Colleagues

Based on the quantitative and qualitative data, the critical role that supervisors and colleagues play in how parents experience and respond to stress. The study's results serve as evidence that as parental stress increased, satisfaction declined, and the sense of loss of control increased. Taken together, these findings suggested that workplace environments can influence how parents function both professionally and personally. To clarify, workplace conditions and expectations influence how well parents manage their responsibilities at work and maintain emotional balance at home. These results aligned with Bronfenbrenner's (1979) ecological systems theory and supported the idea that the workplace serves as an exosystem that indirectly affects the family microsystem. Within this framework, it is also reflected that supportive supervisors and colleagues can help mitigate parental stress and promote stability that carries beyond the professional setting, thus contributing to healthier patterns of interaction that extend into family life .

Supervisors and colleagues who recognize the pressures that working parents face can create an environment that promotes empathy and understanding. A parent's ability to cope

improves when they feel their colleagues or supervisors recognize the challenges they face. To achieve this, employers can promote a culture of trust by communicating openly and conducting consistent check-ins with employees. As a result, employees feel safer having early conversations before stress becomes unbearable and negatively affects work performance. Almost all participants expressed work-related stressors. Madelyn described the mental and physical demands of her healthcare career, combined with caregiving for her mother and daughter. Proactive engagement from supervisors and coworkers significantly contributes to healthier workplace dynamics and can reduce the emotional spillover that often affects interactions outside of work.

Additionally, flexible work arrangements, such as remote or hybrid work options, have emerged as particularly valuable for parents who struggle to balance professional obligations with competing caregiving responsibilities. This imbalance leads to increased stress and diminished emotional resilience. Additionally, remote work options, flexible schedules, or adjusted workloads offer parents greater control over their routines. This sense of control improves emotional regulation and enables parents to handle the competing demands of work and family life. Consequently, workplace flexibility provides a practical approach to reducing stress and promoting overall well-being.

The study also identified emotional support from colleagues as a critical factor in reducing parental stress. When coworkers express empathy, offer support, and foster a collaborative environment, they create a sense of belonging that alleviates feelings of isolation. Jessica emphasized the importance of her work family, stating, “My work family is a huge method of handling stress.” Furthermore, the emotional climate of the workplace directly affects how parents perceive and respond to stressors. A culture of mutual respect and empathy

reinforces the idea that professional and personal identities are interconnected, encouraging employees to navigate their dual roles with confidence rather than guilt.

Supervisors have an equally important role in reducing workplace stress by maintaining clear communication, setting realistic expectations, and ensuring equitable distribution of tasks. Employees experience less frustration and anxiety when work demands are manageable and organizational objectives are clear. Workplace stability appears to promote effective coping strategies and greater career satisfaction. Moreover, reducing unnecessary workplace pressure minimizes the likelihood that work stress will spill over into the home environment. This thereby strengthens both personal and professional relationships.

Work-life balance was another recurring theme throughout the data. Parents benefit when employers promote work-life balance and respect the boundaries between professional and personal time. In addition, supervisors who encourage rest, honor non-working hours, and support the use of vacation days reinforce the importance of self-care. Undoubtedly, these actions help remind employees and employers that emotional restoration is important for both personal and professional effectiveness. Together, these practices reflect the idea of emotional regulation outlined by the study's theoretical frameworks. Also, parents who have opportunities to recharge are better equipped to respond to parenting demands, thereby enhancing family interactions positively.

The findings revealed that parents who care for children with special needs often experience heightened demands and require more empathy and flexibility from supervisors and coworkers, which is especially important. These parents often juggle more frequent medical visits, therapy sessions, and school-related responsibilities in addition to their professional duties. Therefore, understanding these difficulties and allowing reasonable accommodations can

alleviate stress and demonstrate genuine compassion. Flexibility in scheduling and open dialogue about available supports promote inclusion and strengthen trust between employees and employers.

Additionally, a positive workplace culture provides the foundation for all other forms of support. Employees who feel valued, respected, and can safely express their needs are happier, more satisfied with their jobs, and more emotionally stable. Supervisors and colleagues who model calm, patience, and effective communication help create a culture that prioritizes well-being over stress. Furthermore, modeling these behaviors has ramifications that extend beyond the workplace, as parents can apply them when interacting with their children. Thus, supportive leadership can facilitate both professional and personal emotional growth in individuals.

Addressing burnout also emerged as a crucial implication. Employees who experience prolonged stress without the right support can suffer emotional exhaustion, reduced motivation, and decreased job performance. Supervisors who look for signs of burnout and intervene early help create a healthier and more sustainable workforce. Unquestionably, offering professional development opportunities, access to mental health resources, and open conversations about workload expectations help prevent burnout and make the organization strong as a whole. Consequently, parents can maintain the emotional strength required to engage meaningfully with their families.

To conclude, the study's findings demonstrated that supervisors and work colleagues play a crucial role in mitigating parental stress and fostering emotional well-being across interconnected environments, as outlined in Table 28. By promoting empathy, flexibility, and open communication, they can transform workplaces into ecosystems that help both employees and their families. Recognizing the interdependence between the workplace and home allows

organizations to create environments where compassion and productivity coexist. Ultimately, when supervisors and colleagues collaborate to foster understanding and balance within the workplace, everyone benefits. These efforts strengthen the organization’s culture and promote a healthier work environment. The positive effects of an empathetic and balanced workplace culture extend beyond the professional setting, thus enhancing the emotional well-being of parents, families, and the broader community.

Table 28

Implications for Supervisors and Work Colleagues

Implications	Actionable Steps	Participant’s Support
Supervisors and colleagues should be aware of the stressors parents face, including balancing work responsibilities with parenting demands. Understanding these challenges can build empathy and improve workplace dynamics.	Recognizing Parental Stress <i>Action:</i> Supervisors can conduct regular check-ins with employees to understand their stress levels and offer support when needed.	Jessica shared, “The noise in our house with five kids, blended family... grocery shopping, trying to plan meals, and working full-time are stressors.”
Flexible work arrangements, such as remote work options, flexible hours, or shorter workweeks, can help parents manage their responsibilities more effectively.	Offering Flexible Work Arrangements <i>Action:</i> Supervisors can implement policies that allow parents to adjust their schedules to accommodate caregiving needs.	Madelyn described the mental and physical demands of her healthcare job, combined with caregiving for her mother and grandmother.
Work colleagues can play a vital role in providing emotional support to parents. A sense of community and understanding can be created in the workplace.	Providing Emotional Support <i>Action:</i> Colleagues can offer encouragement, listen to concerns, and create a positive and inclusive work environment.	Jessica emphasized the importance of her work family, stating, “My work family is a huge method of handling stress.”

Implications for Supervisors and Work Colleagues (continued)

Implications	Actionable Steps	Participant's Support
Supervisors can take steps to decrease workplace stress by setting realistic expectations, providing clear communication, and ensuring manageable workloads.	<p>Reducing Workplace Stress <i>Action:</i> Supervisors can ensure that workloads are distributed fairly and provide resources to help employees manage their tasks effectively</p>	Denise shared her financial struggles, which were compounded by work-related stress.
Supervisors and colleagues should promote work-life balance by respecting boundaries and encouraging employees to take personal time off when needed.	<p>Encouraging Work-Life Balance <i>Action:</i> Supervisors can encourage employees to use their vacation days and avoid contacting them outside of work hours.</p>	Madelyn shared how her structured morning routine helped her prepare for the day, emphasizing the importance of personal time.
Supervisors and colleagues should be sensitive to the unique challenges faced by parents of children with special needs. These parents should be provided with accommodations when necessary.	<p>Supporting Parents of Children with Special Needs <i>Action:</i> Supervisors can offer additional flexibility or resources to parents managing the demands of children with special needs.</p>	Emma shared her frustration with daycare staff who were unprepared to handle her child's needs, stating, "I have provided you with resources. Her special instruction therapist has given you resources."
A positive and inclusive work environment can reduce stress for parents and improve their overall well-being.	<p>Creating a Positive Work Environment <i>Action:</i> Supervisors and colleagues can foster a culture of collaboration, positivity, and mutual respect in the workplace.</p>	Jessica described how her work family provided emotional support, helping her manage stress more effectively.
Supervisors can connect employees with resources such as counseling services, stress management workshops or offer employee assistance programs.	<p>Providing Access to Resources <i>Action:</i> Supervisors can provide information about available resources and encourage employees to use them.</p>	Anna expressed the need for external help, stating, "The dream would be to have a daily housekeeper to take some of the pressure off my weaknesses."

Implications for Supervisors and Work Colleagues (continued)

Implications	Actionable Steps	Participant's Support
Supervisors and colleagues should model supportive and empathetic behavior to create a workplace culture that values employee well-being.	Modeling Supportive Behavior <i>Action:</i> Supervisors can lead by example, demonstrating patience, understanding, and effective communication.	Jessica shared how monotone communication and calm interactions helped her manage stress at home, which can be applied in workplace interactions.
Supervisors should be proactive in identifying signs of burnout among employees and take steps to address it before it becomes a problem.	Addressing Workplace Burnout <i>Action:</i> Supervisors can provide regular training, mental health resources, and opportunities for professional development to reduce burnout and improve employee well-being.	Jessica noted that daycare staff were often underprepared and resorted to raising their voices as a disciplinary measure, highlighting the impact of burnout on performance.

Implications for Spouses or Partners

The research findings highlight the implications of spouses or partners' roles in managing parental stress and promoting family well-being. Both qualitative and quantitative data indicate that a partner's ability to understand, collaborate, and communicate has a remarkably positive impact on the emotional health of both parents and children. Supportive relationships help to create balanced home environments, reduce stress, and enhance family stability (see Table 29).

An important implication of the findings was that partners should be able to recognize the specific stressors that affect one another, as the effects of stress cannot be viewed as unilateral. Stressors such as financial obligations, conflicting daily routines, and children's behavioral challenges can affect both partners. Thus, shaping how they interact and respond to one another. Partners who recognize and help to abate stressors can provide more effective emotional and practical support. Additionally, open communication about challenges can encourage collaboration rather than a reactive response. It also helps partners to work together to solve

problems before they escalate. Furthermore, this approach creates a sense of emotional safety and reduces the likelihood of conflicts arising during already stressful times.

Another key implication is the equality of caregiving responsibilities. That is, partners who share parenting responsibilities experience reduced fatigue and frustration in their relationship. Allison shared, “My husband gets my son up in the morning, so I can have an extra 20 minutes of sleep.” When parenting duties are equally shared, couples tend to experience greater cooperation and mutual respect. This shared responsibility can reduce stress and foster a sense of control in the household. This shared partnership contributes to a decrease in stress and provides an opportunity for both parents to achieve emotional equilibrium.

Emotional support is also identified as a stabilizing factor in family dynamics. Partners who actively listen, validate emotions, and offer reassurance create a connection that helps parents cope with stress more effectively. Jessica emphasized the importance of daily check-ins with her husband, stating, “We check in with each other. How are you feeling? How was your day? Do you have any stress at work?” Regular, judgment-free conversations strengthen trust, prevent emotional withdrawal, and lay a foundation for resilience.

Furthermore, the study emphasized the effectiveness of using calm communication in de-escalating stressful situations. Partners who maintain their composure during disagreements foster stability. When partners model this type of behavior, the entire family benefits, and children learn how to manage their emotions healthily. The presence of emotional regulation within the relationship positively influences the broader family system.

Moreover, encouraging partners to participate in self-care routines is another vital implication of the study’s findings. Madelyn shared, “I wake up early to have coffee and watch the news, which helps me prepare for the day.” Partners who allow each other time for rest and

personal interests contribute to the family's overall well-being. Taking time for oneself can prevent burnout and improve emotional awareness. As a result, mutual support reinforces the idea that total well-being is a shared responsibility.

Undoubtedly, financial pressures are recognized as a significant stressor, and addressing these collaboratively through budgeting and joint decision-making can alleviate anxiety and strengthen emotional connections. Viewing financial management as a team effort enhances transparency, builds trust, and helps address other stressors.

For families with children who have special needs, mutual participation and shared understanding are critical to the success of the partnership and to mitigating stress. Not only do both partners benefit from being informed about the child's needs and therapeutic approaches, but they also foster consistency and reduce individual stress. Emma shared, "My husband and I take turns having alone time to recharge, especially when dealing with our daughter's special needs."

Additionally, open communication is essential for maintaining a healthy partnership during stressful times. Just as navigating partner stress is not a unilateral effort, healthy communication cannot be a unilateral effort; it must be a bilateral process. The clear, reciprocal expression of emotions by both parties, when shared, builds mutual understanding and reduces miscommunication. Additionally, apologizing helps acknowledge mistakes and repair relationships after a conflict. When modeled for children, it demonstrates resilience and emotional repair.

Lastly, balancing parental and partnership roles is crucial for maintaining a healthy relationship. Couples who prioritize time together through shared experiences or quiet conversations preserve emotional closeness as they navigate the demands of parenting, thereby

reinforcing family stability. All things considered, the findings affirmed that the partnership’s health is integral to the family’s well-being. Collaboration, empathy, and open communication enable couples to better manage stress and maintain balance in their shared roles as partners and parents. Through sharing responsibilities, promoting self-care, collectively addressing stressors, and maintaining emotional connections, partners build a stable foundation that supports both parents and their children. This important implication underscores the inseparability of partnership and family health, underscoring the role of strong, supportive relationships in fostering resilience at home, as outlined in Table 29.

Table 29

Implications for Spouses or Partners

Implications	Actionable Steps	Participant’s Support
Spouses or partners should actively identify the stressors their partner faces, such as behavioral challenges, financial strain, or daily overload, to provide targeted support.	1. Recognizing Stress Triggers <i>Action:</i> Partners can engage in open conversations to understand the specific stressors their spouse is experiencing and offer empathy and solutions.	Jessica shared, “The noise in our house with five kids, blended family... grocery shopping, trying to plan meals, and working full-time are stressors.”
Collaborating on parenting tasks can reduce the burden on one partner and create a more balanced dynamic.	2. Sharing Parenting Responsibilities <i>Action:</i> Partners can divide responsibilities, such as morning routines, meal preparation, or bedtime duties, to share the workload.	Allison shared, “My husband gets my son up in the morning, so I can have an extra 20 minutes of sleep.”
Spouses or partners should offer emotional support by listening, validating feelings, and being present during stressful moments.	3. Providing Emotional Support <i>Action:</i> Partners can establish regular check-ins to discuss stressors and provide reassurance and encouragement.	Jessica emphasized the importance of daily check-ins with her husband, stating, “We check in with each other. How are you feeling? How was your day? Do you have any stressors at work?”

Implications for Spouses or Partners (continued)

Implications	Actionable Steps	Participant's Support
Partners can model calm and supportive behavior to help de-escalate stressful situations and create a positive environment.	4. Modeling Calm Behavior <i>Action:</i> Partners can practice calm communication and avoid escalating conflicts, especially during challenging parenting moments.	Jessica shared, "I try to become monotone, lower the volume, and avoid yelling to de-escalate situations with my children."
Encouraging and facilitating self-care for their spouse can help partners recharge and manage stress more effectively.	5. Supporting Self-Care <i>Action:</i> Partners can offer to take over parenting duties to allow their spouse time for self-care activities, such as exercise, hobbies, or relaxation.	Madelyn shared, "I wake up early to have coffee and watch the news, which helps me prepare for the day."
Collaborating on financial planning and decision-making can reduce the stress associated with managing household expenses.	6. Addressing Financial Stress <i>Action:</i> Partners can work together to create a budget, explore financial assistance programs, or seek professional advice to alleviate financial strain.	Denise shared, "Finances are the biggest, biggest thing. I can barely pay my mortgage."
Spouses or partners should actively participate in managing the unique challenges of children with special needs, including attending therapy sessions or implementing recommended strategies.	7. Supporting Children with Special Needs <i>Action:</i> Partners can collaborate on caregiving tasks and ensure they are both informed about the child's needs and therapeutic approaches.	Emma shared, "My husband and I take turns having alone time to recharge, especially when dealing with our daughter's special needs."
Spouses or partners should foster open communication to ensure both individuals feel heard and supported.	8. Encouraging Open Communication <i>Action:</i> Partners can use similar techniques to express their emotions and encourage their spouse to share their feelings without judgment.	Anna shared, "I use the 'zones of regulation' to articulate my feelings to my children, ensuring they understand my emotions are not directed at them."

Implications for Spouses or Partners (continued)

Implications	Actionable Steps	Participant's Support
When stress leads to conflicts or regrettable behavior, partners should apologize and work to repair the relationship.	9. Apologizing and Repairing Relationships <i>Action:</i> Partners can model accountability by acknowledging their mistakes and working together to rebuild trust and emotional security.	Katherine shared, "I apologize to my child and let him know that I'm sorry for taking out my frustration on him."
Spouses or partners should ensure they balance their attention between their children and their partner to maintain a strong relationship.	10. Balancing Attention Between Family and Partner <i>Action:</i> Partners can schedule one-on-one time with their spouse to strengthen their relationship and provide emotional support.	Anna expressed, "I feel guilt about not being able to focus on both of my children equally, especially since one has a diagnosis."

Recommendation for Future Research

This study utilized an explanatory sequential mixed-method design to structure the data collection and analysis processes. Future researchers may consider expanding the scope of parental stress, investigating the long-term effects of parental stress, conducting a more in-depth exploration of the role of support systems, investigating in-depth coping strategies, addressing the needs of parents of children with special needs, exploring workplace support for parents, expanding the research to explore gender differences in parental stress, developing interventions for emotional regulation, investigating the impact of technology as a coping strategy, and examining cultural or regional differences as factors for parental stress.

Although the current study has a diverse sample group, further research can help elucidate the effects of socioeconomic, cultural, and varied family dynamics on parental stress and coping strategies. Family dynamics may include blended or non-traditional family structures that have previously been excluded from parental stress research. Additionally, longitudinal

studies can track families over extended periods to determine the impact of parental stress on child development and behavior.

As noted by participants within the current study, support systems are essential in mitigating stress. Therefore, future researchers can explore in-depth the effects of support systems as coping strategies. A subcategory of research could be how support systems assist parents with children who have special needs. Parents with children with special needs might have unique challenges, warranting unique supports within mental health resources, childcare, and possibly their workplaces. Lastly, future researchers may examine the impact of technology on managing parental stress, as mobile applications may expand their availability to various support systems. Researchers can also explore the long-term effects of parental stress as well as the effectiveness of coping strategies and various support systems.

Summary

The purpose of this explanatory sequential mixed-methods study was to examine parents' perceptions of parental stressors that impact the problematic behaviors of preschoolers in South Georgia. The study's secondary purpose was to enable parents to identify parental stressors and their impact on the social-emotional and disruptive behaviors displayed by preschoolers in both settings. The study was framed by Bronfenbrenner's (1979) ecological systems theory, Lazarus and Folkman's (1984) transactional model of stress and coping, and Bandura's (1977) social learning theory. As a mixed-method design, I engaged in quantitative (Phase I) and qualitative (Phase II) data collection and analysis. Phase I data collection consisted of a survey that captured participants' demographic information, parenting and parental stressors, additional stressors, and their scores on the Parental Stress Scale (Berry & Jones, 1995).

Research Question 1: Phase I data analysis revealed a significant relationship between parental stress (independent variable) and loss of control and satisfaction (dependent variables).

For stress as a predictor of satisfaction, the regression analysis revealed a significant relationship, with stress explaining approximately 31.82% of the variance in parental satisfaction (the effect size was $R^2 = .32$, $p < .001$). Specifically, a one-unit increase in stress correlated with a .18-unit increase in satisfaction ($B = .18$, $p < .001$). For stress as a predictor of loss of control, the linear regression analysis showed a strong positive relationship between stress and loss of control, with the equation $\text{Loss of Control} = .73 + .36 * \text{Stress}$. This graph reflected that for each one-unit rise in stress, there was an average increase of .36 units in loss of control ($B = .36$, $SE = .03$, $t(149) = 12.29$, $p < .001$).

Research Questions 2 and 3: In Phase II, data analysis employed a three-iteration coding system to improve the dependability of the study's findings (Ary et al., 2014). I employed the six steps of data analysis as outlined by Creswell and Guetterman (2019): organizing the data, exploring and coding the data set, discovering themes and patterns, representing and reporting the findings through visuals, interpreting the findings and meanings from the data, and ensuring the validity of the results (p. 236). Two themes emerged to support Research Question 2 (RQ2): Navigating Caregiver Overwhelm: The Intersecting Demands of Family, Self, and Work and Behavioral Duality: Home as Safe Haven. One theme emerged in support of RQ3: Conscious Parenting Evolution: Breaking Cycles and Adapting Through Challenges. The qualitative findings illuminated the complexities of parenting and the need for support.

Additionally, the qualitative findings provided insight into the strategies that parents employ to mitigate stress. Overall, the study's findings provided actionable steps for groups, organizations, and individuals who assist and/or support parents.

Research showed that support aids parents in mitigating stress, thereby reducing dysfunctional parenting behaviors that may lead to externalized behaviors in preschoolers (Crnic et al., 2005; Deater-Deckard, 1998; MacKenzie et al., 2015; Neece et al., 2012; Prandstetter et al., 2023).

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Appendix A:

Demographic, Parenting & Stressors, Stress Management, PSS Survey

Consent and Demographics

1. Informed Consent

Welcome to the research study!

We are interested in understanding the effect parental stress has on the social-emotional development of preschoolers. You will be presented with information relevant to parental stress and asked to answer some questions about it. Please be assured that your responses will be kept completely confidential.

The study should take you around 30 MINUTES to complete, and you will be entered into a raffle for a chance to receive a \$50 electronic gift card. Your participation in this research is voluntary. You have the right to withdraw at any point during the study, for any reason, and without any prejudice. If you would like to contact the Principal Investigator in the study to discuss this research, please e-mail Charlice Noble-Jones Dukes at cinoblejones@valdosta.edu.

By clicking the button below, you acknowledge that your participation in the study is voluntary, you are 18 years of age, and that you are aware that you may choose to terminate your participation in the study at any time and for any reason.

Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device.

- I consent, begin the study
 - I do not consent, I do not wish to participate
2. Please enter the participant code.
 3. Are you a parent of a preschooler (age 3-5)?
 4. What is your age?
 5. How do you describe yourself?
 - Male
 - Female
 - Non-binary/third gender
 - Prefer to self-describe
 - Prefer not to say
 6. Choose one or more races that you consider yourself to be
 - White or Caucasian
 - Black or African American
 - American Indian/Native American or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Other
 - Prefer not to say

7. Are you of Spanish, Hispanic, or Latino origin?
- Yes
 - No
8. What is the highest level of education you have completed?
- Some high school
 - High school diploma or GED
 - Some college, but no degree
 - Associates or technical degree
 - Bachelor's degree
 - Graduate or professional degree (MA, MS, MBA, PhD, JD, MD, DDS, etc.)
 - Prefer not to say
9. What best describes your current employment status?
- Working full-time
 - Working part-time
 - Self-employed
 - Unemployed and looking for work
 - Unemployed and not looking for work
 - A homemaker or stay-at-home parent
 - Military
 - Student
 - Retired
 - Not working (disable)
 - Other
10. What was your total household income before taxes during the past 12 months?
- Less than \$25,000
 - \$25,000-\$49,999
 - \$50,000-\$74,999
 - \$75,000-\$99,999
 - \$100,000-\$149,999
 - \$150,000 or more
 - Prefer not to say
11. What best describes your current living arrangements?
- I live in a house (own or rent)
 - I live in an apartment or condo
 - I am living with someone (e.g., friends, family, or partner) but do not pay rent.
 - I am temporarily staying with someone (e.g., couch-surfing).
 - I am living in a shelter or transitional housing.
 - I am currently homeless (e.g., unsheltered or living in a vehicle).
 - Other (please specify).

Parenting & Stressors (block)

12. Are you a parent or caregiver to a child or children?

- Yes, I am a parent
- Yes, I am a caregiver but not a parent
- No, I am not a parent or caregiver

13. What is your relationship to the child/children you are parenting or caregiving for?

- Biological parent
- Adoptive parent
- Foster parent
- Step-parent
- Legal guardian
- Other (please specify):

14. Number of children?

15. Number of children currently living in your household?

16. What is the age range of the children living in your household? (Select all that apply)

- Infant (0-1 year)
- Toddler (1-3 years)
- Preschooler (3-5 years)
- Early Elementary (6-8 years)
- Late Elementary (9-12 years)
- Teenage (13-18 years)
- Young adult (19-25 years)
- Adult (26+)
- No children currently living in the household

17. How would you describe your young (age 8 and under) child's level of dependency on you for daily activities and routine?

- Highly Dependent – Requires constant assistance and supervision for most activities (e.g., eating, dressing, personal hygiene, etc.).
- Moderately Dependent – Needs some assistance or supervision for certain tasks but can perform others independently.
- Mostly Independent – Handles most daily activities independently with occasional guidance or help.
- Fully independent – Rarely needs assistance and manages daily routines on their own.
- Not Sure/Prefer Not to Answer

18. Do any of your children have an individualized educational plan (IEP)?

- No
- Yes

19. If you said “yes,” what is the purpose of the IEP?

- Special learning disability

- Autism Spectrum Disorder
- Attention-Deficit/Hyperactivity Disorder
- Speech/language
- Behavior disorder
- Other

20. Do you have a child or children with developmental delays?

- Yes
- No
- I'm not sure

21. If yes, please provide any details you're comfortable sharing (e.g., type of delay, age of the child, or services received).

22. Do you have a child or children with a chronic illness?

- Yes
- No
- I'm not sure

23. If yes, please provide any details you feel comfortable sharing (e.g., type of illness, age of the child, or care requirements).

24. Do you currently receive any community support or services to help with parenting or caregiving?

- Yes, I receive regular community support or services.
- Yes, but the support is occasional or limited.
- No, I do not currently receive any community support or services.
- I'm not sure.

25. If yes, please describe the type of support you receive (e.g., financial aid, childcare services, respite care, support groups).

26. Does your child receive any specialized services or therapies at school or home?

27. If yes, please specify the type of services or therapies your child receives (e.g., speech therapy, physical therapy, occupational therapy, ABA therapy).

Matrix

28. How frequently does your child exhibit disruptive behavior in the following settings? (At home, At school)

- Never
- Rarely (1 to 2 times per month)
- Sometimes (1 to 2 times per week)

- Often (3 to 5 times per week)
- Very Often (daily or more)

29. If applicable, please describe the type of disruptive behaviors you have observed and any patterns or triggers you've noticed (e.g., time of day, specific activities, or settings).

30. What are the main stressors you experience related to parenting?

- Managing your child's behavior
- Meeting your child's educational or developmental needs
- Balancing parenting with work or other responsibilities
- Financial challenges
- Lack of time for self-care or relaxation
- Difficulty accessing resources or services (e.g., healthcare, therapy, or education)
- Feeling unsupported or isolated
- Concerns about your child's future
- Other (please specify)

Matrix

31. How much stress do the following aspects of parenting cause you? (Managing your child's behavior, Meeting your child's educational or development needs, Balancing parenting with work or other responsibilities, Financial challenges, Lack of time for self-care or relaxation, Difficulty accessing resources or services (e.g., healthcare, therapy, or education), feeling unsupported or isolated, concerns about your child's future

- No stress
- Little stress
- Moderate stress
- High stress
- Very high stress

32. Is there anything else you'd like to share about the stressors you experience as a parent?

Additional Stressors (Block)

33. Do you have any chronic illness or health condition that requires ongoing care or management?

- Yes
- No
- I'm not sure

34. If yes, provide any details you feel comfortable sharing (e.g., type of illness, duration, or how it impacts your daily life).

35. Are you currently providing care of support for elderly or sickly parents?

- Yes, I am the primary caregiver.
- Yes, I provide some care or support but am not the primary caregiver.
- No, I do not provide care or support for elderly or sickly parents.
- Not applicable

36. Are you currently providing care or support for a sickly parent or spouse?
- Yes, I am the primary caregiver.
 - Yes, I provide some care or support but am not the primary caregiver.
 - No, I do not provide care or support for a sickly partner or spouse.
 - Not applicable.
37. If yes, please provide any details you're comfortable sharing (e.g., type of care provided, health condition, or challenges faced).
- Yes, I received regular and reliable support from friends
 - Yes, I receive occasional or limited support from friends.
 - No, I do not receive any support from friends
 - Not applicable.
38. If yes, please describe the type of support you receive from friends (e.g., childcare, emotional support, financial assistance).

Stress Management (Block)

39. What specific strategies or techniques do you use to manage parental stress?
40. What role does your family, friends, or community play in helping you manage stress?
41. What kind of support (community, family, professional) do you think would help you better manage parental stress?
42. Are there specific strategies or practices you use to prevent your stress from negatively affecting your child?

Parent Stress Scale (PSS) - Block

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided. 1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

- I am happy in my role as a parent
- There is little or nothing I wouldn't do for my child(ren) if it was necessary.
- Caring for my child(ren) sometimes takes more time and energy than I have to give.
- I sometimes worry whether I am doing enough for my child(ren).
- I feel close to my child(ren).
- I enjoy spending time with my child(ren).
- My child(ren) is an important source of affection for me.
- Having child(ren) gives me a more certain and optimistic view for the future.
- The major source of stress in my life is my child(ren).
- Having child(ren) leaves little time and flexibility in my life.

Having child(ren) has been a financial burden.

It is difficult to balance different responsibilities because of my child(ren).

The behaviour of my child(ren) is often embarrassing or stressful to me.

If I had it to do over again, I might decide not to have child(ren).

I feel overwhelmed by the responsibility of being a parent.

Having child(ren) has meant having too few choices and too little control over my life.

I am satisfied as a parent

I find my child(ren) enjoyable

End of survey

We thank you for the time you spent taking this survey. Your response has been recorded. Please consider participating in an interview. Each interview participant is entered into a weekly raffle for a \$100 gift certificate. If you are interested, please click the link below.

Appendix B:

Parental Stress Scale Study Instrument Permission Email

From: Charlice I Noble-Jones <cinoblejones@valdosta.edu>
Sent: Thursday, January 11, 2024 12:05:14 PM
To: Berry, Judy <judy-berry@utulsa.edu>
Cc: Daesang Kim <daekim@valdosta.edu>
Subject: Permission to Use PSC Instrument

Greetings Dr. Berry,

My name is Charlice Dukes, and I am a doctoral student at Valdosta State University in Georgia. I am currently working on my proposal to study the effects of parental stress on preschoolers' social-emotional development. Your study (Berry & Jones, 1995) and the Parental Stress Scale (PSS) have set the standard for parental stress screening instruments. Is it possible to get your permission to utilize the Parental Stress Scale (PSC) to obtain data for my study? Additionally, alterations will not be made to the questions to ensure the instrument's reliability and validity. I appreciate your consideration. Please feel free to contact me via email at cinoblejones@valdosta.edu.

Sincerely,
Charlice Noble-Jones Dukes
VSU ID: XXXXXXXXX
Mobile: XXX-XXX-XXXX

From: "Berry, Judy" <judy-berry@utulsa.edu>
Date: January 11, 2024 at 3:09:41 PM EST
To: Charlice I Noble-Jones <cinoblejones@valdosta.edu>
Cc: Daesang Kim <daekim@valdosta.edu>
Subject: Re: Permission to Use PSC Instrument

Delivered From External Sender

You have my permission to use the Parental Stress Scale for your research.
Judy O. Berry, EdD
Professor Emerita of Psychology
The University of Tulsa
Get Outlook for iOS

Appendix C:
Interview Protocols

Thank you for participating in this study on how parental stress affects preschool-aged children's (3-5 years old) behavior at home and school.

Informed Consent:

Your participation in this study is entirely voluntary. While the interview is recorded, your responses will remain confidential, and all collected data will be anonymized. You may withdraw from the study at any time without penalty. The information gathered will be used solely for academic research purposes.

Follow-Up Reminder (If Applicable):

If this is a follow-up interview, we will pick up from where we left off in your last session. We will revisit the key points discussed previously and explore any additional insights or changes that may have occurred since then.

Thank you for your valuable time and contribution to this important research. Your participation is instrumental in understanding and addressing parental stress and its impact on preschool-aged children.

Questions or concerns?

Please reach out to me at cinoblejones@valdosta.edu or XXX-XXX-XXXX.

Quantitative Question:

RQ1: To what degree is parental stress associated with parental satisfaction and loss of control?

Qualitative Questions:

RQ2: What parental stressors do parents perceive as impacting a preschooler's externalized behaviors?

RQ3: What strategies are parents implementing to mitigate parental stress?

**Interview Questions or
Survey Questions which will be posed as Interview Questions**

1. How are you?
2. How long have you been a parent?
3. How has your parenting approach changed over time?
4. How would you describe yourself as a parent? Does your parenting style vary by child?
(if you only have one child, does your parenting style change depending on situations)
5. Who was your parenting role model?
6. What did you learn from them? And, how does it impact your parenting style?
7. Was there someone in your life who modeled parenting in a way that you found unhelpful or negative?
8. How did that experience shape your own approach to parenting?
9. True or False. I believe that I am the best parent that I can be.
10. Do you have concerns about your child's behavior? Have people who provide care for your child expressed concerns about their behavior?
11. Tell me about your child's behavior at home.
12. Does your child's behavior at school differ from their behavior at home? If so, how?
13. Do you receive calls from your child's school regarding their behavior?

14. Has your child ever been suspended or sent home from preschool because of behavior?
15. Have you ever changed or been forced to change daycare centers (or childcare providers) because of your child's behavior?
16. How does your child typically behave in public settings, such as at the store, family gatherings, or community events? Are there any differences compared to their behavior at home?

17. Are there any behaviors your child exhibits that you find challenging or difficult to manage in public? If so, do these behaviors influence your daily schedule or activities?
18. How do you respond to your child's behavior at home? School? In public?
19. How does your behavior impact your child's actions and choices?
20. I do not understand why my child is behaving the way he/she is. *Likert Scale: 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree*
21. I am not sure how my child will act towards me. *Likert Scale: 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree*
22. I am not sure about what I can do to make my child feel most secure. *Likert Scale: 1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree*
23. Does your child often argue with adults (DBD Rating – Opposition Defiant Disorder)? You can ask this question on the Likert scale: not at all, just a little, pretty much, or very much (question 3 from DBD)
24. Often actively defies or refuses to comply with adults' requests or rules (DBD Rating – Opposition Defiant Disorder)? You can ask this question on the Likert scale: not at all, just a little, pretty much, or very much (question 17 from the DBD)
25. Is often touchy or easily annoyed by others (DBD Rating – Opposition Defiant Disorder)? You can ask this question on the Likert scale: not at all, just a little, pretty much, or very much (question 26 from the DBD)
26. Often deliberately annoys people (DBD Rating – Opposition Defiant Disorder)? You can ask this question on the Likert scale: not at all, just a little, pretty much, or very much (question 39 from the DBD)
27. Often bullies, threatens, or intimidates others (DBD Rating - Conduct Disorder)? You can ask this question on the Likert scale: not at all, just a little, pretty much, or very much (question 32 from the DBD)
28. Has deliberately destroyed others' property (other than by fire setting) (DBD Rating - Conduct Disorder)? You can ask this question on the Likert scale: not at all, just a little, pretty much, or very much (question 16 from the DBD)
29. Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others) (other than by fire setting) (DBD Rating - Conduct Disorder)? You can ask this question on the Likert scale: not at all, just a little, pretty much, or very much (question 8 from the DBD)
30. What are some of your daily stressors in life?
31. Do you find any aspects of parenting stressful? If so, what?
32. What are the most common stressors you experience in your parenting journey?
33. Do you feel that your stress level changes depending on your child's behavior? If so, how?
34. Do you believe your child can sense when you are overwhelmed or stressed? How do they usually respond?
35. Have you noticed any changes in your child's behavior when you are feeling particularly stressed? If so, what are they?
36. Do you ever think about what your life would be like without children?
37. Are you happy in your role as a parent? (PSS)
38. What are some immediate actions you take when you start feeling stressed as a parent?
39. What specific strategies or techniques do you use to manage parental stress?
40. How do you self-regulate? Meaning, how do you return to "normal?"

41. What role does your family, friends, or community play in helping you manage stress?
42. What kind of support (community, family, professional) do you think would help you better manage parental stress?
43. How do you handle challenging behaviors from your preschool-aged child in a way that minimizes stress?
44. Do you think your coping mechanisms influence your child's own ability to handle stress and emotions?
45. Are there specific strategies or practices you use to prevent your stress from negatively affecting your child?
46. True or False. My child's behavior influences my behavior.
47. Have you ever had a moment where you felt your stress caused a reaction or behavior toward your child that you later regretted? How did you handle it?

Appendix D:
IRB Approval



**Institutional Review Board (IRB)
for the Protection of Human Research Participants**

PROTOCOL EXEMPTION REPORT

Protocol Number: 04598-2025

Responsible Researcher(s): Charlice Noble-Jones Dukes

Supervising Faculty: Dr. Leon Pate

Dissertation Research Member: Dr. Daesang Kim

Project Title: *The Effects of Parental Stress on the Problematic Behavior of Preschoolers Displayed at Home and School.*

Institutional Review Board Determination:

This research protocol is **exempt** from Institutional Review Board (IRB) oversight under 45 CFR 46.101(b) of the federal regulations, **category 2**. If the nature of the research changes such that exemption criteria no longer apply, please consult with the IRB Administrator (irb@valdosta.edu) before continuing your research study.

Comments:

- *Your research study may begin at the following approved research location(s): Albany Technical College (04.28.2025), Arc of Southwest Georgia, ASU Early Learning Center – Kimberly Barney (05.19.2025), Bells Ferry Learning Centers – Sharon Foster (06/09/2025), Big Blue Marble in Duluth, GA – Joy Reggler (06.10.25), Child Development Center – Marissa Clark (05.21.2025), Childcare Network 270 – Raquel Alleyne (06/09/2025), Crum Crushers Learning Home – Quintella Johnson (07.01.25), Discovery Point #37 – Jennifer Brown – (06.23.25), Dougherty County School System PreK (04.29.2025), GCCA – Ideisha Bellamy (05.23.2025), Holly Springs Academy – Wanda DiStefano (06.23.25), Kids R Us Academy – Natasha Bennett (06.09.25), LaPetite Academy – Lecretia Barfield (06.10.25), Montessori Academy at Sharon Springs - Bhairavi Chandramouli (06.30.25), Open Arms – Kisha Torres (06.09.25), Playball GANE – Terrance Robinson (06.25.25), Preschool Academy Learning Center – Robin Whitfield-Thomas (05.16.2025), Romper Room Playschool – Cecilia Jenkins (05.14.2025), Room 2 Grow Learning Academy – Anisha Rose (06.21.25), Tara Academy aka Meliora School – Cynthia Wright (06.09.25), Tattnall Wee Center – Kim Massey (06.11.25), The Goddard School – Laurie Buckley (06.20.25), Thomasville Community Resource Center – Don Simmons (05.14.2025). Additional locations will be considered upon receipt of a letter of cooperation. Recruitment flyers may be shared on social media sites, public information bulletin boards, & approved locations only.*
- *Per exempt protocol guidelines, it is permissible to record interviews for the specific purpose of creating an accurate transcript to be utilized for documentation or analysis. Once the transcript has been constructed, all recorded interview sessions must immediately be deleted from all devices, including electronic files used to store recordings. To comply with consent guidelines, recordings must capture the researcher reading the consent statement aloud, ensuring the participant's understanding and willingness to participate. Each transcript must document the researcher's reading of the consent statement and the participants' verbal consent. A copy of the consent statement must be provided to participants.*
- *Each participant who receives a gift card must sign a Participant Payment Log sheet upon receipt of a gift card. The signed log sheet must be maintained with research data.*
- *To ensure confidentiality, pseudonym lists must be kept in a separate secure file from corresponding names, email addresses, etc.*
- *Upon completion of the research study, all data (e.g., data, pseudonym list, email list, transcripts, signed payment log sheets, etc.) must be securely maintained (e.g., locked file cabinet, password-protected computer, etc.) and accessible only by the researcher for a minimum of 3 years. The collected data must be permanently destroyed at the end of the required period.*

Proposed modifications must be submitted to the IRB Administrator at tmwright@valdosta.edu for review and approval before implementation is permitted.

Elizabeth W. Olphie

04.25.2025

Elizabeth W. Olphie, IRB Administrator

Date

Thank you for submitting an IRB application.

Please direct questions to irb@valdosta.edu or 229-259-5045.

Revised: 06.02.16

Appendix E:
CITI Training Program

**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS***

* Scores on this Requirements Report (Part 1) reflect quiz completions at the time all requirements for the course were met. The Transcript Report (Part 2) lists more recent quiz scores, including those on optional (supplemental) course elements.

• **Name:** Charlice Noble-Jones (ID: 5932986)
 • **Institution Affiliation:** Valdosta State University (ID: 475)
 • **Institution Email:** cincblejones@valdosta.edu
 • **Institution Unit:** College of Education
 • **Phone:** [REDACTED]

• **Curriculum Group:** Human Research
 • **Course Learner Group:** IRB Basic
 • **Stage:** Stage 1 - Basic Course
 • **Description:** This course is suitable for Investigators and staff conducting SOCIAL / HUMANISTIC / BEHAVIORAL RESEARCH with human subjects. The VA module must be completed if you plan to work with subjects at a VA facility.

• **Record ID:** [REDACTED]
 • **Completion Date:** 19-Sep-2024
 • **Expiration Date:** 19-Sep-2027
 • **Minimum Passing:** 80
 • **Reported Score*:** 93

REQUIRED AND ELECTIVE MODULES ONLY

	DATE COMPLETED	SCORE
Internet-Based Research - SBE (ID: 510)	28-Aug-2023	4/5 (80%)
Defining Research with Human Subjects - SBE (ID: 491)	28-Aug-2023	4/5 (80%)
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	14-Sep-2024	5/5 (100%)
Assessing Risk - SBE (ID: 503)	15-Sep-2024	5/5 (100%)
History and Ethical Principles - SBE (ID: 490)	15-Sep-2024	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	19-Sep-2024	4/5 (80%)
Informed Consent - SBE (ID: 504)	19-Sep-2024	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	19-Sep-2024	5/5 (100%)
Valdosta State University (ID: 746)	19-Sep-2024	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

This document was generated on 19-Sep-2024. Verify at:
www.citiprogram.org/verify/74695e8a95-0683-491b-9ac7-a14e8e012703-32587225

Collaborative Institutional Training Initiative (CITI Program)
 101 NE 3rd Avenue
 Suite 320
 Fort Lauderdale, FL 33301 US

Email: support@citiprogram.org
 Phone: 888-529-5929
 Web: <https://www.citiprogram.org>

**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COMPLETION REPORT - PART 2 OF 2
COURSEWORK TRANSCRIPT****

** Scores on this Transcript Report (Part 2) reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. The Requirements Report (Part 1) lists the reported scores at the time all requirements for the course were met.

- **Name:** Charlice Noble-Jones (ID: 5932986)
- **Institution Affiliation:** Valdosta State University (ID: 475)
- **Institution Email:** cinoblejones@valdosta.edu
- **Institution Unit:** College of Education
- **Phone:** [REDACTED]

- **Curriculum Group:** Human Research
- **Course Learner Group:** IRB Basic
- **Stage:** Stage 1 - Basic Course
- **Description:** This course is suitable for Investigators and staff conducting SOCIAL / HUMANISTIC / BEHAVIORAL RESEARCH with human subjects. The VA module must be completed if you plan to work with subjects at a VA facility.

- **Record ID:** [REDACTED]
- **Current Score**:** 93

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
History and Ethical Principles - SBE (ID: 490)	15-Sep-2024	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	28-Aug-2023	4/5 (80%)
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	14-Sep-2024	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	19-Sep-2024	4/5 (80%)
Assessing Risk - SBE (ID: 503)	15-Sep-2024	5/5 (100%)
Informed Consent - SBE (ID: 504)	19-Sep-2024	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	19-Sep-2024	5/5 (100%)
Internet-Based Research - SBE (ID: 510)	28-Aug-2023	4/5 (80%)
Valdosta State University (ID: 746)	19-Sep-2024	No Quiz

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

This document was generated on 19-Sep-2024. Verify at:
www.citiprogram.org/verify/7e895e8a95-0683-491b-9ac7-a14e8e012703-32587225

Collaborative Institutional Training Initiative (CITI Program)
101 NE 3rd Avenue
Suite 320
Fort Lauderdale, FL 33301 US

Email: support@citiprogram.org
Phone: 888-529-5829
Web: <https://www.citiprogram.org>



Completion Date 19-Sep-2024
Expiration Date 19-Sep-2027
Record ID 32587225

This is to certify that:

Charlice Noble-Jones

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Human Research
(Curriculum Group)
IRB Basic
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Valdosta State University



101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

Generated on 19-Sep-2024. Verify at www.citiprogram.org/verify/?w5901e896-5637-48bd-ade3-88ad766976eb-32587225

Appendix F:

Letter of Cooperation

“Correspondence must be on the facility’s letterhead.”

Ms. Tina Wright, Compliance Officer
Office of Sponsored Programs & Research Administration (OSPRA)
Valdosta State University
1500 N. Patterson Street, Valdosta, GA 31698

Subject: Letter of Cooperation/Authorization (LOC)

Dear Ms. Wright,

After reviewing the description of the research presented by Charlice Dukes, I have granted authorization for Charlice Dukes to conduct research at our institution.

I understand the purpose of the study is to examine the impact of parental stress on the externalized behaviors of their preschooler(s). Charlice Duke will work with [Name of site employee who has agreed to be the liaison during data collection].

Charlice Duke is aware that participation in the research study is strictly voluntary. Participants may withdraw consent at any time during the study with no penalty. Furthermore, there is no penalty for anyone who chooses not to participate. There is no more than minimal risk anticipated for participants. The study is for research purposes only. There will be no [benefit/personal gain] for participation in this research study. All information is [select either anonymous or confidential] and will only be used for research purposes.

If you have concerns about the permission granted by this letter, please contact me at [authorized individual’s email address].

Sincerely,

Authorized Facility Representative Signature

Date

Print Representative Name and Title

Appendix G:
Invitation Email

Greetings:

I am a doctoral student at Valdosta State University. The purpose of this explanatory sequential mixed-methods study is to examine parents' perceptions of parental stressors impacting preschoolers' externalized behaviors in South Georgia and discover the relationships between parenting practices and children's internalized and externalized behaviors, particularly disruptive behaviors in school settings.

Study participants will be parents of preschoolers. They will be asked to take a survey and participate in an hour-to-90-minute individual interview. If you agree to participate, we will meet virtually to discuss your center's participation. Participation in this study is voluntary. Institutions and Participants will be assigned a participation code and alias, which will not be identifiable to protect both the centers' and participants' identities.

Centers of oversight: I would like your assistance in disseminating the recruitment materials (e.g., a flyer) and identifying suitable parent participants. The only requirement is that they are parents of preschoolers ages 3 to 5 and are currently receiving Early Childcare learning services through your center.

Participants' interviews will be conducted virtually using Microsoft Teams. The interviews will be recorded and transcribed, and once a transcription is created in accordance with the Board of Regents record schedule, the recordings and transcripts will be protected and destroyed. Participants will have the opportunity to edit or clarify the transcripts of their interviews.

For your participation, you will receive a \$50 gift card, which will be emailed to you at _____ time. Parent participants who complete the survey will be entered into a \$25 gift card weekly raffle, and parents who participate in the survey and interview will be entered into a \$50 gift card weekly raffle. After receiving the card, you will need to return a payment log sheet acknowledging receipt.

If you are willing to participate in this study or have questions, please contact me at cinoblejones@valdosta.edu or (XXX) XXX-XXXX. You can also contact my dissertation chair, Dr. James Pate at jl pate@valdosta.edu if you have any questions or concerns.

Thank you for your consideration,

For questions about the purpose or procedures of the research, please reach out to Charlice Duke at cinoblejones@valdosta.edu. This study has received approval from the Valdosta State University Institutional Review Board (IRB) for the Protection of Human Research Participants. The IRB, a university committee established by federal law, is tasked with safeguarding the rights and welfare of research participants. If you have concerns or questions regarding your rights as a research participant, feel free to contact the IRB Administrator at 229-253-2947 or irb@valdosta.edu.

Appendix H:

Introductory Email from Gatekeepers to Parents

Please see the optional personal email you can send to parents inviting them to participate in a study conducted by Charlice J. Dukes, a doctoral student at Valdosta State University:

Dear Parents:

I hope you are doing well. I am sharing an opportunity to participate in a research study on parental stress and preschoolers' behavior conducted by Charlice J. Dukes, a doctoral student at Valdosta State University. Your participation can help contribute to research that supports families like yours.

About the Study:

- This study aims to explore how parenting stress affects young children's behavior.
- Participation involves completing a confidential online survey of approximately 20-30 minutes.
- Parents who complete the survey will be entered into a weekly raffle for a \$25 electronic gift card as a token of appreciation.
- Parents who choose to participate in the second phase of the research will need to undergo a 60- to 90-minute one-on-one interview with the researcher.
- Parents who complete the interview will be entered into a weekly raffle for a \$50 electronic gift card as a token of appreciation.

How to Participate:

- [Click here to access the survey.](#)
- Enter the unique participation code found on the attached flyer.
- Your participation is entirely voluntary, and all responses will be kept confidential.
- You can change your mind about participating at any time and keep your ability to enter the raffles.

Questions regarding the purpose or procedures of the research should be directed to Charlice Dukes at cinoblejones@valdosta.edu. This study has been approved by the Valdosta State University Institutional Review Board (IRB) for the Protection of Human Research Participants. The IRB, a university committee established by federal law, protects research participants' rights and welfare. If you have any questions about your rights as a research participant, you may contact the IRB Administrator at (229) 253-2846 or irb@valdosta.edu

Thank you for your time and consideration. Your participation is greatly appreciated!

Best regards,

Charlice Dukes

Doctoral Candidate | Valdosta State University