



### **Short Research Report**

## **The interaction between psychopathological symptoms and conflictual parent-child relationship in predicting social skills and coping strategies**

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### **Introduction**

The quality of early parent-child relationship affects children's later emotional development, social competence and school performance (Caputi, Lecce, & Pagnin, 2017). Moreover, the perception of a warm relationship with parents supports the use of adaptive social skills and approach-oriented coping strategies (Chan, 2011). Children characterized by psychopathological symptoms are likely to experience difficulties in social adjustment over time (Burt, Obradović, Long, & Masten, 2008) and typically present a dysfunctional coping style (Seiffge-Krenke, Weidemann, Fentner, Aegenheister, & Poebblau, 2001). In turn, children adopting maladaptive coping strategies usually have rejecting, ignoring, inconsistent, or punishing parents (Chan, 2011).

No previous study focused on the interaction between parent-child conflict and psychopathological symptoms in predicting social skills and coping strategies. However, a good knowledge of the dynamics among these constructs of children's development is particularly important to guide tailored preventive and treatment interventions. Thus, the present study investigated the effects of the interaction between

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psychopathological symptoms and parent-child relationship, controlling for their main effects, on social skills and coping strategies.

Participants included 152 third and fifth graders ( $M = 9.17$  years;  $SD = 1.03$ ) attending two primary schools located in Northern Italy and their parents. Children were collectively administered the Self-Report Coping Scale-revised (SRCS-R - Wright, Banerjee, Hoek, Rieffe, & Novin, 2010), which describes six coping strategies: Problem Solving, Seeking Social Support, Externalizing, Internalizing, Distraction and Trivializing.

Parents completed the Child Behaviour Checklist/6-18 (CBCL/6-18 - Achenbach & Rescorla, 2001), which includes six scales: Affective, Anxiety, Somatic, Attention Deficit/Hyperactivity (ADH), Oppositional-Defiant, and Conduct Problems. Parents also completed the Social Skills Rating System-parent version (SSRS-P - Gresham & Elliott, 1990), which provides scores on four dimensions (Cooperation, Assertiveness, Responsibility and Self-Control). Finally, mothers completed the Child-Parent Relationship Scale (CPRS - Pianta, 1992), which includes three subscales: Closeness, Conflict and Dependence.

Since only Conflict subscale scores of the CPRS were significantly correlated with social skills and coping strategies scores, Closeness and Dependence subscales were not included in subsequent analyses. Principal analyses were conducted separately for boys and girls, due to significant gender differences highlighted by independent samples t-tests. Through General Linear Models, we tested the hypothesis that interaction between CBCL dimensions and parent-child Conflict impacted on social skills and coping strategies.

Overall, our findings support the hypothesis that the co-occurrence of psychopathological symptoms and a conflictual parent-child relationship increases the main effect of these two factors in undermining social skills and coping style. With regards to boys' social skills, we found that Oppositional Defiant Problems and Conduct Problems significantly interacted with parent-child conflict in affecting Self-Control and Cooperation, which is in line with previous results (Iselin, McVey, & Ehatt, 2015). In girls, ADH Problems significantly interacted with parent-child Conflict in impacting Self-Control and Cooperation, which is also in line with previous findings (Wehmeier, Schacht, & Barkley, 2010). Interestingly, we also found significant interactions between parent-child Conflict and Anxious and Somatic Problems in predicting lower Self-control and Cooperation among boys, and lower Assertiveness and Responsibility among girls. Such findings confirm and extend previous ones indicating lower social skills in children with internalizing disorders and rejecting parents (Scaini, Belotti, Fiocco, Battaglia, & Ogliari, 2017; Scaini, Belotti, Ogliari, & Battaglia, 2016).

With regards to girls' coping strategies, in accordance with recent works (Batanova & Loukas, 2011), we found an increased level of Externalizing due to the interaction between parent-child Conflict and all the CBCL subscales (with the exception of ADH Problems). Finally, girls showed higher levels of Trivializing and low levels of Problem Solving in the presence of Somatic Problems and lower levels of Seeking for Social Support in the presence of ADH Problems. Boys showed higher levels of Trivializing and Internalizing in the presence of Oppositional Defiant Problems and higher levels of Externalizing in the presence of Conduct Problems.

In conclusion, the present findings could be relevant for therapeutic interventions with children manifesting mental health difficulties. We believe that children showing early internalizing/externalizing symptoms and experiencing a conflictual relationship with parents should receive interventions as early as possible. Specific interventions targeting primary-school children may prove effective together with *ad hoc* developed parent training addressing the quality of the parent-child relationship and approach-oriented coping strategies.

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