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Associations Among Parental Stress, Child Competence, and School-Readiness: Findings from the PACE Study

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Abstract

Perceived parental stress has been consistently shown to negatively impact child functioning and ability to cope with stressful situations. Utilizing data from the parenting our children to excellence program, the current study examined the relationships among perceived parenting stress, coping competence, and school readiness in a sample of African American and Caucasian parents of preschool children (age 3–6) considered at high risk for child physical abuse. We hypothesized that child competence would mediate the relation between perceived parental stress and children's school readiness. We tested a longitudinal latent variable model and found that parent-reported (but not teacher-reported) child competence mediated the relation between perceived parental stress and school readiness, controlling for family income, parent's education level, and child's sex. These results suggest that parents' perceived stress plays a role in both how they view their children's competence and how children perform academically.

Keywords

Parental stress; Coping competence; School readiness; Ethnicity

Introduction

Perceived parenting stress is characterized by stressful or difficult areas of interaction between a parent and a child (Abidin 1995). Parents face a multitude of stressors in child-rearing, including managing child behavior, financial decisions, health concerns, and academic endeavors. Moreover, there is an increased potential for impact on emotional, cognitive, behavioral, and physical problems in the child's development as well as difficulty functioning at school or in dealing with friends due to parent stress (Deater-Deckard 1998; Fantuzzo et al. 2003; Huffman et al. 2000). While perceived parenting stress has been shown to negatively impact child functioning, it can also significantly influence a child's ability to cope with stressful situations (Cappa et al. 2011). Gentzler et al. (2005) found that positive predictors of child constructive coping strategies, as reported by parents, were parent emotion-focused and emotion expression-encouragement responses to the child. In other words, the child learned prosocial coping strategies from the prosocial responses of the parent. A common analogy used to understand this concept is the airplane oxygen mask: before helping someone else with their mask, you need to secure your own.

According to the coping competence theory (Blechman et al. 1995; Dumas 1997), the coping responses the child chooses to employ in response to challenges and difficulties can act as risk factors for antisocial behaviors later in life. Children can respond to challenges and stressors in a variety of ways. For example, a *prosocial* coping response means that the child is resolving an issue or difficulty in a constructive manner, relying on his or her own resources, or asking someone more knowledgeable for help. When a child copes with a situation in an *antisocial* manner, they are attempting to resolve a problem or overcome a challenge in a destructive or aggressive manner, often hurting themselves or others, or he or she will deny any responsibility in solving a problem. Asocial coping, though not destructive, is still a problematic coping style in that a child will withdraw or avoid challenges or problems, often out of fear or distress. Of particular concern is that a child's inability to effectively cope with stressors can lead to negative psychological functioning, such as the development of externalizing disorders (Compas et al. 2001). Withdrawal or avoidance from challenges or problems can also be very detrimental in an academic setting, especially if the child is preparing for kindergarten. Externalizing disorders, such as attention deficit hyperactivity disorder (ADHD), can significantly impact the child's ability to focus on required academic tasks as well as inhibit the child from making friends at school (Atkins et al. 1985; Johnston and Mash 2001; Pelham and Bender 1982).

Moreland and Dumas (2008) suggested that challenges fall into three distinct domains: *social*, for challenges involving interpersonal and social situations; *achievement*, for challenges that are primarily academic or work-related and goal-directed; and *affective*, for challenges that require problem solving regarding emotional situations and demands. In past studies, high scores on each of these domains have been associated with positive outcomes (Moreland and Dumas 2008; Peters 1988). For example, children scoring higher in social competence are more curious, have higher self-esteem, show more trust and confidence, and are less fearful to challenging situations (Compas 1987). It has also been shown that one characteristic of particular importance to peer interaction is emotional arousal, which ultimately requires the task of learning effective coping strategies to regulate emotions

during these interactions (Garner and Estep 2001; Jones and Garner 1998). Further, children experiencing problems with regulating their emotions tend to develop social and behavioral problems (Jones et al. 2002). Aggression, a common behavioral problem that can develop in school age children, is also linked to antisocial behavior, peer rejection, and low academic achievement (Loeber 1990; Coie et al. 1990; Kokko and Pulkkinen 2000).

Child Coping and School Readiness

Children with high scores in the achievement domain tend to be more skillful in tasks requiring organization, concentration, attention to detail, motivation, and problem solving, and are more likely to succeed academically (Compas 1987), showing that achievement coping competence in young children may be linked to more general school readiness. Indeed, studies show that children are at higher risk for delinquent behavior and dropping out of school later if they experience academic or achievement problems in early childhood (Tremblay et al. 1992; Fetler 1989). As mentioned above, the affective domain involves problem solving in emotionally demanding situations, and children with higher scores on this domain tend to be better able to generate solutions to challenging situations, use “self-talk” to decrease stress, and show fewer symptoms of ADHD compared to their less competent peers (Moreland and Dumas 2008; Normandeau and Gobeil 1998).

School readiness is conceptualized as a child’s ability and readiness to enter school, which is manifested by both academic readiness as well as a very important social emotional readiness component. Research has identified that a child’s readiness for kindergarten should be examined independently of cognitive ability, as findings identify that school readiness is an important predictor of future academic performance after controlling for cognitive ability and family resources (Normandeau and Guay 1998; Raver and Zigler 1997). Importantly, school readiness, or lack thereof, can be impacted by a multitude of factors including socioeconomic disadvantage/poverty and externalizing or conduct problems (Kellam et al. 1998). Further, a child’s ability to cope with social and emotional demands in the environment have been associated with school readiness, as children with higher levels of emotional competence, or coping, have performed better in school (Gumora and Arsenio 2002). Thus, as the school day can include many obstacles and challenges for children, the child’s ability to cope with his/her environment, from an achievement and social perspective, may have an impact on how “ready” for kindergarten a child may be.

Link Between Parenting Stress, Child Coping, and School Readiness

The extant literature demonstrates that higher levels of perceived parenting stress are significantly related with maladaptive coping strategies in the child (Cappa et al. 2011; Weiss et al. 2003). Moreover, studies suggest that a parent’s ability to cope with stressful situations (i.e., positive or negative responses) is strongly associated with a child’s coping response (Hakim-Larson et al. 1999; Rothbart and Bates 1998). A child’s ability to cope with daily challenges and difficulties can significantly influence their overall functioning both in social and academic settings (Cappa et al. 2011). For example, a child’s ability to generate solutions, to use “self-talk” to decrease current stress, or to explain a caregiver’s absence may be helpful in social situations in which a child must resolve a problem with a friend or classmate, in academic situations in which a child may encounter schoolwork related stress,

or in new situations, such as the first day of school, in which the child will be separated from the caregiver for an extended period of time. Most daily challenges children confront are, more often than not, likely to occur at school. As such, an affectively competent child, compared to a child less so, may be able to handle, more pro-socially, any social or achievement challenges they may confront at school.

While research has established the associations among perceived parenting stress, child coping competence, and child functioning, several limitations exist. First, only recently have studies separately examined the three coping domains among children (Cappa et al. 2011) and, as such, more research is needed to establish associations between these variables and child functioning. Second, previous studies focus mainly on parent report of child competence and functioning. Examining both parent and child report of child competence and functioning is important when examining coping among young children, as studies have frequently found differences in parent and teacher report of school readiness (Janus 2001). That being said, examining both reports of child coping is crucial when examining the impact on school readiness, given that the teacher's perception of coping may carry even stronger weight when academic achievement is involved.

Third, the majority of studies focus solely on child functioning defined by the expression of externalizing symptoms (Cappa et al. 2011; Moreland and Dumas 2008; Normandeau and Gobeil 1998). Finally, the majority of studies focus on youth from a single demographic (typically middle-class, Caucasian), rather than a more diverse population of youth, which limits the ability to examine, and generalize, relationships among a diverse population, and investigate ethnic differences.

Current Study

In the current study, we examine the associations among parenting stress, child coping competence, and child functioning. Given previous research suggesting perceived parenting stress and child coping competence are associated with child attention, motivation and problem solving (DuPaul et al. 2001; Moreland and Dumas 2008), we examine child functioning as defined by school readiness. We address other noted limitations in the literature by a) examining the unique relationships between each of the child competence domains (i.e., social, achievement, affective) as they relate to school readiness; b) utilizing both parent and teacher report of child competence and school readiness; and c) utilizing an racial/ethnic diverse sample (i.e., African American and Caucasian families) from lower socioeconomic backgrounds.

Building on previous research findings, we hypothesize that both teacher and parent-reported child competence (measured by the Coping Competence Scale-Revised) would mediate the relation between perceived parenting stress (measured by the Parent Stress Index) and child school readiness (measured by the Lollipop Test). Exploratory analyses were conducted to examine potential racial/ethnic differences among the relation between key study variables for Caucasian and African American families.

Method

The current study used data from a large intervention program, Parenting Our Children to Excellence (PACE), a group parent training program for parents of preschool children (age 3–6) considered high risk for parenting stress and child disruptive behavior (Begle and Dumas 2011).

Participants

Data were collected from 610 caregivers of preschool children (age 3–6) and 447 preschool teachers. Caregivers consisted of 610 adults self-identified as Caucasian (46 %), African American (49 %) or Other (5 %) (see Table 1). Caregivers had an average age of 31 years ($Mdn = 31.05$; $SD = 7.12$). The majority of caregivers were women (93 %), having at least some college education (64 %), and employed (66 %). Nearly half (53 %) of caregivers reported being single and 47 % were married. Approximately a fourth (27 %) of caregivers reported a yearly household income of less than \$12,500, 25 % reported an income of \$12,500–29,000, and 48 % reported incomes greater than \$30,000 per year. Children were evenly distributed between boys (52 %) and girls (48 %) with an age range of 3–6 years ($Mdn = 4.4$; $SD = .78$). Children were identified by their caregivers as Caucasian (41 %), African American (50 %), or Other (9 %).

Procedures

All procedures were approved by the Institutional Review Board of Purdue University. Caregivers of children age 3–6 were recruited from 50 daycare centers in the Indianapolis area; data were collected from 2002 to 2007. Recruitment procedures included displaying poster advertisements in numerous locations, sending program registration forms to all eligible caregivers, and staffing a registration table twice a week for 6 weeks during which eligible caregivers (i.e., caregiver to children of age 3–6) were informed about the PACE program and invited to participate. All caregivers provided informed consent prior to participation in PACE. Following enrollment, caregivers completed a structured interview administered by trained staff either at the caregiver's home or at the daycare center. At this time, the target caregiver completed measures assessing demographics, parenting stress, child competence, and child school-readiness. Caregivers received \$35 in cash at completion. Daycare teachers were invited to participate in PACE through PACE staff, once the parent had enrolled in the program. Target teachers provided informed consent prior to completing self-report measures regarding perceived child coping competence. Teachers received \$15 in cash upon completion. Overall, each child had one parent report and one teacher report; if the child had more than one parent and/or teacher, a "target" parent and/or teacher were each chosen to complete the measures. Finally, at the time of the caregiver assessment, children completed the Lollipop Test of School Readiness, which was administered by a trained study staff member.

Measures

Demographics—Caregivers provided demographic data including: age, gender, race/ethnicity, marital status, education, employment status, yearly income, and child demographic characteristics (i.e., age, gender, race/ethnicity).

Child Coping Competence—(CCS-R; Moreland and Dumas 2008). This 26-item measure assesses child coping competence along 3 dimensions (i.e., academic, affective and social). Items are rated on a 5-point Likert scale ranging from (1) ‘Very good’ to (5) ‘Very poor’ where lower scores reflect higher levels of coping competence. Both caregivers and teachers completed this measure. This measure correlates significantly with other measures of adjustment and externalizing psychopathology in preschool (Moreland and Dumas 2008). In the current study this scale demonstrated high internal consistency for caregiver (Cronbach’s $\alpha = .91$) and teacher (Cronbach’s $\alpha = .90$) report of child coping competence.

Parenting Stress Index, Short-Form—(PSI-SF; Abidin 1995) This 36-item measure assesses parent-perceived stress related to parenting. Items are rated on a 5-point Likert scale ranging from (1) ‘Strongly agree’ to (5) ‘Strongly disagree.’ Caregivers completed this measure. Clinically significant scores were defined as reaching the 90th percentile or above, which corresponds to a score of 90 (Abidin 1995). This scale has demonstrated high internal consistency, inter-item correlations and interscale correlations (Abidin 1997; Begle et al. 2010). In this study, the PSI-SF demonstrated high internal consistency (Cronbach’s $\alpha = .91$).

Lollipop Test for School Readiness—(Chew 1989) This is an individually administered measure of school readiness, which assesses knowledge of concepts essential to success in the early primary grades. A PACE staff member administered the Lollipop Test to each child prior to program start; tests were administered one-on-one in a quiet room. It is composed of four subtests, including identification and copying of colors and shapes; picture description, position, and spatial recognition; identification of numbers and counting; and identification of letters and writing. This assessment has demonstrated concurrent validity with other measures of early achievement (Chew and Morris 1984, 1987), as well as predictive validity (Chew and Lang 1990; Chew and Morris 1989). In this study, the Lollipop test demonstrated high internal consistency (Cronbach’s $\alpha = .95$). The Lollipop Test was used in this study to demonstrate the child’s academic and social emotional readiness for school, rather than cognitive ability, based on previous research showing that readiness is often independent of cognitive ability. Given that the sample was from a Head start environment, whose primary mission is to prepare children for kindergarten, giving this test to children age 3, 4, and 5 was very relevant. Further, analyses controlled for child age, to take into account that younger children may not be as ready for kindergarten.

Results

Preliminary Analyses

Means, standard deviations, and Pearson correlations were calculated to examine the associations between the study variables and child school-readiness for both parent and teacher report (see Table 2). With regard to parent report, total scores of perceived parenting stress ranged from 41 to 169 ($M = 85.64$, $SD = 21.52$) thus indicating that the majority of parents perceived experiencing significant distress. Perceived parenting stress was significantly negatively associated with child coping competence $r = -.22$, $p < .001$ and school-readiness $r = -.11$, $p < .05$. Parent report of child coping competence was

significantly correlated with child school readiness $r = .22, p < .001$. Teacher report of child coping competence was also significantly associated with child school readiness $r = .23, p < .001$. Further, teacher report of child coping competence was significantly correlated with parent report of child coping competence $r = .30, p < .001$.

Patterns of missing data were examined, and it was determined that all missing data was either missing completely at random (MCAR) or missing at random (MAR). No significant difference was found among parents with and without missing data on any variable, showing that the MCAR assumption of structural equation modeling (SEM) was met. SEM used maximum likelihood estimation (MLE) to allow for missing data and different sample sizes at each time point by utilizing data on repeated-measures variables from all parents who had completed at least one survey.

Model of Child School-Readiness

To examine the effects of perceived parenting stress on school readiness via parent and teacher reported competence, we created a longitudinal structural equation model (SEM) using *MPlus* 6 (Muthén and Muthén 2010). We utilized a full information maximum likelihood estimation method to handle missing data, which provides less biased parameter estimates than ad hoc procedures (such as listwise and pairwise deletion) and is more robust to non-normal data (Little and Rubin 1987). Four fit indices were used to estimate how well the model fit the data: the χ^2 statistic, the Comparative Fit Index (CFI; Bentler 1990), (TLI; Tucker and Lewis 1973) and the Root Mean Square Error of Approximation (RMSEA Steiger 1990). Non-significant χ^2 values indicate good fit; however, this index is sensitive to sample size. CFI and TLI values greater than .90 and RMSEA values less than .08 suggest acceptable fit (Schweizer 2010). We tested a model in which PSI predicted both latent parent-report of coping competence (as indicated by parent-report of children's academic, affective, and social competence) and latent teacher-report of coping competence (as indicated by teacher-report of children's academic, affective, and social competence), which, in turn, predicted the Lollipop achievement test. We included parent's education level, family income, child's age, and child's sex as control variables (see Fig. 1). Cross-wave correlations were allowed between the disturbance terms of the parent-report and teacher-report child competence constructs, in line with recommendations by Marsh (1993).

The model fit the data well: $\chi^2_{(df=32)} = 55.19$, CFI = .99, TLI = .98, and RMSEA = .04 (90 %CI = .02–.05). Results suggest that parent education level ($\beta = .12, p = .01$), family income ($\beta = -.14, p < .01$), child age ($\beta = .20, p < .01$), and child sex ($\beta = -.14, p < .01$) were significantly related to parent-reported child competence. Only parent education level ($\beta = .15, p = .02$), child age ($\beta = .20, p < .01$), and child sex ($\beta = -.23, p < .01$) were significantly related to teacher-reported child competence, and only parent education level ($\beta = .20, p < .01$), child age ($\beta = .62, p < .01$), and family income level ($\beta = .17, p < .01$) significantly predicted Lollipop achievement scores.

We tested the indirect effects (i.e. PSI to Parent-reported Child Competence to Lollipop achievement scores and PSI to Teacher-reported Child Competence to Lollipop achievement scores) by estimating their confidence intervals, using the bootstrapping procedure recommended by Preacher and Hayes (2008). Unlike hypothesis testing based on parametric

statistics, bootstrapping procedures do not assume normality (Preacher and Hayes 2008). An indirect effect with a confidence interval that does not contain zero would indicate a statistically significant indirect effect of PSI on Lollipop achievement scores through either parent- or teacher-reported child competence. In support of the first part of our hypothesis, results from the current analyses suggest the indirect effect of PSI on the Lollipop achievement scores via parent-reported child competence was significant, indirect effect = $-.04$, $SE = .02$; [95 % CI = $-.081$ to $-.003$]. However, the indirect effect of PSI on the Lollipop achievement scores via teacher-reported child competence was not significant, indirect effect = $-.01$, $SE = .01$; [95 % CI = $-.021$ to $.008$].

Examining the Influence of Race/Ethnicity on Child School-Readiness

We utilized a nested models approach to examine potential ethnic differences in the relations between our key study predictors and school readiness. We tested the previous model using a multi-group SEM to compare African American and Caucasian children. To examine invariance in parameter estimates across groups, the χ^2 estimate from the baseline model, in which all parameter estimates were constrained to be equal across groups, was compared to an alternative model, in which all parameter estimates were allowed to be unequal across groups. The alternative model fit the data well, $\chi^2_{(df=60)} = 96.59$, CFI = .99, TLI = .98, and RMSEA = .04 (90 % CI = 0.02–0.06). We then calculated an omnibus χ^2 difference test to examine overall differences in parameter estimates between the models ($\chi^2 = 41.39$, $df = 36$), where a significant change in χ^2 would indicate that constraining the paths to be equal across groups produced a perturbation in the overall fit of the model. The change in χ^2 was not significant, indicating that parameter estimates between racial groups were also not significantly different.

Discussion

The purpose of the current study was to extend research on parenting stress, child coping competence, and child functioning. Previous studies have shown that perceived parenting stress can negatively influence child school readiness (e.g., Chazan-Cohen et al. 2009; Farver et al. 2006). Moreover, several studies show that children who lack coping competence at the preschool age are more likely to experience problems transitioning to kindergarten, be academically unprepared, develop social and behavioral problems later in grade school, and maintain academic and social problems over the long-term (Barbarin et al. 2006; Bornstein et al. 2010; Fantuzzo et al. 2003; Huffman et al. 2000).

In this paper, we hypothesized that child competence would mediate the relation between perceived parental stress and child school readiness. Overall, results supported the hypotheses for parent-reported child competence, such that parents reported that parenting stress and child coping competence were significantly related to school readiness among preschool children. This suggests that parents reporting higher levels of stress also reported lower levels of coping competence in their children (i.e., challenges with goal-oriented tasks; greater difficulty coping with interpersonal and social demands; and greater difficulty managing emotional situations), which, in turn, negatively influenced their child's academic performance. To this end, increasing parental awareness on the importance of their role in

creating a home environment that enhances early child coping competence is essential in promoting their child's academic performance. Results also demonstrated that, although parents reported a link between these constructs, teachers did not report a significant relationship between parenting stress and child coping competence. This difference in parent and teacher report is not completely surprising, given the potential differences in coping at home and at school among children, as well as the different situations that present for children to cope with. Examination of racial/ethnic differences determined that racial groups were not significantly different from one another regarding the findings.

Outside of coping competence, variables such as parent education, household income, and child sex are also significant predictors of a child's readiness to start school. Parent education and income often go hand-in-hand; the more education a parent receives the higher the income tends to be (DeNavas-Walt et al. 2010), which may contribute to the child's readiness for school regarding clothing, supplies, and books. Child sex may also be a significant factor because boys tend to externalize problems more than girls the same age (Keenan and Shaw 1997), which may contribute to limited ability to adequately prepare for school.

Limitations

Important limitations must be considered. First, although the study targeted multiple high risk daycare centers, whether the sample of families in this study is representative of the population is unknown. This is especially true given that families self-selected for the study and may not be representative of English-speaking families from lower to lower-middle class in general. In addition, the sample consisted of mostly African American and Caucasian parents, and should not be generalized to other racial/ethnic groups. That being said, the large percentage of both African American and Caucasian families in this program is very encouraging, given the underrepresentation of minority families in this area. Third, this particular study included all parents who enrolled in the program, including those who did not subsequently attend session. Engagement rates were similar to that of other studies (e.g., Heinrichs 2006), but results may have differed if only parents who attended sessions had been included. Importantly, results from many studies with this program have indicated that results are similar with and without inclusion of parents who did not attend a majority of sessions (Begle and Dumas 2011).

Implications for Practice, Policy, and Research

Because of the major effect that coping competence has on a child's current and future academic functioning, promoting prosocial responding, academic responsibility, and management of emotional situations are critical at an early age. The negative relationship between parenting stress, and child coping competence and school-readiness suggests that interventions should start with and be directed toward the parents. The current study uses data from PACE, an eight-week program for parents of preschool children, which has been shown to improve outcomes in an ethnically diverse sample of parents considered at risk for child maltreatment (Begle and Dumas 2011). Begle and Dumas (2011) focus on parent attendance and quality of participation, and their findings suggest that the higher the quality of participation, the better the outcomes for both the parent and child immediately following

the end of the program, and, for many families, at the 1 year follow-up as well. As it relates to the current study, parents actively engaged in a preventive parenting program have a higher level of parenting satisfaction and efficacy, and significantly reduced parenting stress (Begle and Dumas 2011), providing the child with more opportunities to respond in a prosocial manner and increase their affective coping competence.

Although findings are promising, we suggest a replication study with a different sample than that of PACE. With this replication, an increase in the diversity of the sample will be beneficial for overall generalizability of the study. The study also only used data from Time 1 of the PACE study suggesting that further research should compare results from the beginning of the program to the end of the program, specifically looking at both parenting stress and child school readiness in relation to the program. Overall, we are encouraged by the findings of this study and it is our hope that these findings will guide and encourage future research, and in particular with regard to the development of interventions directed at preschool children focusing on improving social and emotional competence with the goal of increasing school-readiness.

Overall, these findings highlight the importance of examining the effect that both parent and child variables can have on school readiness. Results from this study, combined with findings that demonstrate the potential consequences of poor school readiness (Kellam et al. 1998) suggest that focusing on school readiness in implementing parenting interventions may provide longer-term improvement on child functioning. In other words, aside from the critical need to improve child behavior and coping over time, it may be just as critical to focus on parent and child factors that impact school readiness in a broader sense. Further, results show that including parent stress reduction models as a part of parent training programs may enhance positive child outcomes. In addition, increasing the use of positive coping strategies among parents, as well as modeling for children, may reduce both psychological risk and poor school readiness.

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Fig. 1.

Conceptual mediation model with standardized (and unstandardized) estimates Note PSI-SF = Parenting Stress Index-Short Form, LTSR = Lollipop Test for School Readiness.

Correlated residuals, and control variables (including family income, parental education level, child age, and child sex) are not shown. $*p < .05$; $**p < .01$

Table 1

Demographics

Category	<i>n</i>	%
Caregiver	610	
Age: 31 ± 7.13		
Sex		
Male	43	7
Female	567	93
Race		
Caucasian	281	46
African American	299	49
Other	30	5
Marital status		
Married	287	47
Not married	323	53
Education		
Less than high school	79	13
High school degree/GED	140	23
Some college	214	35
College degree	177	29
Income		
\$12,500	165	27
\$12,500–\$29,999	152	25
\$30,000–\$49,999	104	17
\$50,000	189	31
Child		
Age: 4.4 ± .78		
Sex		
Male	52	
Female	48	

Table 2
Correlations among parenting stress, child coping competence and school-readiness

	Aff.	Ach.	Soc.	Total	T. Aff.	T. Ach.	T. Soc.	T. Tot.	PSI-SF	L. total	M	SD
Aff.	–										1.96	.49
Ach.	.663**	–									2.27	.43
Soc.	.637**	.581**	–								2.00	.47
Total	.892**	.853**	.855**	–							6.23	1.23
T. Aff.	.291**	.295**	.262**	.328**	–						13.75	5.03
T. Ach.	.229**	.319**	.252**	.306**	.761**	–					19.87	6.11
T. Soc.	.227**	.211**	.302**	.288**	.683**	.666**	–				15.30	5.00
T. Tot.	.276**	.309**	.303**	.343**	.904**	.914**	.867**	–			48.92	14.38
PSI-SF	–.387**	–.366**	–.469**	–.470**	–.013	–.016	–.062	–.033	–		85.64	21.52
L. Total	.258**	.296**	.189**	.287**	.306**	.263**	.264**	.309**	–.087	–	38.14	18.09

Aff. Affective, *Ach.* Achievement, *Soc.* Social, *Total* Total Coping, *T. Aff.* Teacher reported Affective, *T. Ach.* Teacher reported Achievement, *T. Soc.* Teacher reported Social, *T. Tot.* Teacher reported Total Coping, *PSI-SF* Parenting Stress Index- Short Form, *L. Total* Lollipop Total