

COPING TOGETHER TO REDUCE INTERNALIZED AND EXTERNALIZED PROBLEMS: AN INTERVENTION FOR PARENTS AND CHILDREN

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ABSTRACT

The parent-child relationship provides the foundation for children to develop adaptive coping and stress management skills. How parents cope with adversity is a predictor of children's coping abilities. Childhood stressors have physical and psychological consequences that trigger coping, understood as a dynamic and adaptive response to stress. In Mexico, preschool children tend to use dysfunctional coping strategies, it could increase the likelihood to develop Internalized and externalized problems, also could be the result of parenting practices characterized by psychological control, devaluation and blame. This underscore, the importance of promoting interventions that provide coping strategies for both children and their caregivers, aimed at preventing and addressing internalized and externalized problems in children. The objective of this study is to evaluate the intervention «Afrontando Juntos», implemented with Mexican children from 4 to 6 years old in an urban area in the

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southern of Mexico City. This intervention involves parents and children with the goal of increasing functional coping and reducing internalized and externalized problems in children. Participants were divided into two groups: Experimental group that participated in 12 sessions with parents' participation; and a comparison group where only children participate in 8 sessions without their parents. Initially, there were 26 participants, but only 18 children (9 in each group), completed the study. Results showed that children in the experimental group increased their functional coping skills and experienced significant reduction in emotional reactivity and sleep problems.

Keywords: coping; intervention; prevention; psychopathology; preschoolers

RESUMEN

Afrontando juntos para reducir los problemas internalizados y externalizados: una intervención para padres e hijos. La relación entre padres e hijos brindan las bases para que sus hijos adquieran otras habilidades de afrontamiento adaptativo y manejo del estrés. La forma en cómo los padres afrontan las adversidades, resulta un predictor del afrontamiento de los niños. Los estresores infantiles tienen consecuencias físicas y psicológicas por lo que se pone en marcha el afrontamiento, entendido como una respuesta dinámica y adaptativa al estrés. En México, los preescolares tienden a utilizar estrategias de afrontamiento disfuncionales, que los pueden llevar a desarrollar, problemas internalizados y externalizados, los cuales también pueden ser producto de los modelos de crianza parentales en los que se emplea el control psicológico, devaluación y culpa. De ahí se resalta la importancia de promover intervenciones para niños y sus cuidadores basadas en brindar estrategias de afrontamiento para la prevención y tratamiento de los problemas internalizados y externalizados en niños por lo que el objetivo del trabajo es evaluar la intervención "Afrontando juntos", una intervención realizada a niños mexicanos de 4 a 6 años de la zona urbana sur de la Ciudad de México, donde participan padres e hijos para aumentar el afrontamiento funcional y disminuir los problemas internalizados y externalizados en niños, divididos en dos grupos: experimental con 12 sesiones y con la participación de los padres y grupo comparativo donde sólo participan los niños en 8 sesiones sin sus padres. En principio se tuvieron 26 participantes, pero al final, sólo concluyeron 18 niños, 9 en cada grupo. Los resultados mostraron que los del grupo experimental aumentaron el afrontamiento funcional y disminuyeron de forma significativa la reactividad emocional y problemas para dormir.

Palabras clave: afrontamiento; intervención; prevención; psicopatología; preescolares

INTRODUCTION

Mothers and fathers face various challenges throughout parenthood; serving as the primary sources of learning and models of coexistence for their children (Martínez, 2014). The relationship between mothers, fathers and children becomes the first formative agent for children's socio-affective development, acquisition of norms, values and skills. This relationship lays the groundwork for the development of children's social interaction behaviors beyond the family unit (Bronfenbrenner & Evans, 2000; Muñoz, 2005, Vargas et al., 2017).

During the preschool years, children learn to regulate their own emotions in the face of stressors. In Spain, the most common stressors for children aged 0 to 6 years of age include separation, loss, attachment issues, abuse and neglect (Del Barrio, 1997). These events are known to have physical and psychological consequences in early childhood, activating coping mechanisms, which are understood as dynamic and adaptive responses to stress. Coping involves «constantly changing cognitive and behavioral efforts that are developed to manage specific external and/or internal demands, which are evaluated as exceeding or overflowing the individual's resources» (Lazarus & Folkman, 1986, p. 164). Dysfunctional coping strategies can include avoidance, which Folkman and Lazarus (1986) define as making cognitive efforts to distance oneself from the stressful situation to lessen its impact. While avoidance may be effective in the short term, prolonged use has negative effects on the mental health of both parents and children (Holahan et al., 1999). Dysfunctional coping can affect the limbic, endocrine and autonomic systems and may manifest behaviorally as isolation, impulsivity, aggression and irritability, among other issues (Cicchetti & Walker, 2001).

In Mexico, preschoolers tend to use dysfunctional, avoidant and emotional coping strategies (Lucio & Monjarás, 2020). Primary caregivers act as co-regulators, providing a foundation for children to develop adaptive coping and stress management skills (Frydenberg, 2017). These skills can be cultivated through training (Paysnick & Burt, 2015).

Caregivers promote feelings of security and confidence in children perceive, helping them to gradually learn self-regulation of their emotions (Illinois Early Learning, 2022). This emotional self-management enables greater adaptability, prevents childhood psychopathology, and fosters strategies that children can use in adulthood (Cassaretto et al., 2003; Compas et al., 2001; Paysnick & Burt, 2015).

Parental involvement during the parenting process is crucial; high levels in maternal sensitivity, lack of maternal intrusion, and responsiveness and engagement with children are associated with lower levels of emotional problems in children. Conversely, children with low emotional availability tend to experience higher levels of isolation and internalized problems (Gil, Lucio & Forns, 2018). Internalized and externalized problems are often the result of parental upbringing models characterized by psychological control, devaluation and blame (Betancourt, 2007).

How parents cope with adversity also predicts children's coping abilities (Campbell et al., 2017). For example, in case of serious illness, ineffective parental coping significantly impacts how children and adolescents adapt to the condition and can influence their recovery and prognosis (Neder, 1992; Chacín and Chacín, 2011). That is, if an illness is perceived as a threat, there is a higher vulnerability to developing psychological problems; on the other hand, if approached with a sense of capability, children are likely to show to greater competence (Zimmer-Gembeck & Skinner, 2014).

Several intervention programs for families, parents or caregivers promote coping strategies to improve parenting. The «*Family Intervention Program*» (Hidalgo et al., 2021), aimed at all family members, seeks to equip parental figures with the skills needed to address children's needs, provide tools for responding to children's demands of their; to provide infants with strategies to meet their needs on their own; to encourage healthy relationships among family members and to improve integration. The program consists of four blocks: Strengthening parental competencies for positive parenting; Promoting and stimulating healthy child and adolescent development; Optimizing family functioning and well-being; and Improving family integration in their social and community environment.

Another intervention program for parents focused on promoting coping strategies is called *From problem to solution: Learning to be effective parents* (Barcelata & Montalvo, 2021). It is aimed at parents for parenting their adolescent children, it aims to promote and strengthen coping skills focused on problem solving by different techniques. The intervention consists of five sessions: Stress and health; Coping: Styles and strategies; Problem solving methods; Action plan and Evaluation of results.

In addition, the *Dino Dinosaur* program (Caycedo et al., 2005) aimed at teachers, parents and children between 4 and 8 years of age aims to increase social skills and strategies when handling conflict. It consists of 18 and 22 two-hour sessions. Another example is the program *I can solve the problem* (Caycedo et al., 2005) aimed at children between 4 and 8 years old. It consists of 59 to 83 sessions per year. Its objective is to promote a problem-solving thinking style and to develop coping skills to solve everyday interpersonal problems.

For their part, Power et al. (2021) describe a program aimed at low-income Latina mothers, whose objective is the development of skills to help their children cope with stress. Mothers who received the intervention, unlike the control group, showed a significant increase in their knowledge of strategies to help their children cope with stress.

Similarly, Liang, Frydenberg, and Deans (2017) propose a coping skills-based program for families of preschool children. The *Productive Parenting for Preschoolers Program* (EYPPP) aims to support parents to develop tools and resources to communicate effectively and develop warm, trusting relationships with their children.

Based on this background, the importance of promoting interventions that provide coping strategies to both children and caregivers for the prevention and treatment of internalized and externalized problems in Mexican

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children is highlighted. The objective of this study is to evaluate the «Afrontando Juntos» (Facing Together) intervention, carried out in the context of Mexican children in the southern urban area of Mexico City. This intervention involves both parents and children to increase functional coping and decrease internalized and externalized problems in children aged 4 to 6 years.

METHOD

Design

A quasi-experimental design with a control comparison group was used (Kerlinger & Lee, 2002). The experimental group received the intervention «Facing together» with the participation of their caregivers, while the comparison group received the intervention only for the children, without the involvement of their parents.

Participants

The study was conducted in a public preschool located in the southern part of Mexico City. Twenty-six children participated in total, with 13 randomly assigned to the experimental group and 13 to the comparison group, where the intervention was provided exclusively to the children, without parental participation.

Instruments

- Coping Scale for Preschoolers children version: Likert-type pictorial scale of 17 items with three response options that measure the frequency with which children use coping strategies, presents a CFI of 0.92 and TLI of 0.90, with a cronbach's alpha of .778. The scale factors are functional, dysfunctional, emotional and avoidance coping (Lucio & Monjarás, 2020; Monjarás et al. in press).

- Sociodemographic card: consists of 11 questions on sociodemographic data of the preschoolers, such as child's age, mother's age, father's age, father's occupation, mother's occupation, number of siblings in the preschool, place among siblings in the preschool, marital status of parents, as well as questions related to economic status (breadwinner, people sleeping in each room, type of housing, monthly salary).

- Child Behavior Checklist (CBCL 1.5-5): This is a list of 100 items on a Likert scale with three response options (0 = Not true, 1 = Sometimes true, 2 = Very true or very often) answered by parents or caregivers of children aged 1.5 to 5 years. The results are grouped into Internalized Problems (Emotional Reactivity, Anxiety/Depression, Somatic Complaints and Isolation), Externalized Problems (Attention Problems and Aggressive Behavior) and Sleep Problems (Achenbach & Rescorla, 2000).

Intervention «Facing together».

The «Facing together» Intervention is designed for children aged 4 to 6 years and their parents or caregivers. The intervention consists of 12 sessions in total, divides as follows:

Individual sessions for children (First 8 sessions): These weekly sessions, each lasting 50 to 60 minutes, cover the following topics:

1. Presentation and framing
- Identification of emotions
3. Understanding emotions
4. Identifying daily stress
5. Abuse and good treatment at school and in the family.
6. Communicate with my family and friends
7. Problem-solving
8. Coping strategies

Individual sessions for parents or caregivers (4 sessions): These sessions occur every two weeks and last 120 minutes each. The topics covered include:

Presentation

Communication, parenting styles, violence and positive parenting

Stress and coping strategies?

Assertiveness and conflict resolution

Joint sessions for parents and children: in the final sessions, both Children and their parents work together to reinforce the learned skills. These sessions cover: Coping with my parents

Parent-child communication

Family conflict resolution

Closing and reflection?

In total, children participate in 12 sessions, considering those conducted jointly with their parents.

Procedure

For this study, approval was obtained from the DGAPA PAPIIT TA300323 Evaluation Committee, and the ethical principles of the Declaration of Helsinki for research involving human subjects were followed.

Initially, authorization was requested from the Preschools Coordination Office of the Ministry of Public Education to conduct research in a public preschool. Once permission was granted, the research team visited a school in the south of Mexico City. We met with the school directors to distribute informed consent forms to parents, informing them about their own and their children's participation in the intervention. Only third-grade preschool children were included in the study.

Half of the children were assigned to the experimental group, in which both children and parents participated in the intervention. Children in this group received 8 sessions of 1 hour each, held every 8 days. Parents participated in 4 sessions of 2 hours each, held every 15 days. In addition, both children and parents attended 4 joint sessions, making a total of 12 sessions for children and 8 sessions for parents.

The other half of the children were assigned to the comparison group, in which only the children received the intervention. In this group, children attended a total of 9 sessions (8 intervention sessions plus 1 closing session), with each session lasting one hour and held once per week.

After obtaining informed consent from the parents, a pre-evaluation was conducted to assess the children's coping and their internalized and externalized. This was followed by the intervention phase, and finally, a post-evaluation was carried out.

For the analysis of results, only participants who attended at least 9 out of 12 sessions in the experimental group and at least 6 out of 8 sessions in the comparison group were included.

A Wilcoxon T test was used for the pre- and post-evaluation analysis to assess differences between the two groups. To evaluate the effect size, Rosenthal's r was calculated (Rosenthal, 1991). According to Castillo (2009), r values of 0.10 indicate a small effect, 0.30 a medium effect, 0.50 a larger effect than typical, 0.70 much larger than typical, and 0.90 an almost perfect effect.

Results

Initially, 26 children participated in the study, with 13 assigned to each group. However, not all participants met the attendance criteria or completed both the pre- and post-evaluations. Ultimately 9 children in the experimental group and 9 in the comparison group met the inclusion criteria for analysis.

For the CBCL, responses were collected from 8 caregivers in the experimental group and 7 in the comparison group. For the Coping Scale 8 children in the experimental group and 6 in the comparison group completed the assessment.

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Coping

The pre- and post- intervention results for the coping variable in both groups are presented below. A significant increase in Functional Coping was observed in the experimental group after the intervention, while no such improvement was found in the comparison group.

Table 1 . Results of pre- and post-treatment assessments of Coping types. Experimental Group

	Pre-test		Post-test		Z	p	r of Rosenthal
	MD	Rn	MD	Rn			
Emotional	8.5	4.20	7	5	-.422	.673	-0.15
Dysfunctional	8	3	9	3.75	-.957	.339	-0.34
Avoidance	10.5	3.90	9.5	5.50	-.211	.833	-0.07
Functional	5	2	7	4.33	-2.047	.041	-0.72

Note. MD= Median Rn= Mean Range p=significance, n=8

Table 2. Results of pre- and post-treatment assessments of Coping types. Comparative Group

	Pre-test		Post-test		Z	p	r of Rosenthal
	MD	Rn	MD	Rn			
Emotional	8	2.75	6.5	4	-.966	.334	-0.39
Dysfunctional	7	3.50	5	.00	-2.264	.024	-0.92
Avoidance	11.5	3.88	9.5	2.75	-1.063	.288	-0.43
Functional	8	3.33	7	3.67	-.106	.915	-0.04

Note. MD= Median Rn= Mean Range p=significance, n= 6

Table 3 presents the pre- and post- intervention differences in the experimental group, indicating a significant reduction in emotional reactivity and sleep problems. In contrast, no statistically significant differences were observed in the comparison group where.

Table 3. Results of pre- and post-treatment assessments of Internalized and Externalized Problems.
Experimental Group

	Pre-test		Post-test		Z	p	r of Rosenthal
	MD	Rn	MD	Rn			
Emotional reactivity	4	3.50	1.5	.00	-2.226	.026	-0.79
Anxiety and depression	3.5	3.63	3.5	4.50	-.085	.932	-0.03
Somatic complaints	1.5	3	0.5	6	-.954	.340	-0.34
Isolation	3	3.80	2.5	4.50	-.877	.380	-0.31
Attention problems	3	2.50	2.5	2.50	.000	1	0.00
Aggressive behaviors	12.5	4.90	10	3.83	-.911	.362	-0.32
Sleeping problems	4	3	2	.00	-2.032	.042	-0.72
Internalized problems	10.5	4.67	9.5	4	-1.400	.175	-0.49
Outsourced problems	14.5	5.88	13.5	3.13	-.772	.440	-0.27
Other problems	12.5	4.80	12.5	4	-.840	.401	-0.30
Total problems	45	5.40	40.2	3	-1.275	.202	-0.45

Note. MD= Median Rn= Mean range p=significance, n=8

Table 4. Pre-test and post-test comparison of the Internalizing and Externalizing Problems Questionnaire for Parents. *Comparative group*

	Pre-test		Post-test		Z	p	r of Rosenthal
	MD	Rn	MD	Rn			
Emotional reactivity	1	2.67	1	2	-1.134	.257	-0.43
Anxiety and depression	3	4.38	2	3.50	-.604	.546	-0.23
Somatic complaints	2	2	2	2	-.577	.564	-0.22
Isolation	2	1.50	2	3.50	-.736	.461	-0.28
Attention problems	3	2.83	3	3.25	-.276	.783	-0.10
Aggressive behaviors	8	2.75	9	3.88	-1.051	.293	-0.40
Sleeping problems	3	3.75	1	2.50	.000	1.000	0.00
Internalized problems	6	3.75	7	4.33	-.175	.861	-0.07
Outsourced problems	13	3	14	3.75	-.954	.340	-0.36
Other problems	12	3.33	10	4.50	-.689	.491	-0.26
Total problems	32	5.50	39	3.40	-.509	.611	-0.19

Note. MD= Median Rn= Mean Range p=significance, n=7

Discussion

The aim of the present work was to evaluate the «Coping Together» intervention to increase Functional Coping and decrease Internalized and Externalized Problems in children aged 4 to 6 years, comparing an experimental group (with parental participation) and a comparison group (without parental participation).

The results show that the experimental group, where the intervention was applied to both children and their parents, demonstrated a significant increased Functional Coping and a significant decreased in Emotional Reactivity and Sleep Problems. In this regard, Martinez and Valencia (2018) recognize that involving parents is a fundamental component in the exercise of intervention of behavioral problems in childhood. Similar outcomes have been observed in other coping-based programs, such as «Coping Power» (Muratori et al., 2022), which has also shown that promoting coping skills can reduce behavioral difficulties.

The increase in Functional Coping in the experimental group is particularly noteworthy, as literature suggests that this type of coping promotes well-being and resilience, potentially impacting the prevention of future mental health problems (Frydenberg, 2020; Griffith et al., 2000; Morales & Trianes, 2010). This intervention resulted in a decrease in Internalized Problems. Although no statistically significant differences were observed in Externalized Problems, a reduction was noted after the intervention. These results are relevant because, as Romero et al. (2022) point out, coping acts as a mediator between stress and internalized and externalized problems, with functional coping negatively correlating with these problems.

Another noteworthy finding is that, during the final four sessions, children in the experimental group openly expressed emotions to their parents, sometimes even sharing feelings of anger about experiences of mistreatment (such as physical punishment or yelling as disciplinary practices). Given that violence is still normalized in certain parts of Mexico, this dynamic may be related to the lack of reduction in Dysfunctional Coping in the experimental group, unlike in the comparison group. This finding aligns with Powell and collaborators (2020), who suggest that many behavioral and emotional problems in very young children can be related to attachment issues with primary caregivers—an area that could be incorporated into future interventions.

On the other hand, in the comparison group, where parents did not participate, favorable results were also obtained regarding coping strategies. Dysfunctional coping strategies, such as throwing objects, yelling, crying and expressing anger, significantly decreased. This may align with Frydenberg (2017), who notes that coping is closely associated with self-regulation.

Regarding internalized and externalized problems in the comparative group, no statistically significant differences were observed before and after the intervention, and there was even a slight increase in the total number of problems, which corroborates the importance of including parents and adding topics related to attachment, it is important to highlight what was mentioned by Guildford and collaborators (2015) who point out that despite the importance of including parents, there are few programs for parents that work on parental coping as a basic principle of prevention or that explicitly manage the coping of parents and children.

It is important to mention some of the limitations and suggestions in the present study. It should be considered that we worked only with children from the southern urban area of Mexico City, so the results cannot be generalized to other populations. Future studies should consider larger samples from diverse contexts to examine potential differences in outcomes, and to assess the broader applicability of the intervention.

Parental involvement proved to be an essential component; however, in many cases, fathers or mothers are unable to participate in weekly interventions due to workplace restrictions. Therefore, promoting public policies that facilitate caregiver training in coping strategies could be beneficial. Such policies could support parents in helping their children handle difficult situations, potentially reducing long-term costs associated with mental health issues.

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