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Examination of the validity of the Parents' Self-Stigma Scale in the
context of Parent-Child Interaction Therapy

By

Esther Eun Gene Choe

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Faculty Advisor: Matthew Young

Preceptor: Hannah Hamilton

Abstract

This study aims to evaluate the validity of the Parents' Self-Stigma Scale (PSSS) in the context of Parent-Child Interaction Therapy (PCIT), an evidence-based parenting intervention that aims to decrease behavior problems in young children and improve parenting abilities to enhance the parent-child relationship. Additionally, this study aims to examine the association between family demographic characteristics and scores on the PSSS. The sample consists of parents of young children (ages 2-8) with clinically significant behavior problems or externalizing disorders who participated in PCIT at University of Chicago Medicine and completed the PSSS at the beginning of treatment. The PSSS scores and demographic information were collected from these parents. We hypothesized that 1) parents who participated in PCIT would possess similar self-stigma levels as parents in a previous study who have children with mental or developmental disorders, 2) that *bad-parent self-beliefs* would be experienced more among these parents than *self-blame* or *self-shame*, and 3) that female parents would have greater self-stigma than male parents. Results indicated that parents who participated in PCIT reported significantly lower levels of self-stigma, but that these parents did not report significantly greater *bad-parent self-beliefs* than *self-blame* or *self-shame*. We also found mixed results concerning gender differences in the PSSS scores between female and male parents. Furthermore, we found that parent's age was significantly and positively associated with self-stigma, but race, specifically Black or African-American, was significantly and negatively associated with self-stigma among parents who participated in PCIT. Implications of this study and future research directions are discussed.

Keywords: Parents' Self-Stigma Scale, self-stigma, bad-parent self-beliefs, self-shame, self-blame, Parent-Child Interaction Therapy, parents, behavior problems

Examination of the validity of the Parents' Self-Stigma Scale in the context of Parent-Child Interaction Therapy

Parents who have children displaying behavior problems, mental health conditions, and developmental disorders may experience self-stigma (Eaton et al., 2019; Serchuk et al., 2021). Self-stigma occurs when these parents adopt negative societal stereotypes about their parental role and change their self-concept based on those stereotypes (Eaton et al., 2016, 2019, 2020; Serchuk et al., 2021). Although we know that parents of children with a mental or neurodevelopmental disorder experience self-stigma (Eaton et al., 2016, 2019, 2020; Serchuk et al., 2021), research has not yet examined the experiences of self-stigma specifically among parents of young children diagnosed with externalizing behavioral disorders, or in treatment-seeking samples. Therefore, the current study will focus on examining self-stigma among these parents who participated in Parent-Child Interaction Therapy, in particular.

According to the literature, parents' self-stigma can be divided into the subdomains of bad-parent self-beliefs, self-blame, and self-shame (Eaton et al., 2019). Bad-parent self-beliefs form when parents of children with a disorder internalize the stereotype that they are inept parents and, in turn, believe they lack the competence and ability to be effective caregivers (Eaton et al., 2019, 2020; Fernández & Arcia, 2004; Serchuk et al., 2021). Self-blame occurs when parents begin to view themselves poorly as they adopt the stereotype that they are at fault for their child having the disorder (Corrigan & Miller, 2004; Eaton et al., 2019, 2020; Fernández & Arcia, 2004; Serchuk et al., 2021). Finally, self-shame is experienced when parents feel embarrassed or ashamed when their child exhibits a behavior or condition that is stigmatized in society (Eaton et al., 2019, 2020; Fernández & Arcia, 2004).

These experiences of self-stigma, in turn, can lead parents of children with a mental or developmental disorder to undergo emotional distress and develop poor psychological health (Chan & Lam, 2018; Serchuk et al., 2021). More specifically, as these parents develop negative self-perceptions of themselves, they are more prone to develop low levels of self-esteem, become depressed, and experience poor quality of life (Chan & Lam, 2017, 2018; Eaton et al., 2016, 2019; Mak & Cheung, 2008, 2012; Serchuk et al., 2021). Furthermore, they are at greater risk of feeling dissatisfied in their parental role as a result of experiencing self-stigma (Eaton et al., 2016). As a result, parents of children who exhibit behavior problems or symptoms of a mental health disorder are more likely to view themselves in their role as caregivers more poorly, which can negatively affect their parenting and the way these parents interact with their children (Eaton et al., 2016; Mak & Cheung, 2008). These negative self-perceptions, in turn, lead to an unhealthy parent-child relationship, which can detrimentally impact the child's development over time (Eaton et al., 2016, 2020; Mak & Cheung, 2008).

Though limited, previous research on parent self-stigma has also indicated that family demographic characteristics impact the levels of self-stigma parents experience. More specifically, experiences of self-stigma differ based on the age of the parent, such that bad-parent self-beliefs, self-blame, and self-shame are experienced more in younger parents (Eaton et al., 2019, 2020). Additionally, past studies that examined the relationship between the parent's race and self-stigma found mixed results. According to the literature on parent self-stigma, Asian parents who live in Asian countries frequently experienced this stigma through self-shame (Eaton et al., 2019; Lauber & Rössler, 2007; Mak & Cheung, 2008; Ting et al., 2018; Zhang et al., 2018). In contrast, a study found that Hispanic parents who have young children reported heightened experiences of self-shame, self-blame, and bad-parent self-beliefs (Fernández &

Arcia, 2004), whereas another study indicated that African American parents experienced low self-stigma (Dempster et al., 2015). A systematic review, however, revealed greater experiences of overall self-stigma among Asian, Hispanic, and Black American parents than among White American parents (Misra et al., 2021). Research has also indicated mixed findings regarding whether the gender of the parent affects experiences of self-stigma (Eaton et al., 2019). Some previous studies found mothers or female caregivers to be more likely to experience self-stigma than fathers or male caregivers (Eaton et al., 2019; Gray, 2002), but other studies found no significant gender differences in parents experiencing this form of stigma (Eaton et al., 2019; Mak & Cheung, 2008; Moses, 2010).

To gain a better understanding of self-stigma among parents of children with a disorder, the Parents' Self-Stigma Scale (PSSS; Eaton et al., 2019) was developed. This scale consists of 11 items that ask parents to rate their perceptions about their parenting and their child's condition (i.e., "The way I have raised my child has contributed to his/her problem;" see Appendix; Eaton et al., 2019, p. 88). These items target the three subdomains of parent self-stigma identified in the literature: "bad-parent self-beliefs, self-blame, and self-shame" (Eaton et al., 2019, p. 84). Evidence suggests that the PSSS is an effective measure of parent self-stigma that provides insight into how parents view themselves in their role as caregivers (Eaton et al., 2019, 2020).

Importantly, the PSSS is primarily used to assess self-stigma among parents who have children diagnosed with psychological or neurodevelopmental problems (Eaton et al., 2016, 2019; Serchuk et al., 2021). However, no study has evaluated the validity of the PSSS among parents of young children diagnosed with behavior problems or externalizing disorders. More specifically, we are unaware of any research on the efficacy of the PSSS in examining self-stigma among parents participating in Parent-Child Interaction Therapy (PCIT).

As an evidence-based behavioral parent training intervention, PCIT aims to reduce the frequency of externalizing behaviors (e.g., temper tantrums, aggression, and conduct disorders) in children ages two to seven (Funderburk & Eyberg, 2011; Greco et al., 2001; Zisser & Eyberg, 2010). During PCIT, parents learn and practice using positive parenting skills that enhance the quality of their relationship with their child (Funderburk & Eyberg, 2011; Greco, 2001; Zisser & Eyberg, 2010). PCIT is effective in lowering the frequency of behavior problems in young children, including infants and toddlers under the age of two (Helander et al., 2024; Kohlhoff et al., 2021; Phillips & Mychailyszyn, 2023). Additionally, this intervention is effective in reducing the level of stress among parents of these children and prompting these parents to engage in more positive parenting behaviors during interactions with their children (Helander et al., 2024; Kohlhoff et al., 2021; Patel et al., 2022; Phillips & Mychailyszyn, 2023).

During PCIT, clinical data of the parent and child are collected on a weekly basis. More specifically, these data consist of the therapists' observational ratings of the parent and child's behaviors during each session, and the parents' self-reported progress of the parenting skills they practiced between sessions. As PCIT inherently includes multi-method, multi-rater assessment throughout treatment, parent-completed rating scales of their child's behavior problems are also used (e.g., Eyberg Child Behavior Inventory; Eyberg & Ross, 1978). However, externally validated rating scales or measures that specifically assess the parents' self-perceptions of their parenting are needed to provide better insight into the efficacy of the PCIT intervention.

Thus, to address this gap in the literature and expand our understanding of parent self-stigma, the current study will evaluate the validity of the PSSS in assessing the impact of self-stigma on parents in the context of PCIT. In addition, because the impact of demographic factors on the development of parent self-stigma is not yet fully understood (Eaton et al., 2019), this

study will examine the relationship between parent's perceptions of self-stigma and demographic characteristics of families participating in PCIT.

To address these questions, three hypotheses were posed. First, consistent with previous work on families with children diagnosed with mental and developmental disorders, we expected parents participating in the PCIT intervention to have similarly high levels of self-stigma as indicated by the scores on the PSSS. Based on a previous study by Eaton et al. (2019), a high PSSS score, which indicates a high level of self-stigma among parents, is denoted by a mean PSSS score of 2.63 or greater. Second, we expected the *bad-parent self-beliefs* subscale of the PSSS would have a higher mean score relative to the other two subscales focused on *self-shame* and *self-blame*, as a previous study examining the validity of the PSSS found that the subscale concerning *bad-parent self-beliefs* had the greatest mean score among all the PSSS subscales (Eaton et al., 2019). We expected to find the same result in the current study. Finally, as past research on parent self-stigma suggested that male caregivers (i.e., fathers) report experiencing less self-stigma than female caregivers (i.e., mothers; Eaton et al., 2019; Gray, 2002), we expected that female parents participating in PCIT would have higher PSSS mean scores than male parents.

Method

Participants

Participants include 115 parents of children who participated in the PCIT intervention at University of Chicago Medicine's outpatient Child and Adolescent Psychiatry clinic and who completed the PSSS at baseline. The age of participants ranged from 19 to 59 years ($M = 38.73$, $SD = 7.52$). Participants had a child with a clinically diagnosed externalizing disorder, two to eight years old ($M = 4.37$, $SD = 1.10$). All adult informants who completed the PSSS and family

demographic questionnaire were included in the current study. All participants were the child's primary caregiver and will be referred to as "parents" in the present study, although not all participants were the birth parents. The parents' level of education completed, parents' employment status, annual total family income, and the child's medical insurance coverage were collected as indicators of family SES. Three participants in the sample did not provide any demographic information regarding their age, relationship with their child, marital status, level of education completed, employment status, annual total income, and their child's medical insurance coverage. See Table 1 for summary of all parent and child demographic information.

Table 1

Family demographics (n=115)

Variable	%
Parent gender	
Female	67.8%
Male	32.2%
Non-binary	0.0%
Gender-fluid	0.0%
Prefer to self-describe	0.0%
Child gender	
Female	33.9%
Male	66.1%
Non-binary	0.0%
Gender-fluid	0.0%
Prefer to self-describe	0.0%
Parent race	
American-Indian or Alaska Native	1.7%

Asian	7.8%
Black or African-American	35.7%
Native Hawaiian or Other Pacific Islander	0.0%
White	47.8%
Decline to answer	7.0%
Child race	
American-Indian or Alaska Native	2.6%
Asian	2.6%
Black or African-American	36.5%
Native Hawaiian or Other Pacific Islander	0.0%
White	40.0%
Multiracial	13.0%
Decline to answer	5.2%
Parent ethnicity	
Hispanic, Latino, or Latinx	10.4%
Non-Hispanic, Latino, or Latinx	89.6%
Child ethnicity	
Hispanic, Latino, or Latinx	14.8%
Non-Hispanic, Latino, or Latinx	85.2%
Parent relationship to child	
Biological parent	92.0%
Adoptive parent	5.4%
Foster parent	0.9%
Step-parent	0.0%
Grandparent	0.9%
Other relationship	0.9%

Parent marital status

Never married	65.2%
Married	22.3%
Not married, living with a partner	2.7%
Separated or divorced	9.8%
Widowed	0.0%

Parent education

Less than a high school diploma	1.8%
High school diploma or GED	7.1%
Some college or trade school	20.5%
Bachelor's degree	22.3%
Graduate or professional degree	48.2%

Parent employment status

Full-time	72.3%
Part-time	6.3%
Unemployed	1.8%
Self-employed	6.3%
Homemaker	8.9%
Student	2.7%
Disabled	0.9%
Retired	0.9%

Annual total income

\$1-\$12,999	7.1%
\$13,000-\$17,999	1.8%
\$18,000-\$21,999	0.9%
\$22,000-\$29,999	1.8%
\$30,000-\$44,999	6.3%

\$45,000-\$74,999	8.0%
\$75,000-\$99,999	12.5%
\$100,000-\$149,999	10.7%
\$150,000-\$249,999	17.0%
>\$250,000	18.8%
Decline to answer	15.2%
Medical insurance coverage	
Private insurance	73.2%
Medicaid	25.0%
Uninsured/no coverage	0.0%
Do not know	1.8%

Procedure

At the beginning of PCIT, parents completed the PSSS (Eaton et al., 2019) and a family demographic questionnaire as part of standard clinic procedures. This study is IRB approved (reference protocol IRB24-0117; PI: Dr. Matthew Young, PhD). The data in the current study consists of mean scores on the PSSS and demographic information, including the race, ethnicity, age, and gender of the child and parent. These data were collected through Research Electronic Data Capture (REDCap; NIH CTSA UL1TR002389; Harris et al., 2009, 2019).

Measures

Parents' Self-Stigma Scale (PSSS)

The PSSS is comprised of 11 items that measure parent self-stigma across three subscales: *bad-parent self-beliefs* (e.g., “I am not a good enough parent;” 2 items), *self-blame* (e.g., “I deserve to be blamed for my child’s problem;” 6 items), and *self-shame* (e.g., “I am self-conscious about being a parent of a child with problems;” 3 items; Eaton et al., 2019).

Participants are asked to indicate how frequently they experience each of these 11 items on a 5-point Likert scale (1 = *never* to 5 = *almost all the time*). Scores on the PSSS represent the mean scores across all 11 items, and a higher level of parent self-stigma is denoted by a high PSSS score. Additionally, subscale scores represent the mean score of all items for the subscale. See Appendix for overview of all PSSS items.

Family Demographic Questionnaire

The family demographic questionnaire asks for information of the parent, child, and household, including age, race, ethnicity, gender, child's medical insurance coverage, total annual household income, parents' highest level of education, and parents' employment status. This questionnaire also asks about the languages spoken at home, household size, child's school enrollment, parents' marital status, and parents' relationship to the child.

Statistical Analyses

To examine whether parents in the current sample had high PSSS scores, we calculated the descriptive statistics (means and standard deviations) of the PSSS scores and ran a one-sample t-test to compare the mean of the present sample to the sample mean of 2.63 that was previously found by Eaton et al. (2019). To determine whether the *bad-parent self-beliefs* subscale had a greater mean than the *self-shame* and *self-blame* subscales, we ran two paired-sample t-tests to compare mean scores across the three PSSS subscales. Additionally, to examine whether female parents had greater PSSS mean scores than male parents, we first conducted a standard regression analysis to determine whether there is a gender difference in the PSSS mean scores between female and male parents who participated in the PCIT intervention. We also conducted a standard regression analysis for each of the three PSSS subscales (*bad-parent self-beliefs*, *self-blame*, and *self-shame*) to examine whether there are gender differences in the

subscale mean scores between female and male parents. We then conducted multiple regression analyses to see which family demographic factors predict PSSS scores. More specifically, to determine if there is an association between demographic characteristics and parent self-stigma scores, we included the race, ethnicity, age, and gender of the parent and child in a series of multiple regression analyses predicting overall PSSS scores and each of the three PSSS subscales. All data analyses were performed using R (v4.1.1; R Core Team, 2023). A G*Power analysis (Faul et al., 2007) indicated that we had a sufficient sample size to detect medium effects with a power of 0.80.

Results

A one-sample t-test revealed that the mean PSSS score of parents who participated in PCIT was significantly different from the sample mean PSSS score of 2.63, $t(114) = -4.79, p < .001$. This finding demonstrates that parents who participated in PCIT scored lower on the PSSS than parents in the sample by Eaton et al. (2019). Furthermore, paired-sample t-tests showed statistically nonsignificant results for the subscales, such that there were no significant differences in the means across the three subscales of the PSSS. More specifically, the mean of the *bad-parent self-beliefs* subscale was not significantly different from the means of the *self-blame*, $t(114) = -8.27, p = 1.00$, and *self-shame* subscales, $t(114) = -2.86, p = .998$. See Table 2 for descriptive statistics of the scores on the PSSS.

Table 2

Descriptive statistics of PSSS scores (n=115)

	PSSS bad-parent	PSSS self-blame	PSSS self-shame	PSSS total
<i>M</i>	1.91	2.56	2.22	2.35
<i>SD</i>	0.80	0.72	0.95	0.62

A standard regression with PSSS total mean scores being predicted only by the parent's gender revealed that the difference in the mean scores on the PSSS between female and male parents was not statistically significant, $F(1, 113) = 1.419$, $R^2_{\text{adjusted}} = .004$, $p = .24$ (see Table 3). Additionally, the standard regressions for the PSSS subscales showed the gender differences in the mean scores to be statistically nonsignificant for the *bad-parent self-beliefs*, $F(1, 113) = 3.524$, $R^2_{\text{adjusted}} = .02$, $p = .06$, and *self-blame* subscales, $F(1, 113) = 1.382$, $R^2_{\text{adjusted}} = .003$, $p = .24$, but statistically significant for the *self-shame* subscale, $F(1, 113) = 4.698$, $R^2_{\text{adjusted}} = .03$, $p = .03$ (Table 3). See Table 4 for the means and standard deviations of the PSSS scores for each parent's gender.

Table 3

Standard regression analyses with PSSS scores as the outcome variables

		β	SE	t	p
PSSS total					
	Intercept	2.399	.071	33.986	<.001
	Parent gender	-.148	.124	-1.191	.236
PSSS bad-parent					
	Intercept	1.812	.09	20.214	<.001
	Parent gender	.297	.158	1.877	.063
PSSS self-blame					
	Intercept	2.619	.081	32.238	<.001
	Parent gender	-.168	.143	-1.176	.242
PSSS self-shame					
	Intercept	2.35	.106	22.205	<.001
	Parent gender	-.405	.187	-2.167	.032

Note: Gender reference = female.

Table 4

Means and standard deviations of PSSS scores for female and male parents (n=115)

	PSSS bad-parent	PSSS self-blame	PSSS self-shame	PSSS total
Female parent	1.81 (.79)	2.62 (.77)	2.35 (1.02)	2.40 (.68)
Male parent	2.11 (.80)	2.45 (.59)	1.95 (.71)	2.25 (.48)

A multiple regression analysis was conducted predicting PSSS mean scores from the gender, age, race, and ethnicity of the parent and child, $F(12, 91) = 1.37$, $R^2_{\text{adjusted}} = .04$, $p = .20$ (see Table 5). The parent's race of Black or African-American, in particular, was found to be only significantly associated with lower PSSS mean scores compared to White parents, $p = .031$, meaning that African-American parents scored lower on the PSSS than White parents.

Additionally, a multiple regression analysis was conducted predicting mean scores on the *bad-parent self-beliefs* subscale from the same demographic factors, $F(12, 91) = 3.312$, $R^2_{\text{adjusted}} = .21$, $p < .001$ (see Table 6). The parent's race of Black or African-American was significantly associated with lower mean scores compared to White parents, $p = .04$, whereas the parent's age was significantly associated with higher mean scores on this particular PSSS subscale, $p = .009$. These results mean that African-American parents scored lower on the PSSS than White parents, while older parents scored higher on this rating scale. However, the multiple regression analyses for the *self-blame*, $F(12, 91) = 1.381$, $R^2_{\text{adjusted}} = .04$, $p = .19$, and *self-shame* subscales, $F(12, 91) = 1.038$, $R^2_{\text{adjusted}} = .004$, $p = .42$, revealed no demographic factors of the parent and child to significantly influence the mean scores on these two PSSS subscales (see Tables 7 and 8).

Table 5

Multiple regression analysis with PSSS mean scores as the outcome variable

	β	SE	t	p
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Intercept	1.9	.416	4.565	< .001
Parent gender	-.13	.141	-.917	.362
Parent race – American Indian or Alaska Native	-.768	.448	-1.714	.09
Parent race – Asian	-.177	.397	-.447	.656
Parent race – Black or African- American	-.987	.451	-2.187	.031
Parent ethnicity – Hispanic, Latino, or Latinx	-.046	.356	-.13	.897
Parent age	.007	.008	.802	.425
Child gender	-.164	.135	-1.215	.228
Child race – Asian	.143	.528	.272	.7887
Child race – Black or African- American	.836	.456	1.834	.07
Child race – Multiracial	.353	.241	1.467	.146
Child ethnicity – Hispanic, Latino, or Latinx	.191	.294	.651	.516
Child age	.083	.057	1.462	.147

Note: Adjusted $R^2 = .04$, $p = .20$. Gender reference = female, race reference = White, ethnicity reference = Non-Hispanic, Latino, or Latinx.

Table 6

Multiple regression analysis with PSSS bad-parent self-beliefs scores as the outcome variable

	β	SE	t	p
Intercept	.992	.492	2.019	.046
Parent gender	.105	.167	.629	.531
Parent race – American Indian or Alaska Native	-.824	.529	-1.556	.123
Parent race – Asian	-.011	.468	-.022	.982
Parent race – Black or	-1.111	.533	-2.085	.04

African-American				
Parent ethnicity – Hispanic, Latino, or Latinx	-.221	.42	-.526	.601
Parent age	.027	.01	2.687	.009
Child gender	.064	.16	.403	.688
Child race – Asian	-.705	.623	-1.13	.261
Child race – Black or African-American	.635	.539	1.181	.241
Child race – Multiracial	.479	.284	1.685	.095
Child ethnicity – Hispanic, Latino, or Latinx	-.139	.347	-0.401	.69
Child age	.004	.067	0.055	.957

Note: Adjusted $R^2 = .21$, $p < .001$. Gender reference = female, race reference = White, ethnicity reference = Non-Hispanic, Latino, or Latinx.

Table 7

Multiple regression analysis with PSSS self-blame scores as the outcome variable

	β	SE	t	p
Intercept	2.531	.483	5.237	< .001
Parent gender	-.10	.164	-.607	.546
Parent race – American Indian or Alaska Native	-.637	.521	-1.224	.224
Parent race – Asian	-.272	.461	-.591	.556
Parent race – Black or African-American	-1.015	.524	-1.936	.056
Parent ethnicity – Hispanic, Latino, or Latinx	-.248	.413	-.599	.551
Parent age	-.004	.01	-.383	.703
Child gender	-.217	.157	-1.381	.171
Child race – Asian	.412	.613	.672	.503

Child race – Black or African- American	.875	.529	1.653	.102
Child race – Multiracial	.538	.279	1.926	.057
Child ethnicity – Hispanic, Latino, or Latinx	.461	.341	1.351	.18
Child age	.076	.066	1.141	.257

Note: Adjusted $R^2 = .04$, $p = .19$. Gender reference = female, race reference = White, ethnicity reference = Non-Hispanic, Latino, or Latinx.

Table 8

Multiple regression analysis with PSSS self-shame scores as the outcome variable

	β	SE	t	p
Intercept	1.244	.658	1.891	.062
Parent gender	-.346	.223	-1.55	.125
Parent race – American Indian or Alaska Native	-.994	.708	-1.403	.164
Parent race – Asian	-.099	.627	-.157	.875
Parent race – Black or African- American	-.849	.713	-1.19	.237
Parent ethnicity – Hispanic, Latino, or Latinx	.474	.562	.842	.402
Parent age	.014	.013	1.085	.281
Child gender	-.211	.214	-.99	.325
Child race – Asian	.171	.834	.205	.838
Child race – Black or African- American	.892	.72	1.239	.219
Child race – Multiracial	-.101	.38	-.265	.791
Child ethnicity – Hispanic, Latino, or Latinx	-.127	.464	-.275	.784
Child age	.152	.09	1.688	.095

Note: Adjusted $R^2 = .004$, $p = .42$. Gender reference = female, race reference = White, ethnicity reference = Non-Hispanic, Latino, or Latinx.

Discussion

The present study examined the validity of the PSSS in assessing self-stigma among parents in the context of PCIT. Parents who have children with behavior problems and participated in PCIT were found to possess significantly lower levels of self-stigma than parents in a previous study who have children with a mental or neurodevelopmental disorder. This significant finding does not support our hypothesis that the level of self-stigma experienced by parents of children diagnosed with externalizing disorders would be substantially similar to the self-stigma among parents in the study by Eaton et al. (2019). Additionally, contrary to the second hypothesis that parents of children who are diagnosed with behavior problems and participated in PCIT would experience greater *bad-parent self-beliefs* than *self-shame* and *self-blame*, there were no differences found between levels of *bad-parent self-beliefs*, *self-shame*, and *self-blame* among these parents.

This study also examined the association between family demographic characteristics and scores on the PSSS by specifically looking at which demographic characteristics of the parent and child influence self-stigma among parents who participated in the PCIT intervention. There were no differences in experiences of overall self-stigma, self-blame, and bad-parent self-beliefs between female and male parents. However, the only significant gender difference between female and male parents was for self-shame, which suggests that female parents who participated in PCIT experienced more self-shame than male parents. This result partially supports the third hypothesis that female parents experienced higher levels of self-stigma than male parents.

The study also found certain family demographic factors to significantly influence self-stigma among parents. More specifically, Black or African-American parents who participated in PCIT experienced less self-stigma and lower levels of bad-parent self-beliefs. Additionally, older

parents who participated in the PCIT intervention experienced higher levels of bad-parent self-beliefs. This contradicts previous studies in which younger parents possessed higher levels of bad-parent self-beliefs (Eaton et al., 2019, 2020). Other family demographic factors, such as the parent and child's ethnicity, were unrelated to parent self-stigma in the current study.

Although the goal of this study was to examine the validity of the PSSS in assessing self-stigma among parents of children who have behavior problems and participated in PCIT, the implications of the results are ambiguous. Because the results did not support our hypotheses, the validity of the rating scale is unclear. More specifically, families in the present sample scored lower on the PSSS relative to the sample of families in the study by Eaton et al. (2019). This could indicate that families of children with behavior problems experienced less self-stigma than families of children with psychological or developmental disabilities. This result could also indicate that parents in the present sample started off with lower self-stigma than other parents of children with a disorder and thus might be prone to participate in the PCIT intervention. Furthermore, families in the present sample scored similarly across the *bad-parent self-beliefs*, *self-blame*, and *self-shame* subscales of the PSSS.

Despite these findings, the current study provided a better understanding of the PSSS and self-stigma among parents of young children with externalizing behavior disorders in a treatment context. More specifically, this study compared self-stigma experiences between parents of children with behavior problems and previously published literature on the same construct in parents of children with mental or developmental disabilities. Furthermore, the present study attempted to examine differences in specific experiences of self-stigma, namely *bad-parent self-beliefs*, *self-blame*, and *self-shame*, between female and male parents who participated in PCIT. These comparisons provided novel insight into the self-perceptions among parents of children

with behavior problems, specifically those that involve how they negatively view themselves as caregivers and their parenting. As there were nonsignificant findings, the present study highlights the need for more research on examining how the PSSS subscales interact with each other and how the sample of parents who have children with behavior problems compare to parents of children with other disorders. It is important, however, to consider the following limitations of this study and other future directions that address these limitations.

Limitations and Future Directions

The current study had a small sample size and participants in the current study are not representative of the general population of parents in the U.S. as the majority of the parents in the current study were employed full-time (72.3%) and had attained higher education (70.5%). This may have limited our ability to detect significant effects and suggests that the results of the present study may not generalize to the typical population of parents in the U.S. Future studies should examine the validity of the PSSS in the PCIT context using a larger and more diverse sample.

Another potential limitation is the focus on examining the validity of the PSSS prior to initiating PCIT and not during or post-intervention. As this study focuses specifically on examining the level of parental self-stigma at the beginning of PCIT, we cannot evaluate the influence of the treatment on PSSS scores within the present sample. Thus, future studies should be conducted that focus on measuring changes in parental self-stigma on the PSSS across phases of the PCIT intervention. More specifically, by focusing on changes in parents' self-stigma over the course of this treatment, these future studies should examine whether there are potential bidirectional influences between shifts in this stigma among parents and a decrease in their child's display of behavior problems.

The current study focuses on only four family demographic characteristics, specifically the gender, age, race, and ethnicity of the parent and child, and examines which of these demographic factors better predict self-stigma among parents. However, it is crucial to recognize that there are other demographic factors that can affect parent self-stigma, such as the parents' marital status. Though limited, past research indicated that parents who are divorced and single experienced lower levels of self-esteem than married parents, which denotes that single and divorced parents possess higher self-stigma (Kim et al., 2023). Additionally, it is critical to note that the sample of the current study was mostly non-married parents, whereas other studies examining parent self-stigma had samples that mostly consisted of married parents (Eaton et al., 2019, 2020). The higher proportion of non-married parents who participated in PCIT indicates that the sample is skewed, which could have influenced the results of the analyses in the present study. Thus, to gain an expanded understanding of the influence of family demographics on parent self-stigma in the context of PCIT, future studies should examine whether there are significant associations between PSSS scores and a wider range of family demographic factors. Through these future studies, we can also gain greater insight into the experiences of self-stigma among parents of varying demographics in a treatment context.

Implications

Though the current study revealed that parents of children with clinically diagnosed behavior problems experience lower levels of self-stigma than found in past studies of parents of children who have mental or neurodevelopmental disorders, this comparison indicates that parents of varying demographics who have children with behavior problems struggle with self-stigma. Thus, this study seeks to inform and guide the development of future clinical interventions that effectively help parents of young children with externalizing disorders combat

self-stigma and their internalization of negative societal stereotypes concerning their parental role (Eaton et al., 2016, 2019; Serchuk et al., 2021). Through these interventions, parents would learn and gain skills that promote positive thinking and help them challenge the negative self-perceptions they possess regarding their parenting (Eaton et al., 2016, 2019). These future parenting interventions are needed to aid parents in improving their psychological health and elevating their confidence to be effective parents, which is critical in building a positive and healthy parent-child relationship (Eaton et al., 2016, 2019).

Conclusion

This study evaluated the validity of the PSSS in assessing self-stigma among parents of children with behavior problems in a treatment context. Furthermore, the current study examined the relationship between PSSS scores and demographic characteristics of families that participated in PCIT, specifically the gender, age, race, and ethnicity of the parent and child. Though more research on the PSSS in the context of PCIT treatment is needed, this study highlights how self-stigma impacts the way these parents negatively view and think of themselves in their caregiving role. Additionally, this study reveals that certain demographic factors are related to PSSS scores, and thus impact the experiences of self-stigma among parents who participated in the PCIT intervention.

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Appendix

Parents' Self-Stigma Scale

Right now, how often do you have these thoughts in parenting your child?					
	Never	Rarely	Some times	Often	Almost all the time
1. I am not a good enough parent					
2. The way I have raised my child has contributed to his/her problem					
3. I am a good parent, no matter what others say					
4. I feel guilty that my child has his/her problem					
5. I am ashamed that my child has his/her problem					
6. My child has his/her problem because of me					
7. It is not my fault that my child has his/her problem					
8. I am embarrassed to be a parent of a child with problems					
9. I am the best parent I can be					
10. I am self-conscious about being a parent of a child with problems					
11. I deserve to be blamed for my child's problem					