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Parental Stress in Families with Children with Early Intervention Needs linked to Socio-Environmental Vulnerability

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ABSTRACT

Background and objective. Environmental risk factors are associated with a lower capacity to cope with parenting, generating greater stress in the education of children. When faced with social risk factors, mothers of children with special educational needs tend to be more vulnerable to stress. The main aim of this study was to analyse variables associated to the stress perceived by parents of children with early care needs (socio-environmental vulnerability and child's diagnosis). *Method.* Four hundred and six parents (233 mothers and 173 fathers) of 239 children with early care (EC) and education needs collaborated in this research. *Results.* Situations of environmental vulnerability caused high levels of stress in the parents. The experience of stressful events during pregnancy conditioned the later maternal anxiety. A significant positive linear correlation was found between the results achieved in the Overprotective educational style and parental stress. *Conclusions.* Most interventions in Early Childhood Care and Development Centres focus on the needs of children, leaving parents out of the clinical intervention. This approach should be shifting towards a family-centred model, which will work more effectively and improve the quality of life of the family.

Estrés Parental en Familias con Niños/as de Necesidades de Atención Temprana ligadas a Vulnerabilidad Socioambiental

Palabras clave:
Riesgo socioambiental
Crianza
Estrés parental
Estilos educativos

RESUMEN

Antecedentes y objetivos. Factores de riesgo ambiental son asociados a una menor capacidad para afrontar la crianza, generando en la educación de los hijos/as un mayor estrés. Sumidos en factores de riesgo social, las madres de niños/as con necesidades educativas especiales tienden a mostrarse más vulnerables ante el estrés. El objetivo principal de este estudio fue analizar las variables asociadas al estrés percibido por los progenitores de niños/as con necesidades de atención temprana (vulnerabilidad socio-ambiental y diagnóstico del niño). *Método.* Cuatrocientos seis progenitores (233 madres y 173 padres) de 239 de niños/as con necesidades de Atención Temprana (AT) colaboraron en esta investigación. *Resultados.* Situaciones de vulnerabilidad ambiental provocaron en las progenitoras elevados niveles de estrés. La vivencia de acontecimientos estresantes durante el embarazo, condicionó la ansiedad materna posterior. Se halló una correlación lineal positiva significativa entre los resultados alcanzados en el estilo educativo Sobreprotector y el Estrés parental. *Conclusiones.* La mayoría de las intervenciones en los Centros de Atención Temprana y Desarrollo Infantil se centran en las necesidades de los niños, dejando a los padres fuera de la intervención clínica. Este enfoque debería cambiar hacia un modelo centrado en la familia, que funcionará más eficazmente y mejorará la calidad de vida de la familia.

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Introduction

The influence of the social context as a mediator of parent-child interactions and child behavior is advocated by Bronfenbrenner (1977, 2002). His postulates defend the need for support and social resources required by families to favor an optimal performance of parental responsibilities. If parents can effectively cope with the roles required for parenting, it is a result of flexible working hours, the availability of friends and neighbors who can help, the quality of social and health services and the safety of the neighborhood in which they live (Alsaman & Abd El-Naiem, 2021; Silva et al., 2021). Bronfenbrenner (1977, 2002) associates the availability or unavailability of social supports and resources and the nature of relationships between the person and environmental factors with the development of positive or negative interactions. It is the social systems described by Bronfenbrenner (1977), the empowerment used by Rappaport (1981), the social support of Cohen & Syme (1985) and the aid practices of Brickman (1982), which constitute the four essential components identified by Trivette et al. (2010) for the configuration of the family system.

Along with the cognitive or behavioral efforts (personal resources) required for effective coping with stress, social support is catalogued as an essential resource for addressing the situation that generates discomfort. The instrumental, informative and emotional support (Barak-Levy & Atzaba-Poria, 2015; Bigras et al., 2012; House & Kahn, 1985) that provides the social support offered by friends or family, reduces the stress experienced (Cohen & Syme, 1985; Romero-González et al., 2020).

According to the model developed by Hoover-Dempsey et al. (2005), parents who tend to experience less stress tend to feel more competent in their parental role, showing greater confidence in their ability to raise and interact with their children. A lesser sense of stress also leads to increased involvement in children's education. Thus, they point out parental stress as a mediator for the construction of the paternal role and the effectiveness of the help offered to the children. Involvement in the home and school and family-school communication are the three variables that Hoover-Dempsey et al. (2005) incorporate into their model to explain the influence that parental stress has on family dynamics.

Therefore, the main aim of this study was to analyse the variables that might be associated to the stress perceived by parents of children with early care needs (socio-environmental vulnerability and *child's* diagnosis).

Finding out the factors that cause higher levels of stress will allow the design of intervention plans that are better adjusted to the families of children with early intervention needs.

Out hypotheses were that:

a) The socio-environmental vulnerability will determine the degree of stress in the families.

b) The diagnosis of the child with developmental disorder will influence the stress experienced by the family.

c) The educational styles by mothers and fathers of children with early intervention needs will show significant differences according to socio-environmental vulnerability.

Method

Procedure

This research was approved by the Ethics Committee of the University of Murcia. It was conducted under the protection of three ethical principles: respect for people, the pursuit of good and social justice.

First, 32 Early Childhood Care and Development Centres from Spain were contacted to participate in this research. Twenty-six of them agreed to participate. These centres informed their users that the present research was going to be carried out and offered the possibility of participating as volunteers. At the beginning, participants were 502 parentss, however only completed the Parenting Stress Index (Abidin, 2012; Oronoz et al., 2007) 408 of them. In addition, 2 of them did not answer all the items of the Parenting Stress Index. Therefore, the final sample was 406. The Early Childhood Care and Development Centres provided sociodemographic, risk factor and diagnostic data on the children. For the categorization of the reasons that had conditioned their attendance to the Early Childhood Care and Development Centres, we used the classification proposed by the Diagnostic Organization for Early Care (ODAT). The description of the characteristics of the children and families that make up the group of participants in our research, was made from the factors collected in axes 1 (biological risk factors), 2 (family risk factors), and 4 (developmental disorders). For their part, the parents completed the Parenting Stress Index (PSI) and signed the informed consent to participate in the study. Once all the data was collected, a database was created to analyse all the information. Data were collected in 2019 (between September and December).

Participants

Participants were selected through non-probability sampling. This study involved a sample of participants recruited from 26 Early Childhood Care and Development Centres of Spain. Nineteen centers were located in the Region of Murcia (Águilas 4%, Alhama 3.2%, Caravaca (AVANZA 3.2%), Cartagena (APANDA 1.7% and ASTUS 2.8%), Cieza 3.2%, Fortuna 1.6%, Las Torres de Cotillas 2.8%, Lorca 5.2%, Mazarrón 2.4%, Molina de Segura (ASTRADE 3.2% and ASTRAPACE 3.2%), Mula 2.4%, Murcia (ASTRAPACE 4.4%, ONCE 0.8%, ASPANPAL 3.2%), Puerto Lumbreras (DIAGRAMA 3.6%), San Javier (AIDEMAR 9.2%), Torre Pacheco (PROMETEO 2.4%). The remaining seven centers were located in the Valencian Community (Pilar de la Horadada 4%, Villajoyosa 12% and Elda 3.6%); Castilla la Mancha (Quintanar de la Orden 7.6%, Toledo); Catalonia (Reus 4.4%); Madrid (Parla 2.4%); and Andalusia (Malaga 1.2%). All of these centers served children from birth to age 6 with early care needs and their families. Four hundred and six parents (233 mothers and 173 fathers) between the ages of twenty and sixty-four, of 239 children (156 boys and 83 girls) with early care needs, collaborated in this research. The mean age of the mothers was 36.2 (SD = 5.3) and the mean age of the fathers was 39 (SD = 6.6). Forty-three were children between 3 and 18 months of age; 94 were between 18 and 36 months of age; and 100 were older than 36 months of age.

The most frequent reason that generated early attention needs in the children of the participants of this research was development of communication and language disorder. According to the information provided by early care professionals, 34.9% (n=87) of the children presented this difficulty. The motor development was affected in 56 (22.5%) of the 239 children; 41 (16.5%) showed a delay in the evolutionary development; the diagnosis of Autism Spectrum Disorder was repeated in up to 37 participants (14.9%); the sensory disability was present in 27 children: 11 showed a visual deficit and the hearing impairment was the difficulty of 16 of them. Some of the characteristics of these children are detailed in Table 1: gender, age, and diagnosis.-

According to information provided by early care professionals, 115 of the children had biological risk factors; 108 were members of families with environmental risk and 314 developmental disorders

were identified. The frequency of the developmental disorders was higher than the total number of children, since in some cases they presented more than one difficulty or disorder.

Table 1.
Classification Diagnostic Organization for Early Care (2008)

Level		Level I	Level II
Axis	Axis 1	Axis 2	Axis 4
Title	Biological Risk Factors	Family Risk Factors	Developmental Disorders
	Perinatal	Paternal Characteristics	Motor
Description	Perinatal	Family Characteristics	Visual
	Postnatal	Stress in pregnancy	Hearing
	Others	Stress perinatal period	Devolpmental delay
		Stress postnatal period	Cognitive
			Language
			Conduct Disorder
			ASD

The inclusion criteria used for the selection of participants were: (a) to be enrolled in one of the selected Early Childhood Care and Development Centres (b) to be between 3 months and 5 years of age (c) the parents who participate in the investigation have to speak and understand Spanish. The exclusion criteria were: (a) one of the parents did not complete de informed consent (b) do not complete the Parenting Stress Index and send it back to the researchers (c) there were unanswered items in the Parenting Stress Index (d) not knowing their child's diagnosis for more than one month.

Table 2.
Sociodemographic characteristics of children with Early Care needs

N	Boys	Girls	X^2/F
Gender M	156(62.7)	83(33.3)	
Age *n* (%)			
3-18	21(8.4)	22(8)	
18-36	63(25.3)	31(12.4)	
>36	70(28.1)	30(12)	
Diagnosis*			
Biological risk factors *n* (%)	115 (38.9)		
Prenatal	27(16.7)	14(16.9)	.97
Perinatal	23(14.1)	15(18.1)	.42
Postnatal	24(15.4)	12(14.5)	.85
Families risk factors *n* (%)	108		
Parental characteristics	16(10.3)	2(2.4)	**.03**
Characteristics family	18(11.5)	4(4.8)	.09
Stress during pregnancy	8(5.1)	6(7.2)	.51
Perinatal Stress	16(10.3)	13(15.7)	.22
Postnatal Stress	18(11.5)	7(8.4)	.46
Developmental disorders *n* (%)	314		.14
Motor d. disorders	32(20.5)	24(28.9)	.14
Visual disorders	3(1.9)	8(9.6)	**.01**
Hearing impairment	9(5.8)	7(8.4)	.43
Developmental delays	23(14.7)	17(20.5)	.26
Cognitive d. disorders	17(10.9)	15(18.1)	.12
Communication d. disorders	60(38.5)	26(31.3)	.27
Conduct disorders	9(5.8)	7(8.4)	.43
Autism Spectrum Disorder	33(21.2)	2(2.4)	**.00**

*Note. Classed by the Diagnostic Organization for Early Care (ODAT) (2004, 2008).

Instruments

Parenting Stress Index (PSI, Fourth edition) (Abidin, 2012; Oronoz et al. 2007). The Parenting Stress Index (PSI) was designed as an instrument capable of identifying parent-child relationships under stress and at risk of developing dysfunctional parenting behaviors or behavioral disorders in the child involved. It is a questionnaire made up of 123 items to which parents respond according to a 5-point Likert type scale. It assesses the stress they experience in the exercise of parenting. It consists of three dimensions: Parent´s Control (Competence, Isolation, Attachment, Health, Role Restriction, Depression, Couple), Child's Control (Hyperactivity, Adaptability, Reinforcement of parents, Demanding, Mood and Acceptability) and Total Stress. This assessment tool is the most widely used in both research and clinical settings.The Spanish version was used (Oronoz et al. 2007). The Spanish version of the PSI can be considered and adequate measure of parenting stress in mothers of children under 8 years old with difficulties to manage their children´s behaviour (Rivas et al. 2021).

Adult Temperament Questionnaire (ATQ) (Evans & Rothbart, 2007). ATQ is one of the most widely used questionnaires to assess adult temperament. It discerns between five factors or traits: control, negative affect, sensitivity, affiliation, and extraversion. The short version is a self-report, consisting of 77 items.

Learning Style Profile (LSP) (ALBOR-COH, 1998) Questionnaire that is completed using a dichotomous scale (yes/no). It consists of 48 items that affirmatively describe ideas, beliefs, attitudes and emotions about the education of children. It contains 12 affirmations, linked to ideas, beliefs, attitudes and values of an overprotective, inhibitions, punitive and assertive type.

Participants answered the questionnaires in paper version.

Analysis

In order to assess whether the data obtained had a normal distribution, the *Kolmogorov-Smirnov* test was calculated, a goodness-of-fit procedure that measures the degree of agreement between the distribution of the data set collected and a specific theoretical distribution. A score $z \geq .05$ indicates a normal distribution of the data. The results obtained are shown in the annexes to this paper. As part of the analytical strategy, reliability analyses were carried out through the calculation of Cronbach's Alpha coefficient. It constitutes a model of internal consistency, based on the average of correlations between items. This measure allows us to evaluate how much the reliability of the instrument would improve or worsen if any item were excluded. Once the analytical strategy was outlined, it was possible to determine the type of statisticians that would be used for the analysis of the data obtained. The normal distribution of the data and the equality of variances made it possible to assume the criteria for the analysis by means of the parametric T (Student's) tests or the Pearson correlation. However, for the data that did not present a normal distribution ($z < .05$) it was necessary to use non-parametric tests: Mann-Whitney's U or Spearman's correlation. There was used the statistical package SPSS v24.

Results

The results of this study show that there were significant differences in some of the categorical variables we assessed. In our sample, there were more boys than girls with autism spectrum disorder ($p = .00$), there were more girls than boys with visual

disorders (p = .01), and there were more boys with families risk factors related to "parental characteristics" (p = .03).

Reliability results

The Cronbach's Alpha coefficient provided us information related to the reliability of the Parenting Stress Index-4th (Abidin, 2012) in our sample. We found very low reliability levels in three of the subscales: Attachment, Distractibility/Hyperactivity, and Reinforces Parents were the levels of internal consistency ranged from .60 to .67.

Parental stress as a function of the child's pathology

We assessed the parental stress perceived by parents of children with EC needs based on the administration of the Parenting Stress Index-4th (Abidin, 2012). The direct scores for each of the three domains (Parent Domain, Child Domain and Total Stress) as well as the equivalent percentiles are detailed in Table 2.

Situations of environmental vulnerability identified by Early Care professionals generated high levels of stress in the mothers, above the normal range (PC >85). The experience of stressful events during pregnancy, conditioned the subsequent maternal anxiety (PC 90). These mothers conceived their children more moved or with greater difficulty in focusing their attention (Hyperactivity PC 90). The characteristics that they perceived from their children did not cover their expectations (Acceptability PC 92), seeing, in this way, deteriorated the paternal-filial interactions (Reinforcement parents PC 92) (Table 2).

Table 3.
Descriptive statistics for the Parenting Stress Index (PSI) scales according to the difficulty of the child

	Parents Dominance	Child Dominance	Total Stress
Family Risk Factors			
Characteristic Parents (n =18)	131.83(30.60)	108.83(31.92)	240.67(57.48)
Characteristic Family (n =22)	136.09(31.77)	**126.77****(25.86)	**262.86***(49.35)
Stress during pregnancy (n =14)	144.64(26.35)	**121.50***(25.47)	**266.14***(48.30)
Stress Perinatal Period (n = 30)	138.70(25.50)	115.13(28.65)	253.83(51.42)
Stress Postnatal Period (n =25)	129.96(19.76)	114.54(28.37)	244.50(44.54)

Note. Child Dominance DS =116 PC = 85*; Parents Dominance DS = 148 PC = 85*; Total Stress DS = 258; PC 85*; Child Dominance DS =122 PC = 90; Parents Dominance DS = 153 PC = 90; Total Stress DS = 267; PC 90
PC 16-84= Normal range; PC 85-89 = High range; PC 90> Clinically significant range

Another environmental risk factor, the characteristics of the families of the child with early care needs, influenced the level of maternal anxiety (PC 87). It was the peculiarities of the child (PC 92) that generated greater discomfort in the mother. Maternity did not give them satisfaction or pleasure (Reinforcement parents 90); they identified in their children an emotional lability (Mood 90) and an excessive dedication (Demand 85) that truncated their expectations of the upbringing (Acceptability 96) (Table 3). Assuming an error of 5% (95% CI), we found significant differences between the scores achieved in Child Mastery by mothers from families with environmental risk and other parents (p = .04) (Table 3).

Temperamental Style in Parents with Prenatal and Perinatal Stress

The distribution of scores for parents with environmental risk factors (stress during pregnancy) ranged from a minimum value of 3.51 points to a maximum of 5.02, compared to the range 2.37 - 6.08 for the rest of the parents. For a 95% confidence interval, the lower limit for the group without environmental risk was higher than the upper limit for parents who suffered stress during pregnancy (4.36 - 4.54; 3.67 - 4.26).

Table 4.
Comparison of temperament in parents who suffered stress during pregnancy and other difficulties

	Stress during pregnancy	Others difficulties	F	p	d
Extroversion $M(SD)$	4.18(0.48)	4.52(0.50)	1.60	.04	-.69
Negative Affection	3.84(0.45)	3.69(0.61)	.71	.40	
Effort Control	3.96(0.44)	4.45(0.62)	6.48	**.01**	1.04

Parents who experienced stress situations during pregnancy, according to the information provided by Early Care professionals, achieved lower scores in the dimensions that valued the ability to deal with distractors or manage their behavior by inhibiting impulses. A significant difference was found (p = .01) between the parents cited and the parents of children with other difficulties or pathologies. Cohen's index d showed a large effect size (d = 5.01). Fifty percent of the parents in whom a situation of environmental vulnerability was identified obtained a score of less than 3.80 compared to 4.41 for the rest of the parents. 25% of the parents who did not suffer stress during pregnancy, achieved scores above 4.81, while the group that, according to the information provided by the Early Care professionals, presented environmental risk factors, barely exceeded 4 points for the 75th percentile (Table 4).

The answers offered by the parents who completed the Educational Styles Profile revealed a greater tendency to overprotection in mothers of children with prenatal biological risk and environmental risk due to family characteristics. At a 95% significance level, we accept the alternative hypothesis (H1) that assumes significant differences between means for the different groups assessed. Children belonging to families with environmental vulnerability factors were raised under overprotective educational guidelines. They achieved a higher average score in overprotection than the rest (p = .02) with a moderate effect size (d = .48) (Table 3).

Maternal Educational Style in Mothers with Prenatal and Perinatal Stress

Fifty percent (PC 50) of the mothers who were members of families with environmental risk scored above 9 points, while the median (PC 50) for the remaining mothers was 6 points. Only 25% of the parents of children with "other pathologies" scored over 8 points (25%) (Table 5).

The scores that valued the way in which the mothers of children with early care needs addressed the education of their children (educational styles), found correlation with the scores obtained in dimensions that evaluated maternal stress. A significant positive linear correlation was found between the results achieved in the Overprotective educational style and Parental Stress (Figure 1).

The dimensions that assessed how mothers of children with early care needs coped with parenting correlated with dimensions of parental stress. High scores in inhibition were

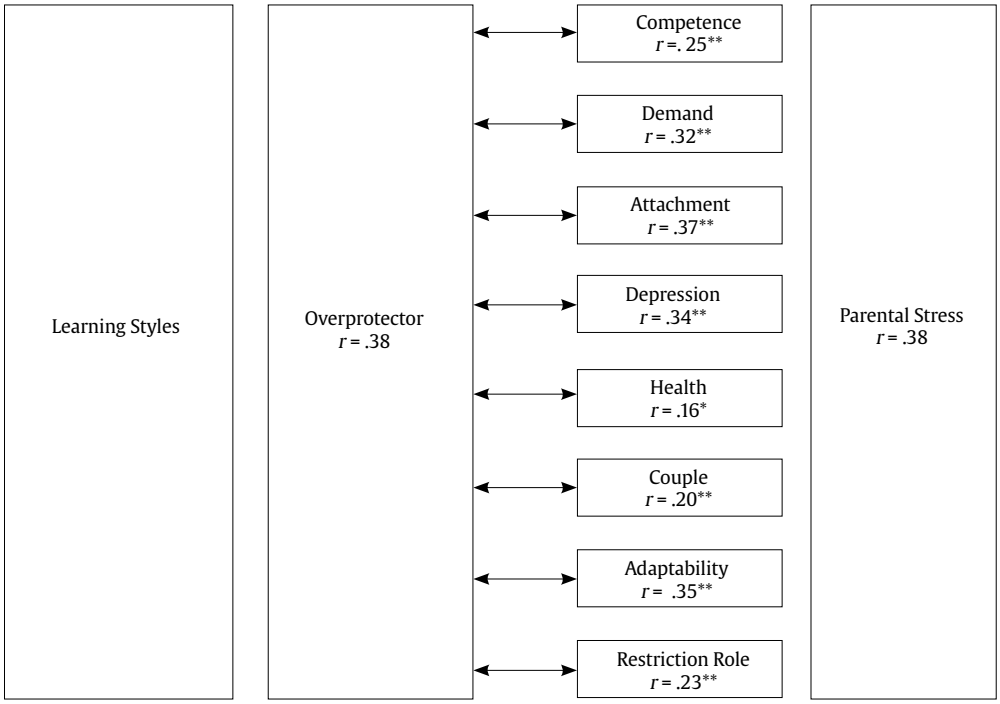

Figure 1. Correlation between maternal stress and overprotective educational style.
Note. $^{*}p < .05$; $^{**}p < .01$

achieved by parents who conceived their children excessively moved (Hyperactivity r (n = 239) = .21), very demanding in their attention and care (Demanding r (n = 239) = -.13) and causing a detriment in their psychological well-being (Depression r (n = 239) = .19) (Figure 1).

Table 5.
Descriptive statistics of maternal educational styles according to pathology

	n	Overpro-tective	Inhibi-tions	Assertive	Punitive
Biological Risk Factors M(DT)					
Prenatal *M*(*SD*)	43	6.87(3.33)	3.83(2.45)	10.20(1.73)	4.55(3.28)
Perinatal	38	5.04(2.46)	4.08(1.41)	10.50(1.38)	4.25(2.31)
Postnatal	36	5.83(2.73)	3.71(1.78)	10.37(1.24)	4.51(2.25)
Family Risk Factors					
Characteristic Parents	18	5.83(3.26)	4(1.72)	10.22(1.26)	4.39(3.38)
Characteristic Family	22	7.27(3.41)	3.77(2.11)	10.45(0.91)	4.36(2.34)
Stress Pregnancy	14	5.14(2.32)	3.79(1.89)	9.71(1.77)	4.57(3.48)
Perinatal Stress	30	5.61(2.66)	4.39(1.93)	10.46(1.32)	4.50(2.32)
Postnatal Stress	25	5.04(2.46)	4.08(1.42)	10.50(1.38)	4.25(2.31)
Developmental Disorders					
Motor	61	5.53(2.58)	3.96(2.25)	10.47(1.17)	4.32(2.74)
Visual	11	5.40(2.88)	3.80(1.55)	10.70(.95)	3.80(3.46)
Hearing	16	4.25(2.77)	4.19(2.14)	10.75(.86)	4.69(2.39)
Develop. Delays	41	6.03(2.71)	3.77(2.21)	10.30(1.92)	4.05(2.79)
Cognitive	38	5.75(3.06)	3.59(1.97)	10.31(1.73)	4.12(2.5)
Communication-Linguistic	93	5.86(3.30)	3.71(1.99)	10.44(1.18)	4.52(2.72)
Conduct Disorder	17	6.71(3.08)	4.41(2.50)	10.53(.94)	5.76(3.23)
ASD	37	6.36(3.12)	3.39(2)	10.47(1.72)	4.5(2.59)

Discussion

The main aim of this study was to analyse variables associated to stress perceived by parents of children with early care needs (socio-environmental vulnerability and *child's* diagnosis). The results of this study showed that situations of environmental vulnerability caused high levels of stress in the parents. According to responses, the experience of stressful events during pregnancy conditioned the subsequent maternal anxiety. Mothers who participated perceived their children as more restless or with greater difficulty in focusing their attention. Another environmental risk factor, the characteristics of the families of the child with early care needs, influenced the level of maternal anxiety. Maternity did not give satisfaction to the parents, who identified in their children an emotional lability and excessive demands that confronted them with their initial expectations about upbringing. Sameroff & Mackenzie (2003) warn of the influence of environmental factors on the exercise of paternity. They allude to social supports as a factor that influences the parent-child relationships generated and parental satisfaction (Carter et al., 2017; Dunst et al., 1997). Environmental risk factors are associated with a lower capacity to deal with parenting, generating greater stress in the education of children. When immersed in social risk factors, mothers of children with special educational needs tend to be more vulnerable to stress (Barak-Levy & Atzaba-Poria, 2015; Kearney et al., 2011; Lord, et al., 2008).

Another potential stressor identified by Guralnick (2006) that compromises the desired family relationship is linked to interpersonal and family stress. The abrupt change of expectations that parents are forced to face with the news of the diagnosis, requires a rethinking of both personal and family objectives and, consequently, involves a readjustment of daily routines. At a

systemic level, disability often leads to social isolation. Likewise, the incidence in the personal level, has its reflection through the experience of feelings of depression or limitation of the role exercised to the demands that the disability entails. The conditions of the child at biological risk or with some established disability, generate potentially stressful factors within the family

Every family has risk and protection factors that interact dynamically in family systems (Bitsika et al., 2021, Torrecilas & Rodrigo, 2010). Barnett et al. (2003) point out the factors associated with resilience as promoting positive adaptation in families. These formulations are derived from the ecological-transactional model, according to which the risk factors (biological or psychosocial) would be the biological, psychological or social conditions that increase the probability of the appearance of a certain behavior, situation or problem that compromises the personal and social adjustment of individuals. Complementarily, protective factors refer to influences that modify, improve or alter a person's response to any risk situation. These have, therefore, a preventive character, since they prevent a problem from appearing or being magnified.

This line of intervention is advocated by Barnett et al. (2003). They consider that an effective strategy for the approach of family therapy is to encourage parents to identify sources of social support. They identify the amount of support in the family system as the best predictor of reduced stress and family difficulties. They relate optimal personal, marital and parental adjustment to the desired supports provided by the couple. Mutual collaboration between spouses favors parental quality in families with children with educational needs (Llauradó & Suárez, 2020). The positive parentality promoted by Rodrigo et al. (2010) is in line with the premises. They argue that parenthood is not exercised in a vacuum, nor does it depend exclusively on the characteristics of the parents, but that it takes place in an ecological space whose quality depends on the psychosocial context, parental capacities and the needs of the child (Alsaman & Abd El-Naiem, 2021). According to these postulates, Dunst (2000) points to social support as a good predicto r of the achievement of objectives in early care. Bigrams et al., (2012), also associate a greater social network with lower levels of stress. They also relate the social support available to parents with lesser behavioral and developmental problems in their children.

Most interventions in Early Childhood Care and Development Centres focus on the needs of children, leaving parents out of the clinical intervention. This approach should be shifting towards a family-centred model, which will work more effectively and improve the quality of life of the family.

Limitations

Our research has some limitations:

1. Given the extensive demand for information and the number of participants, the families answered the Parenting Stress Index outside the Early Childhood Care and Development Centres.

2. No differentiation was made between parents who belonged to the same family nucleus (both the father and the mother responded) and those parents who only one of them responded (the mother or the father).

3. The socio-demographic characteristics of the parents did not consider the socioeconomic status.

4. The Cronbach's Alpha did not get high levels of reliability in all the subscales of the Parental Stress Index (Abidin, 2012).

Despite these limitations, the obtained findings about the importance of the maternal age, and the child's diagnosis as variables that correlates with stress deserve important consideration, and future studies to investigate the importance of working not only with the children with early attention needs, but also with the family.

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Declaration of interest statement

The authors of this article declare no conflict of interest.

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