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HOPE AND OPTIMISM AS HUMAN STRENGTHS IN PARENTS OF CHILDREN WITH EXTERNALIZING DISORDERS: STRESS IS IN THE EYE OF THE BEHOLDER

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We examined hope as a potential resiliency factor for the daily strains of raising children with disruptive behavior disorders. In light of the motivational component of hope theory, initiating and sustaining effort toward goals (i.e., agency), we were interested in hope's relation to constructs addressing self-esteem, familial functioning, and stress. Two hundred, fifty-two parents of children with externalizing disorders completed self-report questionnaires. Significant associations were found

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among hope and parental and familial functioning indices (e.g., warm and nurturing parenting styles, cohesive and active family environment, adaptive coping strategies). Considering their conceptual overlap, we tested the unique predictive power of hope and optimistic attributions on indices of psychological functioning. Separate regressions indicated that hope significantly predicted psychological functioning beyond what was accounted for by social desirability, the severity of child symptoms, and optimistic attributions. Hope agency compared to hope pathways (i.e., perceived ability to generate strategies to obtain goals) accounted for the vast amount of variance in regression models. In contrast, optimistic attributions failed to predict any of the variables of interest. Treatment and prevention strategies are suggested with an integrated focus on both the disruptive behaviors of children and parental character traits.

A high incidence of stress, anxiety, and depression has been documented in parents of children with disruptive behavioral problems (e.g., Biederman, Faraone, Keenan, Steingard, & Tsuang, 1991; Pelham et al., 1998). Nonetheless, not all parents experience distress, and it can be hypothesized that a number of parents with benign reactions evince positive parenting behaviors and adaptive coping mechanisms. Recent findings have demonstrated that parental personality traits are an important predictor of parent-child relationships and daily living outcomes (e.g., Kochanska, Clark, & Goldman, 1997). For parents raising children who tend to be impulsive, noncompliant, oppositional and defiant, those parents who are able to set clear goals (e.g., time-management, getting child compliance), believe that goals are obtainable, and persevere despite obstacles, may be likely to obtain greater positive outcomes. Thus, our interest was in the role of hope, or a goal-oriented disposition, as a human strength that may potentially lead to positive parenting behaviors and psychological functioning.

Prior research suggests that hope is strongly related to problem solving skills (Snyder et al., 1991a), positive psychological health (Snyder, Irving, & Anderson, 1991b), coping responses to ongoing stressors (Barnum, Snyder, Rapoff, Mani, & Thompson, 1998), and recovery from depressive symptoms (e.g., Klausner et al., 1998). Based on these findings, hope meets the criteria for a human strength because of its contributions to life fulfillments (e.g., personal well-being, altruism; Seligman, 2000). Based on the hope theory of Snyder (1994a; 2000), hope has been operationalized as a set of two interrelated components: (1) the perceived ability to generate strategies toward desired outcomes (pathways), and (2) the perceived ability that these strategies can be enacted successfully (agency). Hope agency and pathways have been measured with the Hope Scale (HS; Snyder et al., 1991a). There is particular relevance for studying hope in parents raising children with disruptive be-

havior problems that tend to be stable, destructive, and difficult to manage on a daily basis (e.g., Barkley, 1997; Patterson, DeBaryshe, & Ramsey, 1989). The existing literature appears to lack studies that adequately address the role of character strengths such as hope in parents of children with disruptive behavior problems.

Interpersonal stressors, such as raising a child with behavior problems, have been found to lead to high rates of substance abuse, perceptions of less supportive social environments, poorer parental coping abilities, and maladaptive reactions to stress (e.g., avoidance, anger management problems; Brown & Pacini, 1989; Mash & Johnston, 1983; Pelham et al., 1998). Because of the potent role of both social support and problem solving in buffering stress (Coyne & Delongis, 1986), the ability to mobilize social and personal resources may be especially paramount for parents at high-risk for emotional distress in the parenting role (e.g., Wilsnack, 1992). Evidence finds hope to be associated with not only adaptive coping strategies for preventing and confronting stress, but also a sense of control over achieving one's goals (e.g., Snyder et al., 1991a). High-hope parents, defined by the perceived ability to obtain and sustain desired outcomes, may be less vulnerable to psychological distress and ineffective coping strategies than low-hope parents. For the present parent population, such desired outcomes could include reducing stress, obtaining child compliance, maintaining a positive relationship with one's child, and sustaining balance in multiple social roles (e.g., parent, spouse, friend, worker).

As for the present sample of parents raising children with behavior problems, we circumscribed this study to constructs directly relevant to the goals and demands of raising a child with disruptive behavioral problems, maintaining and running a familial environment, and adapting to life stress. We anticipated that the strategic goal orientation and adaptive responsivity to problems inherent to hope would be a greater predictor of psychological functioning than optimistic attributions. The motivational facet of hope theory, initiating and sustaining effort toward goals (hope agency), is hypothesized to play a particularly important role in parents being able to successfully adapt to the daily stress of their children's pervasive behavior problems. This includes the ability to generate and adopt adaptive, positive parental behaviors, cognitions (e.g., positive self-appraisals), and coping mechanisms to daily living.

Because of the conceptual overlap between the two human strengths of hope and optimism (Snyder, 1994b), we were interested in the unique contribution of hope to parental functioning above and beyond optimistic attributions. Hope is defined by a future goal orientation, the self-efficacy that goals can be obtained, and the cognitive-motivational beliefs that routes to goals can be generated and pursued. As for the

attributional model, pessimistic individuals tend to provide internal, stable, and global explanations for negative events and optimistic individuals provide diametrically opposed external, unstable, and specific explanations for negative events (Buchanan & Seligman, 1995). Thus, optimistic attributions focus on beliefs about specific events that tend to be the basis of expectancies about the likelihood of future events. While both strengths lead to greater effort toward goals (e.g., Curry, Snyder, Cook, Ruby, & Rehm, 1997; Hong, Chiu, Dweck, Lin, & Wan, 1999), greater health-oriented behaviors (Folkman, Lazarus, Gruen, & DeLongis, 1986; Snyder et al., 1991a), and greater social problem solving (e.g., Chang, 1998; Elias et al., 1986), only hope theory explicitly emphasizes motivation or the belief that cognitive strategies can be generated and sustained to obtain desired outcomes. In terms of measurement, hope is assessed using global items tapping self-efficacy and the belief that obstructions to goals can be overcome (Snyder et al., 1991a). Alternatively, optimistic attributional styles are measured by having participants report their reactions and explanations for specific negative events. Research tends to focus on negative events because explanations for negative events have demonstrated greater predictive utility than explanations for positive events (see review of relationship in Peterson, 1991). In short, the primary difference between hope and optimistic attributions pertains to the specificity of expectations (e.g., measuring global optimism vs. expectations for specific events), and the inclusion of cognitive-motivational mechanisms such as personal agency and pathway beliefs (see review in Peterson, 2000).

It was further hypothesized that hope would be a better predictor of parental social adjustment to the demands of employing diverse social roles such as parenting a child with behavior problems, being part of a family unit, being a romantic partner, and engaging in social/leisure activities than would optimistic attributional style. To meet these aims, hierarchical regressions using both hope and optimistic attributions as predictors were conducted on indices of self-esteem, parental and familial functioning, perceived stress, and coping strategies.

Studies of human strengths such as hope and optimism need to consider the psychometric threat of impression management. As Paulhus (1986) indicates, individuals asked to report their own positive qualities (i.e., hope) are at risk for using a favorable self-presentation style. Similarly, parents asked to report their own negative parent-child behaviors when they are participating in research and treatment for their child's problems may be susceptible to impression management biases. While social desirability is a threat in all self-report studies (Paulhus, 1986), few parents are likely to say that they engage in negative parenting behaviors (e.g., Wells et al., 2000). Thus, from the literature on impression

management, we determined a priori that our findings would derive greater benefit if we controlled for the potential biases of social desirability. Similarly, the severity of child behavior problems (i.e., diagnoses of oppositional-defiant disorder and/or conduct disorder that are comorbid with ADHD) might exhibit an effect on parental reporting of hope and psychological functioning. As a result, we controlled for the severity of child behavior problems in all relations between hope, optimistic attributions, and parental functioning. These covariates were used to further elucidate the unique utility of hope in this parental population.

While gender differences have yet to be uncovered in prior studies of hope (see review in Snyder, Cheavens, & Sympson, 1997), to the authors' knowledge there are no other studies of hope in parents raising children with externalizing disorders. Because mothers are traditionally the primary caregivers, the parenting role is considered their primary source of stress, whereas for fathers their primary source of stress tends to be work-related (e.g., Crnic & Acevedo, 1995). For this reason, on an exploratory basis, we examined differential relations between mothers and fathers on hope correlates.

In sum, the primary aims of the current article were: (1) to study in parents of children with externalizing disorders the relationship between hope and self-esteem, familial functioning, and stress and coping, (2) test the unique predictive power of hope on parental functioning after controlling for the variance explained by social desirability and the severity of child behavior problems, and most importantly, optimistic attributions, and (3) compare the differential effects of hope on psychological functioning between mothers and fathers.

METHOD

PARTICIPANTS

Participants were 252 parents of boys between the ages of 5 and 12 years. Of these parents, 66 were fathers and 186 were mothers. Childhood diagnoses of externalizing disorders were determined by diagnostic interviews and clinical records. To further determine if children met the Diagnostic and Statistical Manual for DSM-III-R (American Psychiatric Association, 1987) criteria for diagnoses of Attention-Deficit/Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), or Conduct Disorder (CD), both parents and teachers completed the Disruptive Behavior Disorders Rating Scale (DBBD; Gnagy, Greenslade, & Milich, 1992; See Table 1 for prevalence rates). All participants were recruited from among a series of studies and treatment programs being conducted

from 1993 to 1996 in the ADHD program at the Western Psychiatric Institute and Clinic (WPIC) in Pittsburgh. (For specific details on selection criteria for the separate studies see Lang, Pelham, Atkeson, & Murphy, 1999; Pelham et al., 1997, 1998, 2000a, 2000b). Boys with externalizing disorders were recruited because of greater prevalence rates for males (ranging from 4:1 to 9:1; American Psychiatric Association, 1994) and to avoid gender confounds.

Individual differences and psychosocial variables (e.g., personality, psychopathology, coping strategies, social adjustment) were assessed with a battery of self-report questionnaires. Included in Table 1 are sample characteristics in terms of demographics, socioeconomic status, and the lifetime prevalence of mood disorders using the Structured Clinical Interview for DSM-III-R-Nonpatient Edition (SCID-NP; Spitzer, Williams, Gibbon, & First, 1990).

MEASURES

Self-Report Measures Of Hope And Optimism. The 12-item Hope Scale (HS; Snyder et al., 1991a), with four filler items, is a dispositional measure of one's self-efficacy and strategic goal orientation. The HS has two subscales: (1) hope pathways: perceived ability to generate routes to surmount obstacles and obtain goals, and (2) hope agency: personal belief that one can initiate and sustain effort toward goals using selected routes. Examples of agency items include, "I energetically pursue my goals" and "I meet the goals that I set for myself." Examples of pathways items include, "I can think of many ways to get out of a jam" and "Even when others get discouraged, I know I can find a way to solve the problem." The HS has exhibited high internal reliability and validity in studies of academic and athletic performance (Curry et al., 1997), coping with cancer (Irving, Snyder, & Crowson, 1998), and treatment for depression (Klausner et al., 1998). In the present sample, an acceptably high Cronbach α of .81 was reported for the total scale, and for the four-item subscales of agency and pathways, αs of .81 and .66. We expected hope agency to be particularly salient in this population, thus we used the total HS and each subscale as indices of hope. Higher scores are indicative of higher hope.

In order to measure optimism, the Expanded Attributional Style Questionnaire (EASQ; Peterson & Villanova, 1988) was administered. Using 24 hypothetical situations wherein negative events afflict the respondent (e.g., "You and your family have a serious argument"), the EASQ measures adult attributions for explaining failure. As for the methodology, "In each case, subjects are asked to imagine the event happening to them. They then write 'the one major cause of the event' and rate it in terms of *internality* versus *externality*, *stability* versus *instability*,

TABLE 1. Means, Standard Deviations, and Prevalence Rates for Demographics

Variables	Prevalence Rates (%)	*M*	*SD*
Subject Age in Years		35.60	5.66
Target Child Age in Years		9.3	1.90
Prevalence of Current Disorders in Child[a]			
Attention–Deficit Hyperactivity Disorder	90		
Oppositional Defiant Disorder	50		
Conduct Disorder	32		
Ethnicity Prevalence Rates[b]			
Caucasian	85.8		
African–American	11.6		
Other	2.6		
Marital Status (% single)	34.6		
Education Level			
HS graduate or less	26		
Partial college	35		
College graduate	26		
Post–graduate training	13		
Lifetime Prevalence of Disorder in Parents[c]			
Mood Disorders	38.1 (19.5)		

Note. [a]Disruptive Behavioral Disorders Parent/Teacher Rating Scale (DBD; Pelham et al., 1992). [b]Ethnicity prevalence rates are for children; there remains the possibility that the ethnicity of children, mothers, and fathers differ. [c]Structured Clinical Interview for DSM–III–R–Nonpatient Edition (SCID–NP; Spitzer et al., 1990); mothers outside of parentheses and fathers inside parentheses. The SCID–NP information was only available for a subset of the sample (n = 159).

and *globality* versus *specificity*" (Peterson & Villanova, 1988, p. 87). With respect to attributional theory and other studies in the field (see review in Peterson, 1991), we used all three explanatory dimensions. The EASQ has been validated as a dimensional measure ranging from trait pessimism to optimism (e.g., Seligman, Schulman, DeRubeis, & Hollon, 1999). In the present sample, high internal reliabilities were respectively .73, .87, and .91 for the internal-external, stable-unstable, and global-specific dimensions of the EASQ. Higher scores are indicative of greater pessimism.

Child Externalizing Severity Measure. To determine the severity of child DSM-III-R diagnostic symptoms of ADHD, ODD, or CD, both parents and teachers completed the 36-item DBD Rating Scale (Pelham et al., 1992). From a checklist measure with a four-point scale (ranging from 0 to 3 or Not at All to Very Much), symptoms were confirmed if ei-

ther the parent or teacher endorsed a 2 or 3 (Pretty Much or Very Much). As an index of the severity of child behavior problems, we used the total symptom score across ADHD, ODD, and CD. Using multiple informants allows for the aggregation of information across settings (e.g., school vs. home) and controls for shared method variance. Because 13 parents/teachers failed to complete the DBD, data were available for 239 parents. Higher scores are indicative of greater child externalizing severity.

Personality Measures. Parents completed the widely used ten-item Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965), an index of general perceived self-worth. Parents also completed the ten-item Self-Handicapping Scale (SHS; Strube, 1986), which assesses the degree to which individuals use strategies to protect their self-esteem (e.g., downward social comparisions). In the present sample, respective internal consistency reliabilities of .91 for the RSE and .68 for the SHS were acceptably high. Higher scores on the RSE and SHS are indicative of higher levels of self-esteem or self-handicapping usage, respectively. The 33-item Social Desirability Scale (SDS; Crowne & Marlow, 1964) was administered to assess individual tendencies toward impression management or creating an idealized self-portrayal. The SDS is a dichotomous scale that is typically used as a test of the validity of participants' responses on self-report measures. In the present sample, an acceptable internal reliability of .70 was found for the SDS. Higher scores are indicative of higher levels of impression management.

Social and Familial Adjustment. To assess how well-adjusted parents were in their marital relationships, family environment, and different social roles, three assessment instruments were used. The 54-item Social Adjustment Scale-Self Report (SAS-SR; Weissman & Bothwell, 1976) assesses how adjusted individuals are in different life roles (e.g., workplace, household, leisure time, marriage, parenting, family unit). The 33-item Dyadic Adjustment Scale (DAS; Spanier, 1976) assesses the level of cohesion, conflict, agreement on issues, affective expressiveness, and overall satisfaction between an individual and his or her marital or cohabiting partner. Respondents use a five-point Likert scale for the SAS and a seven-point Likert scale for the DAS. As indices of social adjustment, for both the SAS and DAS average scores were computed by dividing respondent scores by the number of items. In the present sample, respective internal consistency reliabilities of .84 (SAS) and .95 (DAS) were acceptably high. High scores on the SAS are indicative of poorer social adjustment whereas high scores on the DAS are indicative of greater dyadic adjustment.

The Family Environment Scale (FES; Moos, 1974) is a 90-item dichotomous questionnaire with ten dimensions assessing family-related daily

living and life event variables that may be related to drinking. The entire FES was administered. However, recent analyses have suggested that only six of the ten scales demonstrate acceptable psychometric properties to be utilized in research (e.g., Sanford, Bingham, & Zucker, 1999): cohesion and conflict (assessing quality of familial relationships), intellectual-cultural orientation and active-recreation orientation (assessing level of activity and social engagement both within and outside the family unit), organization (assessing familial orderliness and cleanliness), and moral-religious emphasis (assesses ethics and religious involvement). The sixth scale was excluded from our analyses because it has no theoretical ties to other constructs under study. In short, we circumscribed our analyses to the first five scales. The internal reliabilities of the five FES scales under study were acceptable, ranging between .83 and .92. Higher scores on each subscale are indicative of greater cohesion, conflict, intellectual-cultural orientation, active-recreation orientation, and organization, respectively.

The 40-item Parent-Child Relationship Questionnaire (P-CRQ; Furman & Giberson, 1995) was used to measure the perceived quality of parent-child relationships. The P-CRQ comprises five overarching factors derived from 19 subscales: (1) personal relationship, containing items relating to companionship and intimacy; (2) warmth, containing items relating to nurturance, affection, and admiration for one another; (3) disciplinary warmth, containing items relating to praise, prosocial behaviors, and shared decision-making; (4) power assertion, containing items relating to quarreling and verbal punishment; and (5) possessiveness, containing items relating to control and protectiveness. Besides the five separate factors, we were interested in an index of positive parent-child relationship quality based on a factor analysis of the Personal Relationship, Warmth, and Disciplinary Warmth factors. This index was justified by correlations of .50 or greater between factors separately for mothers and fathers. Using principal factor analysis, a "positive parenting" factor was found with the following loadings: Personal Relationship (.90), Disciplinary Warmth (.84), and Warmth (.82). The internal consistency for the positive parenting factor was acceptably high at .81. Higher scores on each subscale are indicative of greater positive parenting, power assertion, and possessiveness, respectively.

Measures of Stress. Life stressors were assessed using two instruments. The 67-item Life Experiences Survey (LES; Sarason, Johnson, & Siegel, 1978) was used to assess the frequency and impact of negative and positive major life events experienced during the past year (e.g., death or serious illness in family, job changes). Respondents use a 7-point scale ranging from extremely negative (-3) to extremely positive (+3). As the result of aggregating the impact ratings of positive and nega-

tive life events, the total score represents the perceived level of desirable and undesirable change. The total score was used in the present study. The 61-item Inventory of Small Life Events (ISLE; Zautra, Guarnaccia, & Dohrenwend, 1986) was used to measure the occurrence of events in primary domains such as finances, family and marital relationships, children, health, and work over the past two weeks. Respondents use a dichotomous format to endorse daily hassles. For the present study, both the total score (across domains) and daily hassles involving children (e.g., "fought with child") were utilized. In the present sample, respective internal consistency reliabilities of .94 and .78 for the scores were acceptably high. Higher scores on these measures are indicative of a greater number of stressful events or daily hassles.

Coping Measures. Coping strategies were assessed by three measures. The 33-item Health and Daily Living Form (HDL; Moos, Cronkite, Billings, & Finney, 1986) is a measure that assesses how an individual responded to a significant life stressor via coping strategies, including avoidance coping, active behavioral, and active cognitive methods. As for each of these factors, avoidance coping refers to disengagement from activities (e.g., withdrawal, substance abuse), active behavioral refers to affect regulation and emotional discharge, and active cognitive refers to problem solving and logic-oriented strategies. The 60-item COPE Scale (COPES; Carver, Scheier, & Weintraub, 1989) assesses coping responses across 13 domains when confronted with difficult or stressful events in life (e.g., active coping, planning, seeking social support, acceptance, turning to religion, and denial). Respondents use a four-point Likert scale for both the HDL and COPES to assess the degree to which specific coping strategies are utilized. In the present sample, respective internal consistency reliabilities of .75 and .87 for the HDL and COPES were acceptably high. Higher scores on these subscales are indicative of greater utilization of the coping strategy under study.

RESULTS

DATA ANALYTIC PROCEDURES

Analyses were conducted in two steps. First, bivariate correlations were conducted to examine differences between mothers and fathers on relations between hope and parental functioning. Second, a series of hierarchical regression analyses was conducted to test the independent contribution of hope to parental functioning. For all regression analyses, at step 1, social desirability and child problem severity were entered as covariates. At step 2, all three dimensions of the Expanded Attributional Style Questionnaire (EASQ), measuring optimism, were entered simul-

taneously (internal-external, stable-unstable, global-specific). At step 3, both dimensions of the Hope Scale (HS) were entered simultaneously (agency, pathways).

PRELIMINARY ANALYSES

In assessing the means and standard deviations of the HS-total for mothers ($n = 179$; $M = 23.65$, $SD = 3.58$, and fathers ($n = 63$; $M = 24.67$, $SD = 2.59$, mothers indicated less hope than fathers, $t(240) = 2.08$, $p < .05$. Upon addressing the two hope factors, it appears that mothers compared to fathers reported significantly less agency, $t(240) = 2.30$, $p < .05$, but not pathways, $t(240) = 1.25$, $p > .20$. In assessing the dimensions of the EASQ, mothers ($n=167$; $M = 4.13$, $SD = 0.73$) reported greater Stable attributions for negative events than fathers ($n = 56$; $M = 4.37$, $SD = 0.77$), $t(223) = 2.06$, $p < .05$; no significant gender differences were found for Internal-External and Global-Specific attributions ($p > .50$). The nonsignificant relationship between the HS-total and the EASQ in both mothers ($r = -.12$, $p > .10$) and fathers ($r = -.02$, $p > .10$) was unexpected. The means and standard deviations for all individual difference variables are reported in Table 2.

As for covariates, social desirability had a near-zero relationship with the HS-total (p's > .10), and social desirability was negatively associated with stable-unstable ($r = -.24$, $p < .005$) and global-specific ($r = -.28$, $p < .001$) attributional dimensions in mothers but not fathers, $p > .10$; no relationships were found for the internal-external dimension. This implies that in mothers, social desirability was positively associated with the reporting of optimistic attributions (e.g., unstable and specific explanations for bad events). As for outcome variables, a significant negative relation was found between social desirability and the reporting of negative parenting behaviors, and a positive relation was found with the reporting of positive parenting behaviors. The DBD had near-zero correlations with the HS and the EASQ (p's > .10), but was significantly associated with outcome variables such as negative parenting behaviors, perceived daily hassles, and parental social adjustment. Based on a priori grounds and the present findings, social desirability and the DBD were justified as covariates in regression analyses.

Correlations among all variables of interest were conducted to test the potential role of multicollinearity. Overall, there was little concern about multicollinearity as most variables had near-zero to moderate relationships with each other (e.g., parental social adjustment had moderate relations with self-esteem and positive and negative parenting behaviors).

TABLE 2. Means and Standard Deviations for Individual Difference Variables

Variable	*n* (all parents)	*M*	*SD*
Hope Scale – Total	242	23.91	3.37
Pathways	242	11.98	1.76
Agency	242	11.93	2.08
Attributional Style Questionnaire – Grand Total	218	4.10	.64
Disruptive Behavior Disorders Scale – Total	239	19.05	4.97
Social Desirability Scale	250	17.76	5.25
Self–Esteem	250	7.77	2.76
Self–Handicapping	249	25.38	6.73
Social Adjustment Scale – Total	243	.84	.34
Dyadic Adjustment Scale – Total	206	3.15	.56
Family Environment Scale			
Cohesion	250	6.61	2.36
Conflict	249	3.78	2.30
Intellectual Orientation	250	5.58	1.60
Active–Recreational Orientation	249	5.46	2.18
Organization	249	5.49	2.23
Parent–Child Relationship Questionnaire			
Personal Relationship[a]	238	6.86	.91
Warmth[a]	238	8.04	1.06
Disciplinary Warmth[a]	238	7.31	.95
Power Assertion	238	5.59	.99
Possessiveness	238	8.89	1.62
Inventory of Small Life Events– Total	243	10.23	5.54
Children	243	2.54	1.60
Life Experiences Survey– Total	245	1.88	8.55
Coping Mechanisms using COPES[b]			
Active	250	11.79	2.39
Planning	250	12.78	2.63
Positive Reinterpretation	250	11.88	2.47
Suppression of Competing Activities	250	10.07	2.32
Humor	144	7.25	2.77
Behavioral Disengagement	250	5.89	2.00
Mental Disengagement	250	7.62	2.11
Coping Mechanisms using HDL[c]			
Avoidance Method	245	4.67	3.41
Active Cognitive Method	243	18.38	5.43
Active Behavioral Method	245	22.06	6.62

Note. [a]Positive Parenting Factor was comprised of Personal Relationship, Warmth, and Disciplinary Warmth factors. [b]COPE Scale (COPES; Carver, Scheier, & Weintraub, 1989). [c]Health and Daily Living Coding Response Index (HDL; Moos, Cronkite, Billings, & Finney, 1986).

TABLE 3. Correlations Between Hope and Psychological Functioning Indices in Mothers and Fathers

	Mothers			Fathers		
Variables	**Total**	**Path**	**Agency**	**Total**	**Path**	**Agency**
Personality						
Self–Esteem (n = 178; 62)	.45***	.25**	.52***	.27*	.18	.29*
Self–Handicapping (n = 178; 62)	–.35***	–.19*	–.41***	–.19	–.02	-.32*
Familial Functioning						
SAS–Total (n = 171; 62)	–.37***	–.20**	–.43***	–.39**	–.25*	-.42***
DAS–Total (n = 140; 60)	.23***	.13	.28***	.38**	.35**	.28*
Family Environment Scale (FES)						
Cohesion (n = 178; 61)	.28***	.21**	.28***	.18	.18	.12
Intellectual Orientation (n = 178; 61)	.34***	.34***	.27***	.08	.03	.11
Active–Recreational Orientation (n = 178; 61)	.40***	.35***	.35***	.36**	.36**	.25
Organization (n = 178; 61)	.22**	.12	.25***	–.04	–.19	.14
Parent–Child Relationship Questionnaire						
Positive Parenting Factor (n = 179; 59)	.27***	.28***	.20**	.41***	.39**	.28*
Power Assertion Factor (n = 179; 59)	–.15*	–.06	–.19*	–.16	.03	-.30*
Possessiveness Factor (n = 179; 59)	–.10	–.09	–.10	–.17	.01	-.30*

Note. Sample size of mothers is presented first in parentheses, and sample size of fathers is presented second. Total = HS Total; Path = pathways subscale of HS; Agency = agency subscale of HS. High scores on the SAS indicate poor social adjustment. *$p < .05$; **$p < .01$; ***$p < .001$.

MAIN ANALYSES

Hope and Psychological Functioning. As shown in Tables 3 and 4, there were several moderately strong significant relationships between hope and indices of psychological functioning, all in theoretically expected directions. For coping strategies, no significant relationships for either parent were found on the active cognitive factor of the HDL ($p >$ .40), or the emotional discharge, alcohol-drug disengagement, acceptance, mental disengagement, or social support subscales of the COPES ($p > .10$). Similarly, no significant relationships for either parent were found for the conflict subscale of the FES ($p > .10$). For this reason, each of these variables was excluded from further analyses and are not shown in Tables 3 or 4. Other variables in Tables 3 and 4 that did not correlate with the HS-total were also excluded from further analyses. In short, hope was associated with adaptive psychological functioning at both the indi-

TABLE 4. Correlations Between Hope and Stress and Coping Indices in Mothers and Fathers

	Mothers			Fathers		
Variables	**Total**	**Path**	**Agency**	**Total**	**Path**	**Agency**
Stress						
ISLE – Total (n = 171; 62)	–0.11	0.03	–.20*	–.29*	–0.11	–.38**
Children (n = 171; 62)	–.17*	–0.08	–.22**	–.28*	–0.12	–.35**
LES – Total (n = 174; 61)	0.14	0.13	0.12	–0.19	–0.15	–0.16
Coping Mechanisms using COPES						
Active Coping (n = 178; 62)	.42***	.38***	.38***	.32**	0.2	.34**
Planning (n = 178; 62)	.44***	.39***	.39***	0.18	0.1	0.21
Positive Reinterpretation (n = 178; 62)	.33***	.28***	.31***	0.07	–0.05	0.18
Suppression of Competing Activities (n = 178; 62)	.27***	.30***	.19*	.30*	0.2	.31*
Behavioral Disengagement (n = 178; 62)	–.42***	–.28***	–.45***	–.28*	–0.14	–.34**
Coping Mechanisms using HDL						
Avoidance Method (n = 176; 59)	–.32***	–.17*	–.38***	0.04	0.14	–0.09
Active Behavioral Method (n = 176; 59)	.15*	.17*	0.11	0.03	–0.03	0.09

Note. Sample size of mothers is presented first in parentheses, and sample size of fathers is presented second. Total = HS Total; Path = pathways subscale of HS; Agency = agency subscale of HS. High scores on the SAS indicate poor social adjustment. *p < .05; **p < .01; ***p < .001.

vidual (e.g., self-esteem, active coping strategies, adjustment in various social roles), and familial (e.g., dyadic adjustment, family environment) level. As can be seen in Tables 3 and 4, the agency compared to the pathways subscale had stronger relationships with virtually all domains of parental functioning. Only the agency subscale was associated with areas such as parent-child power assertion and possessiveness, and daily hassles. These results suggest the primary importance of agency or the motivational facet of hope in our parent sample. Although we could have conducted Bonferroni adjustments for our analyses, this is the first study to explore relations between these variables and all variables were selected a priori for their importance in parents of children with externalizing disorders. Thus, we chose to use a .05 significance level and let the reader evaluate the meaning of correlates.

Gender Differences On Hope Correlates. It is difficult to obtain sufficient power to detect differences between two independent correlations without large sample sizes for each group (Kenny, 1987, p. 278). As seen in Tables 2 and 3, correlations for mothers and fathers tended to be in the

small to moderate range. Based on power analyses with our sample size, the probability of rejecting the null hypothesis ranged from .45 to .55. As a result of insufficient power, it was determined that statistical tests of differential gender relations would not be a viable option. Despite their exploratory nature, a number of differences between mothers and fathers were apparent. For example, in mothers but not fathers, hope agency was significantly associated with familial functioning (i.e., cohesion, intellectual orientation, and Active-Recreational Orientation FES subscales), and both hope agency and pathways were associated with adaptive coping mechanisms (i.e., active, planning, and positive reinterpretation COPES subscales). Yet, further confirmation is needed in future studies with sufficient statistical power.

Independent Contribution of Hope to Parental Functioning after Controlling for Optimistic Attributions. A series of hierarchical regression analyses were conducted to test whether hope predicted psychological functioning independent of optimistic attributional styles. At step 1, both the Social Desirability Scale (SDS) and parent/teacher endorsements of child externalizing symptoms (DBD) were entered as covariates. At step 2, each of the three dimensions of the Extended-Attributional Style Questionnaire (EASQ; internal-external, global-specific, stable-unstable) were simultaneously entered as main effects. At step 3, the Hope Scale (HS) pathways and agency dimensions were entered as main effects.

As Tables 5, 6, and 7 show, in nearly all of the regressions hope was found to predict a significant amount of the variance in individual and familial functioning beyond what was accounted for by the SDS, DBD, and most importantly, EASQ. After controlling for the SDS and DBD, the EASQ was not a significant predictor in any analyses. In contrast, after controlling for the SDS, DBD, and each of the EASQ dimensions, the HS significantly augmented the variance for nearly all criteria (change in R^2 ranging between 2% and 20%). Furthermore, hope agency appeared to account for virtually all of the predictive power of hope in our analyses. The stronger predictive power of hope, specifically agency or the motivational component of hope compared to optimistic attributions, fits with our initial hypotheses.

DISCUSSION

It has been well documented that negative parenting behaviors and parental *distress* are associated with child behavior problems (e.g., Krech & Johnston, 1992; Webster-Stratton & Hammond, 1988). Taking a different approach, the present study provided preliminary evidence for associations between parental *strengths* and parental and child psychological

TABLE 5. Multiple Regression Analyses Examining Contributions of Parental Hope to Psychological Functioning and Familial Adjustment

	RSE		SHS		SAS		DAS		FES–Coh		FES–Intell		FES–Rec		FES–Org	
	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}
Step 1		.06**		.09***		.17***		.07**		.04*		0.02		.03*		.10***
DBD[a]	–0.09		.17*		.26***		–.18*		–0.13		–0.11		–0.1		–0.03	
SDS[b]	0.23		–.25***		–.32***		.20**		.16*		0.05		.15*		.31***	
Step 2		0.01		0.02		0.03		0		0		0.01		0.02		0.02
EASQ–Internal[c]	–.02		0.09		0.01		0.03		–0.03		–0.08		–0.07		0.03	
EASQ–Stable[c]	0.04		0.09		0.02		0.03		0.03		–0.01		–0.1		0.14	
EASQ–Global[c]	–0.1		–0.03		0.16		–0.05		–0.02		0.05		0.02		–0.05	
Step 3		.20***		.11***		.11***		.05*		.05**		.07**		.13***		.03*
HS–Pathways[d]	0		0.02		–0.01		–0.01		0.1		0.15		.24**		–0.03	
HS–Agency[d]	.46***		–.35***		–.35***		.23*		.16*		0.15		.17*		.18*	
Total R^2		.27***		.22***		.31***		.12**		.09**		.09**		.17***		.14***
Total adjusted R^2		.24***		.19***		.28***		.08**		.06**		.06**		.15***		.11***

Note. Higher scores on the SAS are indicative of poorer functioning. RSE = Rosenberg Self–Esteem; SHS = Self–Handicapping Scale; SAS = Social Adjustment Scale; DAS = Dyadic Adjustment Scale; FES–Coh = cohesion subscale; FES–Intell = intellectual orientation subscale; FES = active–recreational orientation subscale; FES–Org = organization subscale. [a] (DBD; Pelham et al., 1992); [b] (SDS; Crowne & Marlow, 1964); [c] (EASQ; Peterson & Villanova, 1988); [d] (HS; Snyder et al., 1991); *$p < .05$; **$p < .01$; ***$p < .001$.

functioning. Our findings included: (1) strong relations between parental hope and adaptive individual (e.g., self-esteem) and familial functioning (e.g., parent-child relationships, social adjustment), and (2) the unique predictive utility of hope on psychological functioning beyond the variance accounted for by social desirability, the severity of child symptoms, and optimistic attributions. In contrast, there was no support for the predictive utility of optimistic attributions.

Finding hope to be strongly correlated with self-esteem and high interpersonal functioning in familial and intimate relations is consistent with Snyder's hope theory and goal-oriented thinking and perseverance (e.g., Snyder, in press; Snyder et al., 1997; Snyder et al., 2000). However, to the authors' knowledge, this is the first study to demonstrate that hope is positively related to psychological functioning in parents, including the reporting of prosocial parenting behaviors (e.g., nurturance, warmth, intimacy) and adaptive family environments (e.g., activity-oriented). Considering the reciprocal nature of family systems in families of children with disruptive behavior disorders (e.g., Brown & Pacini, 1989; Cunningham, 1990), the degree to which high-hope parents report enacting prosocial behaviors, participating in a cohesive and stimulating family environment (e.g., social integration outside family), and perceiving less stress may indirectly affect children and spouses. In terms of coping with parenting (and other) stressors, hope was significantly and positively associated with active, problem solving approaches (e.g., positive reinterpretations, planning) and negatively associated with maladaptive, passive behaviors (avoidance, behavioral disengagement, self-handicapping). Stronger relationships with parental psychological functioning were found for hope agency compared to pathways. Across the literature, the quality of parent-child relationships has been shown to be a strong predictor of child social activity, competence, and psychological adjustment (see Masia & Morris, 1998 and Stattin & Trost, 2000 for recent reviews). Given the present promising findings, further research is needed on how parental strengths may influence the relationship between parenting and child psychopathology (e.g., Kashdan & Herbert, 2001), and human strengths as potential modes of resilience against psychopathology (e.g., Kashdan, in press).

A secondary goal of the present research was exploring the unique, significant relationship between hope and parental functioning. Using a series of hierarchical regressions, hope remained a significant predictor of nearly all indices of parental psychological functioning above and beyond the variance explained by social desirability, the severity of child behavior problems, and optimistic attributions. In contrast, optimistic attributions failed to augment the prediction of *any* criteria. Of particular interest, our results provide preliminary evidence that relations be-

TABLE 6. Multiple Regression Analyses Examining Contributions of Parental Hope to Quality of Parent–Child Relationships and Daily Hassles

	PCRQ–PP		PCRQ–PA		PCRQ–PO		ISLE		ISLE–CH	
	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}
Step 1		.04*		.08***		.04*		.08***		.05*
DBD[a]	–0.11		.26***		.19**		.25***		.19**	
SDS[b]	.17*		–0.10		0.06		–.14*		–0.13	
Step 2		0.00		0.02		0.01		0.01		0.01
EASQ–Internal[c]	–0.02		–0.07		–0.04		–0.03		–0.05	
EASQ–Stable[c]	0.02		–0.12		–0.05		–0.11		–0.06	
EASQ–Global[c]	0.04		0.03		0.09		0.13		0.08	
Step 3		.09***		.03*		0.02		.05**		.05**
HS–Pathways[d]	.30***		0.03		–0.02		0.15		0.04	
HS–Agency[d]	0.02		–.20*		–0.11		–.29***		–.24**	
Total R^2		.14***		.13***		0.06		.14***		.10**
Total adjusted R^2		.11***		.10***		0.03		.11***		.07**

Note. PCRQ–PP = positive parenting factor; PCRQ–PA = power assertion factor; PCRQ–PO = possessiveness factor; ISLE = Inventory of Small Life Events; ISLE–CH = children subscale. [a] (DBD; Pelham et al.[comma here] 1992); [b] (SDS; Crowne & Marlow[comma here] 1964); [c] (EASQ; Peterson & Villanova[comma here] 1988); [d] (HS; Snyder et al.[comma here] 1991); *$p < .05$; **$p < .01$; ***$p < .001$.

tween parental hope and psychological functioning are not mere artifacts of self-serving biases or child problem severity. Furthermore, the perceived ability to initiate and sustain effort and progress throughout the process of pursuing goals (agency) appears to be more salient to parental functioning than the perceived ability to generate routes to avoid roadblocks and meet goals (pathways).

As expected, in contrast to optimistic attributions, hope was a strong, significant predictor of parental psychological functioning. Hope theory and attributional theory both implicitly address goals and expectancies that future outcomes are related to prior outcomes (e.g., Peterson, 2000; Snyder, 2000; Snyder et al., 2000). Nonetheless, hope theory is more comprehensive than attributional theory (Snyder et al., 2000). Hope theory explicitly emphasizes an individual's belief that one can generate means of pursuing goals even in the face of obstacles and setbacks (pathways) and the belief that these means can be initiated and sustained with continual effort and progress (agency). Hope can be conceptualized as one's cognitive and behavioral flexibility to life problems (e.g., Snyder et al., 1997; Snyder et al., 2000). Thus, parental hope may be an important component in creating collaborative, productive, and fulfilling relationships with family members while simultaneously meeting one's own desired outcomes. As for parents confronted with obdurate children on a daily basis, self-efficacy and the belief that goals can be translated into solvable problems with multiple strategies (e.g., getting children to eat vegetables by letting them eat raw carrots while they play outside) may be essential to personal and interpersonal functioning. Pending future research, greater goal-oriented energy and motivation (agency) in particular, appears to be a valuable resource in sustaining and thriving amid the different rules, regulations, and rewards of multiple life roles (e.g., parent, leisure time, wage earner, autonomous being able to self-regulate pleasure) in parents. Most studies have focused on negative parenting characteristics (e.g., Cummings & Davies, 1999). Our goal is to supplement this work by refocusing on positive parenting characteristics and their transactional effects on both parents and children.

In sum, the strong, unique relation between hope and the reporting of positive parenting behaviors, high familial functioning, and adaptive coping strategies adds credence to further emphasis on parental goal-oriented variables. Each of these domains can be deemed essential to parental quality of life. As for future research in this population: What are the consequences of hope during stressful (child noncompliance), playful, and neutral parent-child interactions? What are the separate values of goal content (e.g., getting child to complete homework), goal conflict (e.g., wanting to always be there for one's child vs. wanting to spend free time with one's adult friends outside the family unit), and the

TABLE 7. Multiple Regression Analyses Examining Contributions of Parental Hope to Coping Mechanisms

	Active		Planning		Pos Reint		Suppression		Beh Disen		Avoidance	
	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}	Beta	R^2_{ch}
Step 1		0.01		0.01		.05**		0.00		0.00		.04*
DBD[a]	–0.10		–0.09		–0.09		0.04		0.03		0.10	
SDS[b]	0.02		0.03		.20**		0.02		–0.02		–.17*	
Step 2		0.03		0.01		0.01		0.02		0.02		0.01
EASQ–Internal[c]	–0.11		–0.06		–0.06		–0.09		0.04		0.04	
EASQ–Stable[c]	.20*		0.12		0.12		0.09		0.04		0.04	
EASQ–Global[c]	–0.12		0.00		–0.08		0.06		0.09		0.06	
Step 3		.17***		.13***		.08***		.08***		.19***		.09***
HS–Agency[d]	.18*		.19*		0.15		.24**		–0.07		0.07	
HS–Pathways[d]	.29***		.23**		.17*		0.08		–.41***		–.35***	
Total R^2		.21***		.15***		.14***		.10**		.21***		.15***
Total adjusted R^2	.18***		.12***		.11***		.07**		.18***		.12***	

Note. COPES subscales include active coping, planning, positive reinterpretation, suppression of competing activities, and behavioral disengagement. Avoidance is a HDL subscale. [a] (DBD; Pelham et al., 1992); [b] (SDS; Crowne & Marlow, 1964); [c] (EASQ; Peterson & Villanova, 1988); [d] (HS; Snyder et al., 1991). *$p < .05$; **$p < .01$; ***$p < .001$.

specific processes leading to goals (e.g., reinterpretation of parenting a difficult child)? Future studies of parental hope will need to move beyond subjective ratings to assess behavioral referents (e.g., observed parent-child interactions). Longitudinal and experimental studies can be designed to disentangle the reciprocal relationship between parental hope, child behavior problems, and the quantity and quality of parent-child contact. More complex research designs can further illustrate the role of hope in the generation, effort, and progress toward daily goals and conflict resolution in parents.

In contrast to other hope studies that failed to find gender differences, mothers in the present sample reported significantly lower hope than fathers. Specifically, mothers compared to fathers appeared to demonstrate fewer psychological resources to begin and sustain effort in pursuing desired outcomes. Mothers are traditionally the primary caregivers in the family, with the parenting role as their major source of stress (Crnic & Acevedo, 1995; Johnston & Mash, 1989). As a post hoc explanation for our findings, perhaps mothers spend greater time interacting and coping with the disruptive behavior of their children, leading to slightly poorer agency thoughts, such as the belief that future child compliance is a hopeless endeavor (learned helplessness; e.g., Pelham et al., 1997, 1998). Further research on parental responsibilities, cognitions, and attributions may lead to a better understanding of why mothers of children with behavior problems have significantly lower hope than fathers. As previously mentioned, due to insufficient statistical power (Kenny, 1987), we did not test whether hope correlates differed as a function of gender. However, an examination of hope correlates suggests that hope agency and pathways have stronger associations with familial functioning and most of the coping variables in mothers compared to fathers. In contrast, hope agency and pathways had stronger associations with social and dyadic adjustment, and parent-child relationship quality in fathers compared to mothers. These findings should be considered "exploratory" requiring further confirmation in future studies. Nonetheless, our findings suggest that while mothers have slightly less dispositional hope, hope appears to be more important to maternal psychological functioning. It remains to be seen whether mothers and fathers differ in their ability to generate avenues to meet goals, circumvent obstacles toward goals, and sustain effort toward goals in different roles and contexts (e.g., generating pleasurable interactions with their children, work productivity, satisfying needs for competence, belongingness, and autonomy both inside and outside of the family unit). In light of the importance of goals in daily functioning and daily well-being, particularly in parents raising children with behavioral dis-

orders, research should continue to explore potential gender differences in the *how* and *why* of goal pursuit.

Despite significant findings, our results are limited by reliance on a single measure of hope, global self-report instruments, and the simple correlational, non-longitudinal nature of our study. Furthermore, despite the purported conceptual overlap of hope and optimistic attributions (e.g., Peterson, 2000), no relationship was found in the present sample. This may be a result of how the EASQ measures optimistic attributions. Specifically, the EASQ was designed for a college student population and some of the hypothetical situations have little relevance to an adult parent population (e.g., "Your roommate tells you he/she is switching to a room down the hall"). Nonetheless, 21 of the 24 situations are applicable to all populations (e.g., "You experience a major injury"). Thus, it may have less to do with the situations presented than having parents vividly imagine and assign causes to tangential hypothetical situations when they participated in a study to address behavior problems in their children. In contrast, the HS is comprised of general items addressing beliefs about one's ability and strategies for obtaining desired outcomes. Perhaps a stronger relationship would have been found if the EASQ had been modified for parents. However, other studies have also found low correlations between the EASQ and other optimism measures (e.g., Peterson, 1991), justifying further examination as to whether these instruments are measuring distinct phenomena.

Another methodological limitation involved our use of life-event inventories to assess stress. Prior theorists have argued that such measures "add error variance into stress assessment, because, determining which of the respondent's experiences match those on the list is left to the respondent (McQuaid, Monroe, Roberts, Kupfer, & Frank, 2000, p. 787; see Cohen, Kamarck, & Mermelstein, 1983). Secondly, these measures are insensitive to ongoing life strains and difficulties, stress involving significant others, stress involving the anticipation of future events, and the unique experiences of distinct populations under study such as parents raising children with disruptive behavior disorders. Finally, our results on hope and parental functioning converge to suggest that cognitions about life events and experiences are more pertinent to psychological well-being than the events themselves. It seems likely that higher hope would not only be associated with less stressful events (e.g., punishing, child because of his/her failure to follow rules), but less emotional reactivity and negative appraisals of events. It is recommended that future studies consider state of the art life stress methodologies such as semistructured interviews tailored to assess endorsed events and strains and in a second stage, having the information presented to an independ-

ent panel that objectively rates events according to trained rating standards (e.g., see Brown & Harris, 1989).

In addition to school-based interventions and/or medication for children with externalizing disorders, the other evidence-based treatment component is parent training (Breston & Eyberg, 1998; Pelham, Wheeler, & Chronis, 1998). Interestingly, parent-training programs that address strategies for dealing with child problems *and* parental cognitions are thought to be more effective than standard parental behavioral training (Griest et al., 1982) and they have been integrated in recent parent training programs (Cunningham, Bremner, & Secord, 1998). Parental cognitions about child behavior and parenting confidence predicted successful child treatment outcomes in a large study involving behavioral parent training (Hoza et al., 2000). These results suggest that parental cognitions are an integral component to producing positive changes in children and families. The cognitive constructs presently under study, hope and optimism, have been found to be modifiable in children, college students, and adults alike (Klausner et al., 1998; Lopez, 2000; Seligman et al., 1999). Nurturing or cultivating parental hope has the potential to ameliorate family-process difficulties, including the mutual communication problems in parents and children experiencing psychological distress (Forehand et al., 1998; Patterson, 1982; Snyder, McDermott, Cook, & Rapoff, 1997). The reciprocal nature of prosocial behaviors in relationships (Rusbult & Van Lange, 1996) argues for treatments that concomitantly cultivate hope in both parents and children. To capture the dynamics of change, treatment outcome measures in this population should be expanded to include hope, improved parent-child relationships, and subjective well-being. While our current arsenal of empirically supported treatments may already address these indices of healthy functioning, clinical outcome trials can determine which treatments (psychological and pharmacological) are best at addressing distress, impairment, and psychological health and strength.

Present research has focused on relations between negative characteristics of parenting, parental disorders, and child functioning. In summary, our results show that it may be equally important to focus on parental resiliency, positive styles of parenting, and child behavior. These results add credence to the further study of hope and other human strengths in parents. Consistent with the majority of studies in the field, our sample was limited to boys with externalizing disorders, mainly ADHD (e.g., Barkley, 1997), and their parents. Subsequent studies can test whether results generalize to more diverse populations, including parents of girls, different ethnic groups, parents of children with internalizing disorders, and parents of diagnosis-free children. Considering the high prevalence rate of mood and anxiety

disorders in this high-risk parent population (Biederman et al., 1991), prospective studies can determine whether hope acts as an operative buffer to the stress and psychological distress that is associated with parenting a child with behavior disorders. Basic and applied research on child externalizing disorders can be integrated into a framework that addresses the interdependent relationship of parents and children (e.g., Chamberlain & Patterson, 1995; Patterson, 1982; Lang et al., 1999). It is hoped that, a better understanding of the relationship between human strengths and the challenges of raising children with externalizing disorders will contribute to improved clinical efforts to enhance the quality of the familial unit and the optimal functioning of both parents and children.

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