



Burnout as an obstacle to parenting in families at risk of child abuse or neglect: Associations unique from parent mental health symptoms and child externalizing

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ABSTRACT

Background: Parental burnout refers to exhaustion, emotional distancing from children, and an arc of decline in parenting capacity. Although burnout is known to be elevated among parents of children with externalizing problems, there has been little investigation of the unique role of burnout in parenting practices.

Objective: To determine if parental burnout – unique from parents' mental health symptoms and children's externalizing behaviors - relates to more negative and less positive self-reported parenting behaviors.

Participants and setting: The participants were 140 Australian caregivers referred to a parenting support program because of substantiated child abuse or neglect or due to a combination of family stress and a child with significant externalizing behaviors.

Methods: Caregivers completed a survey to report their burnout, personal mental health symptoms of depression and anxiety, the focal child's externalizing behaviors, and positive (e.g., warmth, involvement) and negative (e.g., coercion and hostility) parenting behaviors.

Results: Total burnout was uniquely associated with parental reports of decreased positive and increased negative parenting behaviors in hierarchical regression models controlling for child age, welfare referral, parent mental health symptoms and child externalizing behaviors. Other findings from these models showed that parent mental health was uniquely associated with less positive parenting, whereas child externalizing behavior was uniquely associated with more negative parenting. When the interaction between total burnout and child externalizing behaviors was tested in these models, it was not significantly related to positive or negative parenting behaviors. Additional hierarchical models considered the four burnout subscales. Two subscales were associated with less positive parenting – emotional distancing and self-contrast (a perceived arc of decline in parenting), and two subscales were associated with more negative parenting - exhaustion and self-contrast.

Conclusion: Parental burnout has unique associations with decreased parental warmth and support and increased hostility and coercion towards children in at-risk families.

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The day-to-day demands of raising young children can be challenging for any parent or caregiver. The challenges are elevated when parental capacity is reduced by mental health problems, or difficulties in the parent-child-relationship (Albanese et al., 2019; Theule et al., 2010). Although many studies have focused on the impact of parent and child mental health, as well as a range of socio-demographic factors, on parenting behaviors and the parent-child relationship more broadly (e.g., Mikolajczak, Raes, et al., 2018; Thomson et al., 2014), there has been a recent additional focus on parental burnout. Burnout is marked by intense distress and exhaustion from the parenting role (Brianda et al., 2020; Mikolajczak & Roskam, 2020). Parental burnout includes symptoms of overwhelming exhaustion, emotional distancing from children, low motivation to continue parenting, and feeling an arc of decline in parenting skills and energy (Roskam et al., 2018). Parental burnout has been described as related to, but distinct from, daily parenting stress and the mental health of parents due to its links with perceived overwhelming demands and insufficient coping resources (Chen et al., 2022; Griffith, 2022; Mikolajczak & Roskam, 2018; van Bakel et al., 2018).

Parental burnout is common among parents of young children. In community samples, parents of young children report high levels of emotional exhaustion (Le Vigouroux et al., 2022). A recent U.S. government report suggests that about 30% of parents of young children score extremely high in burnout (Office of the Surgeon General, 2024). Such high prevalence of burnout is likely partly linked to the reliance of young children on parental attention and assistance with managing behavior and emotions (Howe & Zimmer-Gembeck, 2023). This can be especially time-consuming and emotionally taxing for parents that have emotional difficulties or children with chronic or intense disruptive behavioral problems (Hoeve et al., 2012; Roskam, 2019). Despite this, there has yet been little investigation of burnout in families “at-risk”, with at-risk defined in this study to include families where there is substantiated child abuse or neglect by a caregiver or due to a combination of family stress (e.g., caregiver mental health concerns, a history of substance misuse or domestic violence) and a child with significant externalizing behaviors. Little is known about how parental burnout may impact parent-child interactions in families with some of the most vulnerable children and parents.

Parent-child interactions emerge from reciprocal parent and child influences in all families. Yet, some families are particularly susceptible to coercive parent-child cycles of interactions given the extra demands and coping challenges they face (Granic & Patterson, 2006; Moed, 2024; Smith et al., 2014). In coercive cycles, ineffective, hostile, or withdrawn parenting behaviors and parents' distressing emotional responses are known to act as reinforcers of children's externalizing behaviors, increasing children's angry outbursts, tantrums, and aggressive behavior (Patterson, 2002). Above and beyond the parental and child behaviors that unfold resulting in coercive cycles of parent-child interactions, parental burnout could further entrench hostile and coercive dynamics and have unique effects on parent-child interactions. For example, parents higher in burnout may engage in more hostile or coercive strategies when their children are exhibiting disruptive behaviors *and* when they are not. Conversely, children's disruptive externalizing behaviors could contribute to parents' burnout. Parents higher in burnout may be more likely to withdraw positive interactions or have more difficulties with supporting children's autonomous exploration with effective boundary setting, which could reduce their positive support for children and extend coercive interaction cycles. However, despite the likelihood that parental burnout would increase coercive cycles by increasing negative (e.g., hostility, coercion) and decreasing positive (e.g., warmth, autonomy support) parenting behaviors, the research on the unique role of burnout in parenting behaviors is limited. Notably, there are especially few studies of families who might be most susceptible to burnout and coercive cycles of interactions, such as parents referred to parenting support due to substantiated abuse or neglect of children or who are at-risk because of high levels of stress combined with having children with clinical-level externalizing behavior problems.

1. Burnout as related to positive and negative parenting behaviors

In community samples, it has been established that parental burnout can place limits on adaptive responses to the demands of parenting; it can reduce parents' capacity for emotion regulation and behavioral control given elevated exhaustion and cognitive interference (Ren et al., 2024). Finding the parental role to be overwhelming and exhausting can leave parents with limited cognitive and emotional capacity to engage in the behavioral work involved in positive parenting behavior, resulting in associations of burnout with poor parenting behaviors (Mikolajczak, Brianda, et al., 2018). Parents higher in burnout have reported fewer positive parenting behaviors, such as reporting less warmth and less involvement with and support of children (Meunier & Roskam, 2007). In a large study with Belgian parents of children who ranged from under age 1 to over 20 years of age (Mikolajczak, Brianda, et al., 2018) and in a study of 383 Chilean mothers (Woine et al., 2024), parent burnout was negatively associated with positive parenting behaviors. Notably, the implications of parental burnout include the likelihood to engage in child abuse and neglect (Griffith, 2022). Also, parental burnout could perpetuate a cycle of continuing poor parenting behaviors and negative child outcomes, consistent with coercive family processes (Patterson, 1982, 2002). Parental burnout has been identified as a risk for children, given that it has been associated with increased parent escape and suicidal ideation, and neglectful and violent behavior towards children (Mikolajczak et al., 2019; Mikolajczak, Brianda, et al., 2018).

Despite emerging evidence linking parental burnout to poorer parenting behaviors, there are multiple limitations of past research. Studies have included parents of a wide age range of children or concentrated on parenting of older children and adolescents (Roskam et al., 2021). Also, few studies have controlled for parent and child mental health problems to isolate the unique impact of burnout on parenting behaviors (Mikolajczak et al., 2023). Finally, most studies have been conducted with large community samples of parents, rather than focusing on parents who are likely at the most risk for significant levels of stressors and burnout (Blanchard et al., 2021). Overall, this leaves two gaps in the research to be filled with the current study. The first gap addressed was the little research on parental burnout with at-risk families with young children (aged under 7 years), despite the intensive care, monitoring, and co-regulation needed in these early years. The second gap addressed was the need to adjust for parent and child mental health to

isolate the unique associations of parental burnout with both positive and negative parenting behaviors.

2. Parent and child mental health problems

A few previous studies have found that parents' mental health problems and children's externalizing behaviors are elevated when parental burnout is high, suggesting they should be accounted for when the aim is to isolate the unique impact of burnout on parenting behaviors. In particular, the balance between risks and resources theory (Mikolajczak & Roskam, 2018) outlines how stressors implicated in burnout can include personal difficulties such as parent mental health symptoms (see Blanchard et al., 2021; Hansotte et al., 2021; Lebert-Charron et al., 2018; Mikolajczak et al., 2020). For example, in one French study with 304 mothers using the Maslach Burnout Inventory adapted for parents, maternal burnout had strong positive associations with mothers' depressive and anxiety symptoms, as well as perceived parental stress (Lebert-Charron et al., 2018). In another study of 374 parents with a child aged 10 to 24, parental anxiety was positively correlated with the parental emotional exhaustion subscale of burnout (Moroń et al., 2023).

When children are aggressive or exhibit other extreme behaviors, this can also tip the balance for parents adding almost daily and chronic stressful events that can outstretch their coping resources, making burnout more likely (Bornstein, 2020; Kerr et al., 2021; Serbin et al., 2015). Further to this, children who are higher in externalizing behavior have parents who engage in more coercive and otherwise hostile parenting behaviors, which reciprocates negative interactions over time (Granic & Patterson, 2006; Patterson, 1982). For example, one study focused on the reciprocal relations between specific aspects of child and parent behavior found that positive parenting declined more over time for children higher in externalizing problems (Serbin et al., 2015; see also Howe & Zimmer-Gembeck, 2023). Child externalizing problems will also be important to consider as a correlate of parental burnout and alongside burnout when attempting to explain parenting behaviors.

3. The current study

The aim of this study was to determine if a higher level of parental burnout in at-risk families relates to decreased positive and increased negative parenting behaviors. To achieve this aim, associations of parental burnout with caregivers' reports of positive and negative parenting behaviors were estimated, isolating the associations from the impacts of caregiver mental health symptoms and child externalizing behaviors. Positive parenting behaviors included caregivers' reports of their warmth/involvement and autonomy support of the child, whereas negative parenting behaviors included caregivers' reports of their hostility/rejection and coercion when interacting with their child. Additionally, four subscales of parental burnout were explored to identify the specific aspects of burnout uniquely associated with less positive or more negative parenting behaviors. These burnout subscales were exhaustion in the parental role, parenting self-contrast, feelings of being fed up, and emotional distancing from the child. Finally, we explored whether the impact of burnout on parenting behaviors was exacerbated when child externalizing problems behaviors were high. This was done by testing interaction effects (externalizing behavior $\times$ burnout) in the main models of parenting behaviors. Caregivers may be particularly prone to lower warmth/autonomy support and elevated hostility/coercion behavior when they are higher in burnout in combination with having children with more elevated externalizing behaviors, aligning with family coercion theory (Granic & Patterson, 2006; Patterson, 1982, 2002). All caregivers were referred to an intensive parenting support service funded by child welfare. The program was available to caregivers referred from child welfare who had substantiated abuse or neglect of their young children (aged 2 to 7 years) and to caregivers of young children referred from other sources because they were "at-risk" due to high family stress and a child with a significant level of externalizing behavior problems. The following hypotheses were tested:

H1. Unique effect of parental burnout: Parental burnout will have a unique negative association with positive parenting behaviors and a unique positive association with negative parenting behaviors, above and beyond caregiver mental health symptoms and child externalizing problems.

H2. An interaction effect of parental burnout $\times$ child externalizing problems: The negative association between parental burnout and positive parenting behaviors will be stronger, and the positive association between parental burnout and negative parenting behaviors will be stronger, when child externalizing behavior is higher.

No hypotheses were made regarding the associations of parental burnout subscales with parenting behaviors, given little past evidence regarding which subscales may be most relevant.

4. Method

4.1. Participants

Participants were 140 primary caregivers (M age = 36.83 years; SD = 7.75), including 129 mothers (119 biological, 3 foster, 6 grandmothers, 1 stepmother) and 11 biological fathers with primary caregiver responsibilities. Caregivers completed questions about a child in their primary care who was between the ages of 2 and 7 years (M age = 3.99, SD = 1.21, 67% boys and 33% girls; 89% between the ages of 2 and 5 years). Based on t -scores from the Child Behavior Checklist (CBCL; Achenbach, 1991), 67% of children scored above the clinical cut-off for externalizing behaviors and another 6% scored in the subclinical range.

Of the 140 caregivers, 94 (67%) were born in Australia, 15 (11%) born in New Zealand, 6 (4%) in the UK and 20 (15%) in other countries (5 did not answer this question); 4.3% reported they were Australian First Peoples. Forty percent of the caregivers were

married, with 15% divorced or separated, and the remaining were single and never married or widowed. Overall, 52% of caregivers reported working for wages or were self-employed, 24% reported they were not looking for work; 8% students, 8% unable to work, and 7% actively looking for work. Nearly half of the caregivers (45%) had completed or were completing a university degree, 30% had completed a certificate or diploma, 15% had completed senior (high) school only, and 10% had left school before graduating from senior (high) school and no other qualification. Total family income ranged from less than AUD \$25,000 (12%) to more than AUD \$150,000 (16%) with the median household income between AUD \$50,000 to \$100,000. Caregivers reported an average of two biological children ($M = 2.3$, $SD = 1.3$), with a range from 0 (1 child) to 10 children.

4.2. Procedure

Participants were caregivers who were referred to a university psychology clinic for an intensive parenting support program. The program was funded by child welfare and designed for caregivers with a history of child abuse or neglect of their children or those at high risk due to family stress *plus* difficult-to-manage child externalizing behavior problems. The program was not mandatory for any family. The intervention program was established to provide intensive support to caregivers who reported high levels of stress due to parenting, had children with highly disruptive behaviors, and were deemed by referral sources as in need of additional skills in parenting. A priority purpose of the program was to reduce first or subsequent notifications for child abuse or neglect. The program required the participation of the caregiver and one focal child in the age range of 2 to 7 years. Referring agencies were government health services (e.g., pediatricians; 50.4%), child welfare/protective services (13.0%), or non-government social service or education organizations (36.6%).

The survey was administered after discussing the study protocol with the caregiver. The discussion included informing caregivers they could decline to complete the survey prior to starting the parenting program without interfering with participation in the support program, but no parent declined. After receiving caregiver written consent, the survey was completed prior to beginning the parenting support program. The online survey took approximately 30 min to complete, and caregivers were given the option of completing it at home or in the clinic (on a tablet). Families were not compensated for participation in this study, but they were attending to receive a free parenting support program. The study design and all materials were approved by the Griffith University Human Research Ethics Committee (2013/80).

4.3. Measures

4.3.1. Perceptions of parenting behavior

Caregivers perceived parenting behaviors were measured with the Parents as Social Context scale (PASC) for younger children (Zimmer-Gembeck et al., 2015). The PASC measures behaviors (4 items each) that reflect parental warmth and involvement (e.g., I can always find time for my child), autonomy support (e.g., I support my child's efforts to try new things on their own), hostility/rejection (e.g., "Sometimes my child is hard to like"), and coercion (e.g., "I sometimes feel I have to push my child to do things"). Responses ranged from 1 (*not at all true*) to 4 (*really true*). Positive and negative parenting subscale scores were created by averaging positive (warmth and autonomy support) and negative (hostility and coercion) items, respectively. Cronbach's α was 0.78 and 0.83 for positive and negative parenting, respectively. Higher scores indicated more positive and more negative parenting.

4.3.2. Parental burnout

Parental burnout was measured with the Parental Burnout Assessment (PBA; Roskam et al., 2018). The PBA has four subscales: exhaustion in the parental role (e.g., 'I feel completely run down by my role as a parent'); parenting self-contrast, which reflects feeling a decline in quality or efficacy as a parent (e.g., 'I don't think I am the good parent I used to be'); feelings of being fed up or irritated with parenting (e.g., 'I don't enjoy being with my child'); and emotional distancing from the parenting role (e.g., 'I do what I am supposed to do for my child, but nothing more'). Responses ranged from 1 (*Never*) to 5 (*All the time*). One item on the parental contrast subscales is reversed. After reversing this item, four subscale scores were formed by averaging relevant items to reflect exhaustion (Cronbach's $\alpha = 0.91$), parenting self-contrast (Cronbach's $\alpha = 0.87$), irritation with parenting (Cronbach's $\alpha = 0.84$), and emotional distance (Cronbach's $\alpha = 0.62$). All items had a Cronbach's $\alpha = 0.89$ and were averaged to produce a total burnout score. Higher scores indicated more parental burnout.

4.3.3. Parental mental health symptoms

Parental mental health symptoms were measured with the depression and anxiety items from the Depression, Anxiety and Stress Scale (DASS; Lovibond & Lovibond, 1995; e.g., *I couldn't seem to experience any positive feeling at all*). Referring to the past 7 days, responses ranged from 1 (*Did not apply to me*) to 4 (*Applied very much or most of the time*). A total score was created by averaging the items, Cronbach's $\alpha = 0.96$. Higher scores indicated more mental health symptoms.

4.3.4. Child externalizing behaviors

Caregivers completed the Child Behavior Checklist age 1.5–5 version (CBCL; Achenbach, 1991), which is widely used to measure children's problems behaviors. Responses ranged from 0 (*Not True*) to 2 (*Very or Often True*). The externalizing subscale includes 28 aggression and delinquency items (e.g., "My child is easily frustrated"). These items were summed to produce a total score, with higher scores indicating greater child externalizing behavior, Cronbach's $\alpha = 0.93$, McDonald's $\omega = 0.92$. Although 89% of the children were age 5 or under, the raw summed score was used in all analyses, given that norms are not available for children older than 5 years.

4.4. Demographics and referral source

Demographic information considered as control variables included child age, child sex (1 = male, 2 = female), the total number of biological children, marital status, and total family income. We compared caregivers referred from child welfare to other caregivers on all measures and found one group difference with $p = .045$, whereby the caregivers referred from child welfare reported *higher* positive parenting ($M = 3.44$, $SD = 0.31$) relative to other caregivers ($M = 3.21$, $SD = 0.49$). Given these findings, we include referral source (1 = child welfare referral, 0 = other referral) as a covariate in the multivariate models reported below.

4.5. Overview of the data analyses

Descriptive statistics and correlations were examined prior to estimating four hierarchical linear regression models. The first two models regressed the outcomes of positive and negative parenting behaviors on all key measures entering parent mental health symptoms and child externalizing behaviors, plus any relevant demographic covariates, in Step 1 and the total parental burnout score in Step 2. Forced variable entry was used and no variables were removed from the model. The second two models also regressed positive and negative parenting behaviors on burnout, but entered the four burnout subscales in Step 2, after entering parent mental health symptoms and child externalizing in Step 1. Again, forced variable entry was used and no variables were removed from the model. Finally, to test whether the interaction of child externalizing behavior and parental burnout was related to positive or negative parenting behaviors, we centered child externalizing and burnout scores and formed the interaction of the two centered scores. Then, we regressed positive parenting and negative parenting on the two centered scores, the interaction, and parent mental health symptoms.

5. Results

5.1. Descriptive statistics and correlations

Table 1 presents the means and standard deviations of all measures. Correlations between all measures are also shown in Table 1. The four parental burnout subscales and total burnout were significantly associated with lower positive parenting and higher negative parenting. Child externalizing behaviors and parent mental health symptoms were not significantly associated with positive parenting, but they were significantly associated with more negative parenting behaviors. Parental burnout subscales and total score, child externalizing behaviors, and parent mental health symptoms were all positively intercorrelated with each other. Age and child welfare referral were the only demographic factors associated with parenting behaviors, so they were entered in Step 1 of each regression model.

Table 1
Bivariate Correlations with Means (M) and Standard Deviations (SD) (N = 140).

Measures	1	2	3	4	5	6	7	8	9
1 Positive parenting	–								
2 Negative parenting	–0.47**	–							
3 Burnout: Exhaustion	–0.38**	0.70***	–						
4 Burnout: Contrast	–0.49**	0.72***	0.78**	–					
5 Burnout: Feelings	–0.43**	0.60***	0.76**	0.72***	–				
6 Burnout: Emotional distance	–0.50**	0.46***	0.54***	0.58***	0.54***	–			
7 Burnout: Total	–0.48**	0.74***	0.96**	0.90***	0.86***	0.66**	–		
8 Child externalizing problems	–0.16	0.65***	0.36***	0.35***	0.26***	0.18*	0.36***	–	
9 Parent mental health symptoms	–0.15	0.47***	0.65***	0.61***	0.63***	0.39***	0.68***	0.24**	–
10 Child age	–0.17	0.19*	0.12	0.21*	0.20*	0.03	0.17	0.06	0.06
12 Child sex	–0.01	0.03	0.14	0.09	0.01	0.04	0.11	–0.03	0.05
12 Total number of children	–0.11	0.03	–0.04	–0.06	–0.04	–0.01	–0.05	0.12	–0.03
13 Income	–0.04	–0.01	–0.09	–0.08	–0.12	–0.18*	–0.11	–0.05	–0.17*
14 Married	–0.09	–0.04	–0.07	–0.10	–0.04	–0.07	–0.08	–0.20*	–0.09
15 Child welfare referral	0.17*	–0.07	–0.02	–0.07	–0.11	–0.02	–0.05	0.11	–0.10
M	3.24	2.32	2.24	2.08	1.57	1.56	2.00	30.34	3.03
SD	0.48	0.63	0.88	0.89	0.69	0.73	0.75	11.19	1.17

Note. Parenting behaviors and parent mental health symptoms scores could range from 1 to 4, burnout scores from 1 to 5, and child externalizing from 0 to 56. Child sex was coded 1 = male, 2 = female. Income coded 1 = Less than AUD\$25,000, 2 = AUD \$25,001 to AUD \$50,000, 3 = AUD \$50,001 to AUD\$100,000, 4 = AUD\$100,001 to AUD\$150,000, 5 = More than AUD\$150,000. Married and Child welfare referral: 1 = yes, 0 = no.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

5.2. Unique associations of parental burnout with perceived parenting behaviors

5.2.1. Total parental burnout

Table 2 presents the results of two hierarchical regression models, one regressing the outcome of positive parenting behaviors on all other measures and a second regressing the outcome of negative parenting behaviors on all other measures. In the model of positive parenting, Step 1 accounted for a significant 9% of the variance in positive parenting behaviors, $F(4,135) = 3.29, p = .013$, with only child welfare referral status ($\beta = 0.17, p < .05$) associated with greater positive parenting. When the parental burnout total score was entered at Step 2, it accounted for an additional significant 22% of the variance, $F(1,134) = 43.56, p < .001$, supporting H1. The total burnout score was associated with decreased positive parenting ($\beta = -0.68, p < .001$), whereas child welfare referral ($\beta = 0.16, p < .05$) and parent mental health symptoms score ($\beta = 0.33, p < .01$) were associated with increased positive parenting behaviors once parental burnout was entered.

As shown in Table 2, child externalizing behaviors ($\beta = 0.58, p < .001$) and parents' mental health symptoms ($\beta = 0.32, p < .001$) were associated with increased negative parenting behaviors at Step 1, and 56% of the variance was accounted for at this step, $F(4,135) = 42.27, p < .001$. Entering the total burnout score in Step 2 accounted for an additional 18% variance $F(1,134) = 90.03, p < .001$, and it was associated with increased negative parenting behaviors ($\beta = 0.61, p < .001$), supporting H1.

5.2.2. Subscales of burnout

Table 3 shows the results of similar models to explore the association of each burnout subscale with caregiver reports of their positive and negative parenting behaviors. In these models, Step 1 was the same as reported in Table 2. For positive parenting behaviors, entering the four parental burnout subscale scores at Step 2 accounted for an additional 31% of the variance in positive parenting, $F(4,131) = 16.70, p < .001$. Two burnout subscales were associated with decreased positive parenting: contrast to previous parental self ($\beta = -0.35, p = .005$) and emotional distancing ($\beta = -0.33, p < .001$).

For negative parenting behaviors, the parental burnout subscales, entered at Step 2, accounted for an additional 18% of the variance, $F(4,131) = 23.23, p < .001$. Two parental burnout subscales of exhaustion ($\beta = 0.26, p = .002$), and contrast ($\beta = 0.30, p < .001$) were associated with increased negative parenting.

5.3. Interactions of child externalizing behaviors and parental burnout

For positive parenting behaviors, the child externalizing $\times$ parental burnout interaction was not significant: $B = 0.01, SE = 0.01, \beta = 0.10, p = .226$. Similarly, for negative parenting behaviors, the externalizing $\times$ burnout interaction was not significant: $B = 0.00, SE = 0.00, \beta = 0.05, p = .323$. The interaction effect was not significant in either model of parenting behaviors, so H2 was not supported.

6. Discussion

In this study of parental burnout among caregivers referred to a parenting support program funded by child welfare, we investigated whether the level of reported burnout could explain when caregivers engaged in decreased positive and increased negative parenting behaviors when interacting with their young children. Parenting was measured to differentiate positive practices of involvement and autonomy support from negative practices of hostility and coercion. To identify the unique associations of burnout

Table 2

Results of Hierarchical Regression Models of Positive and Negative Parenting Behaviors entering Composite Parental Burnout ($N = 140$).

Independent variables	Positive Parenting			Negative Parenting		
	<i>B</i>	<i>SE(B)</i>	β	<i>B</i>	<i>SE(B)</i>	β
Step 1						
Child age	−0.06	0.04	−0.14	0.07	0.03	0.12*
Child welfare referral	0.23	0.12	0.17*	−0.17	0.10	−0.09
Child externalizing problems	−0.01	0.00	−0.15	0.03	0.00	0.58***
Parent mental health symptoms	−0.08	0.07	−0.09	0.34	0.06	0.32***
Step 2						
Child age	−0.03	0.03	−0.06	0.03	0.02	0.06
Child welfare referral	0.23	0.10	0.16*	−0.16	0.08	−0.09
Child externalizing problems	0.00	0.00	−0.01	0.03	0.00	0.45***
Parent mental health symptoms	0.27	0.08	0.33**	−0.07	0.07	−0.06
Burnout: Total	−0.44	0.07	−0.68***	0.51	0.05	0.61***

Note. Positive parenting behaviors: Step 1 $\Delta R^2 = 0.09$, Step 2 $\Delta R^2 = 0.22$, Final $R^2 = 0.31$, $F(5,134) = 12.17, p < .001$.

Negative parenting behaviors: Step 1 $\Delta R^2 = 0.56$, Step 2 $\Delta R^2 = 0.18$, Final $R^2 = 0.74$, Final $F(5,134) = 74.12, p < .001$.

When the 11 families with children over age 5 were excluded ($n = 129$), the results were very similar with two exceptions:

Child welfare referral was not associated with positive parenting in Step 1 ($\beta = 0.15, p = .099$) or Step 2 ($\beta = 0.15, p = .060$), and child age was not associated with negative parenting in Step 1 ($\beta = 0.08, p = .217$).

* $p < .05$.

** $p < .01$.

*** $p < .001$.

Table 3

Results of Hierarchical Regression Models of Positive and Negative Parenting Behaviors entering.
Four Subscales of Parental Burnout (N = 140).

Independent variables	Positive Parenting			Negative Parenting		
	B	SE(B)	β	B	SE(B)	β
Step 1 (see Table 2)						
Step 2						
Child age	-0.02	0.03	-0.06	0.03	0.03	0.05
Child welfare referral	0.21	0.10	0.15*	-0.16	0.08	-0.09
Child externalizing problems	0.00	0.00	-0.03	0.03	0.00	0.45***
Parent mental health symptoms	0.25	0.08	0.31***	-0.06	0.07	-0.06
Burnout: Exhaustion	0.02	0.07	0.04	0.19	0.06	0.26**
Burnout: Contrast	-0.19	0.07	-0.35**	0.21	0.06	0.30***
Burnout: Feelings	-0.13	0.08	-0.20	0.05	0.07	0.05
Burnout: Emotional distance	-0.21	0.06	-0.33***	0.05	0.05	0.06

Note. Positive parenting behaviors: Step 1 $\Delta R^2 = 0.09$, Step 2 $\Delta R^2 = 0.31$, Final $R^2 = 0.40$, $F(8,131) = 10.76$, $p < .001$.

Negative parenting behaviors: Step 1 $\Delta R^2 = 0.56$, Step 2 $\Delta R^2 = 0.18$, Final $R^2 = 0.74$, Final $F(8,131) = 46.67$, $p < .001$.

When the 11 families with children over age 5 were excluded ($n = 129$), the results were very similar with one exception:

Child welfare referral was not associated with positive parenting in Step 2 ($\beta = 0.12$, $p = .115$).

* $p < .05$.

** $p < .01$.

*** $p < .001$.

with parenting practices, two known correlates of difficulties with parenting – caregivers' mental health symptoms and children's externalizing behaviors – were considered alongside burnout. Children ranged in age from 2 to 7 years of age and child age and referral source (child welfare as compared to other sources) was controlled in the multivariate models.

6.1. Main findings

In this study, parental burnout was measured to include exhaustion in the parenting role, a perception of decline in quality or efficacy as a parent, feeling fed up or irritated with parenting, and emotional distance (disconnection) from the parental role. Notably and as hypothesized, caregivers who reported a higher level of burnout in total also reported fewer positive and more negative parenting behaviors. Consequently, caregivers higher in burnout reported less involvement and autonomy support of their children, and they reported more hostility and coercion when interacting with their children. In contrast, in the model of total burnout, caregivers who reported more mental health symptoms of their own and those who reported their children were higher in externalizing behaviors reported increased negative parenting behavior, but not less positive parenting behavior.

The above findings align with previous research indicating that mental health symptoms (when considered in Step 1 prior to entering burnout) in high-risk caregivers are associated with more negative parenting practices (Harvey et al., 2011; Kaasbøll et al., 2024). Yet, these findings also extend knowledge regarding the context in which coercive parent-child dynamics occur, where burnout, rather than parents' mental health symptoms and children's symptoms, is uniquely relevant for understanding why some caregivers struggle to provide positive behaviors including involvement and support of their young children. Although it is very important to reduce negative parenting behaviors among highly stressed caregivers, especially when the aim is to reduce the likelihood of abuse and neglect, maintaining parental warmth, involvement, and support is equally important to address, especially as it relates to reversing the escalation of coercive cycles of behavior within parent-child interactions (Granich & Patterson, 2006; Patterson, 1982, 2002). Previous research suggests that a ratio between positive and negative parenting behavior that tips in favor of the positive behavior is predictive of fewer child behavior problems and higher prosocial behavior in children (Zemp et al., 2014). Hence, understanding and addressing experiences of burnout in parenting support programs seems crucial for parents under pressure to maintain positivity, even after identifying the impact of their own mental health and children's behaviors on their parenting.

We also investigated the unique associations of the four subscales of burnout with parenting behaviors. In these models, caregivers who reported more emotional exhaustion in the parental role and who perceived a greater decline in their current state of parental functioning relative to the past, reported more negative parenting behavior. Moreover, caregivers who perceived a greater contrast, as well as those who reported more emotional distancing, reported fewer positive parenting behaviors. Accordingly, it is the burnout dimension of caregivers' contrasting their life progress as a parent and feeling negative about their pathway that identifies an aspect of burnout relevant to both more negative and less positive parenting. Caregivers who experience a contrast between their current self and their previous parental capacity or identity may be struggling with parental regret, defined as regret related to the circumstances surrounding having children, such as timing, sacrifices made, or even a desire to remain child-free (Moore & Abetz, 2019). In other research, this may also suggest that guilt associated with reduced capacity in the parenting role could be involved. Research conducted with Belgian parents found a significant association between the self-contrast subscale of burnout and feelings of guilt related to not achieving their ideal parental self (Roskam et al., 2022). This suggests that parents who perceive themselves as declining in their parenting quality may be more likely to experience regret in taking on the parenting role and guilt regarding not being the parent they wanted to be, which may then explain lower warmth and involvement with their children and greater coercion and hostility when interacting with their children. Further research into the causes and consequences of this perceived parenting identity shift could offer

valuable insights into its link with negative parenting behaviors and inform interventions aimed at supporting parental well-being.

Notably, also, emotional distancing is an important aspect of burnout to consider in parenting support programs, given its unique and specific association with a lower level of positive parenting behaviors. In a recent meta-analysis, emotional distancing had a strong positive association with child neglect ($r = 0.49$; Mikolajczak et al., 2023). Thus, our findings are consistent with this evidence by showing that parents who are more emotionally distant from their parental role report less involvement with, and less support of, their children, which could be signs of child neglect.

With regards to the findings for parents' mental health symptoms in the multivariate models, elevated symptoms were associated with more negative parenting behaviors, but also with more positive parenting behavior, but only after parental burnout was entered. Considering both parents' emotional symptoms and their burnout in this study may have been important for revealing how parents' emotional difficulties have a somewhat counterintuitive positive relationship with increased involvement and support of young children, as was reported in a previous meta-analysis of maternal depression and parenting (Lovejoy et al., 2000). For example, it may be that measuring mental health symptoms in parents, including depressive affect and worries/anxiety, is capturing a parent's concern or worry for how they perform in their role as a parent, which results in more effort and investment in their positive parenting behavior. In the zero-order correlations, there was a strong correlation ($r = 0.68$) between parental burnout and parents' mental health symptoms and parents' mental health symptoms did not have a significant zero-order correlation with positive parenting behaviors ($r = -0.15$). Hence, these associations suggest that this finding could also be a statistical suppression effect.

Hypothesis 2 was not supported. Consequently, a higher level of child externalizing behaviors was not found to strengthen the association of parental burnout with poorer parenting behaviors. A lack of a significant moderating effect in the model of negative parenting behaviors suggests that the associations of parental burnout and children's externalizing behaviors with negative parenting behaviors of hostility and coercion are unique rather than interactive in this at-risk sample of caregivers of young children referred to a parenting support program. It is relevant to note that these findings may have been impacted by the distributions of measures in this study. There were no caregivers low in burnout with children low in externalizing behaviors. This may have limited our ability to compare the two extremes needed for testing an interaction: parents low in burnout with children low in externalizing behaviors to parents high in burnout with children high in externalizing behaviors. Future research with community-based or non-referred caregivers may yield different results, potentially revealing a more pronounced moderating effect of child symptoms on the relationship between parental burnout and parenting practices.

Although parental burnout has received considerable research attention (Mikolajczak et al., 2023), relatively few studies have focused specifically on burnout in caregivers of young children. In this study, the focus was both on caregivers and on young children, with caregivers and children facing many family challenges. First, the caregivers had been referred to an intervention program closely connected to the child welfare system. The program was established to work with caregivers who reported high levels of stress due to family and other life circumstances, had children with highly disruptive behaviors, and were deemed by referral sources as in need of additional skills in parenting - all with the aim of avoiding new instances or future notification for child abuse and neglect. Second, a high proportion of young children in this study had elevated externalizing behaviors, including high levels of aggression and other disruptive behaviors. Third, many caregivers in the current study reported elevated levels of mental health symptoms and the mean level of parental burnout in the current study was high ($M = 39.76$, $SD = 15.02$) relative to the means reported in prior research. For comparison, Roskam et al. (2022) reported lower parental burnout scores across three studies, using the Parental Burnout Inventory (Study 1 and 3) and Parental Burnout Assessment (Study 2) measures (Study 1: $M = 22.48$, $SD = 13.59$; Study 2: $M = 29.79$, $SD = 27.75$; Study 3: $M = 33.62$, $SD = 22.29$). The high levels of child disruptive behaviors and burnout among the caregivers included in the present study reflect the heightened challenges they faced and suggest that the findings would be most generalizable to families in similar circumstances.

6.2. Clinical implications

Our findings suggest that parenting support programs could benefit from identifying and addressing parental burnout – especially exhaustion in the parenting role and feeling a decline in quality or efficacy as a parent, which may reflect regret, guilt or lack of motivation. A review on the predictors of positive outcomes from parent training to reduce child behavior problems points to the importance of screening and addressing parental mental health (e.g., stress, depression and life chaos) before and during interventions; Reyno & McGrath, 2006). Research has found that when parental capacity and stress are not addressed, dropout rates increase, and treatment response is reduced (Lieneman et al., 2017). This study suggests that burnout might also be a particular aspect of capacity and stress that could be considered more directly to understand parental needs and preferences. Considering burnout along with other aspects of parents' readiness for a support program could be important to help practitioners assist parents in decision-making regarding when to engage in evidence-based parenting programs. Such an approach aligns with evidence-based practice recommendations (APA, 2006). Screening for key elements of burnout within the referral process can assist clinicians with referral suggestions (i.e. individual therapy vs parenting programs), formulation, and treatment plans.

Specific evidence-based interventions to treat burnout in at-risk parents are scarce, with some promise shown for group-based and mindfulness interventions (Mikolajczak et al., 2023). Parental burnout declined following a cognitive behavioral stress management group program relative to a control group (Urbanowicz et al., 2023). While mindfulness parenting programs and the Parenting in Balance program, which has been tailored to treat burnout, are also showing promising results for reducing burnout (Bayot et al., 2024). In the context of evidence-based treatment to decrease children's disruptive behavior, clinicians should prioritize strategies such as non-judgmental and empathetic responding to parents to ensure the perception of blame does not deteriorate the therapeutic relationship (Baldwin, 2014). Given that burnout may corrode motivation for connection and emotional investment in parenting,

intervention strategies that address motivation and reconnect parents with their parenting values might be advantageous to further therapeutic goals if considered early on in treatment. In addition, future research is needed to determine if it is burnout, rather than or in addition to parent mental health symptoms, that presents a barrier to parenting program uptake or suppresses positive outcomes. If so, it is possible that facilitators of parenting programs could improve retention and outcomes if they are trained to recognize parental burnout as a barrier to change and address it before or during program participation.

6.3. Limitations and future directions

This study has some limitations that suggest caution when interpreting the results and provide opportunities for future research. All the most significant limitations stem from the study design. First, caregivers were referred to a parenting support program funded by child welfare, but some families were referred because of substantiated abuse of their children and others were referred because they were “at-risk” due to high levels of parental stress alongside difficult-to-manage levels of child externalizing behaviors. Including these families in the current study means that the levels of symptoms, problems, and burnout were higher than would likely be found in a general community sample of caregivers. Thus, the findings may not generalize beyond at-risk families or families accessing services for parenting difficulties.

Second, the study had a cross-sectional design. This design precludes drawing conclusions about cause or direction of effects. Theory on coercive family cycles, for example, highlights the bidirectionality of child and parent influence, which this study could not examine (Patterson, 1982, 2002). To test these cycles, longitudinal research could model the bidirectional relationships of parenting behaviors, mental health, child externalizing behaviors and parental burnout over time and across role changes – especially given the important associations of the burnout subscale of contrast to self with both less positive and more negative parenting behaviors. Longitudinal data could also be gathered to test whether parental burnout accelerates coercive dynamics that result in increasing child externalizing behaviors, above and beyond hostile or reactive parenting behavior.

Third, all data were collected using parent self-report, which raises a concern about social desirability and shared method bias (see Moens et al., 2018). Moreover, social desirability could have been higher for families referred from child welfare, given they reported more positive parenting than families referred from elsewhere. Future research could incorporate objective observations of parent-child interactions or gather information from other informants about children's behavior, such as surveying teachers. Yet, it should be noted that results linking parenting to youth's symptoms have been found to be similar when reports about parenting are gathered from parents as compared to youth report (Ryan et al., 2026).

Fourth, we used a measure of child externalizing behavior designed for children up to 5-years-old, but 11 children in this study were aged 6 ($n = 9$) or 7 ($n = 2$) years. Due to this, we used a CBCL raw (summed) score rather than a t -score standardized by child age. We repeated all analyses of the data including only the parents with children age 5 or under ($n = 129$). There were no substantial changes to the results, with two exceptions, namely changes to the significance of the associations of child age and referral source (child welfare or not) with negative and positive parenting, respectively. This use of a raw score should be kept in mind when comparing these findings to other research studies.

Finally, the variables considered in this study as possible controls were child age, child sex, number of biological children, marital status, total income of families, and referral source. Age and referral source were included in the multivariate models, given that they were associated with the parenting outcome measures. Despite considering all of these possible covariates, there remain other possible predictors of both burnout and poorer parenting that could be included in future research. For example, burnout and parenting problems may be greater for these caregivers who have had poor role models, who have trauma in their background, who are living with substance use problems or domestic violence, or had unplanned pregnancy. The caregivers in this study were likely to have experienced at least one of these other difficulties, which we did not measure in this study.

7. Conclusion

Greater parental burnout was uniquely related to poorer parenting behaviors in this sample of caregivers referred to a parenting support program because of substantiated child abuse or neglect or due to high levels of stress combined with having children with elevated externalizing behaviors. These poorer parenting behaviors included less parental involvement and warmth and more coercion and hostility. These associations of parental burnout with parenting behaviors were notable given that they were unique from the impact of parent mental health symptoms of depression and anxiety and child externalizing behavior problems. Also notable, we found that the burnout subscales of emotional distancing and parental self-contrast were unique predictors of less positive parenting, and the subscales of exhaustion and parental self-contrast were unique predictors of more negative parenting. When burnout is present, parents seem to be less involved in their parenting role, lose interest in their child, and display more negative or reactive parenting behaviors, outcomes that can be detrimental to children's development into the future. Parenting programs should consider and address parents' level of burnout, both prior to and alongside parents' mental health symptoms and children's behaviors, in order to understand the full suite of problems faced by parents and improve outcomes for parents and children. This is particularly important in situations where parents are exhausted, are distancing themselves from their parental role, and perceive an arc of decline in their parenting confidence, ability, motivation, and efficacy.

CRedit authorship contribution statement

Katherine M. Ryan: Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Conceptualization.

Shawna Mastro Campbell: Writing – review & editing, Writing – original draft. **Tanya Hawes:** Writing – review & editing, Writing – original draft, Project administration. **Cathrin Hielt:** Writing – review & editing. **Kellie Swan:** Writing – review & editing, Writing – original draft. **Melanie J. Zimmer-Gembeck:** Writing – review & editing, Writing – original draft, Project administration, Methodology, Funding acquisition, Formal analysis, Conceptualization.

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Data availability

Data will be made available on request.

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