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SELF-CARE IN RELATION TO EMOTION REGULATION DIFFICULTIES AND COPING

Maternal self-care beliefs in relation to emotion regulation difficulties and coping skills

Chloe Poole

An Undergraduate Thesis Submitted in Partial Fulfillment

of the requirements for the

Psychology Honors in Discipline Program

Honors College

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East Tennessee State University

 11/18/21

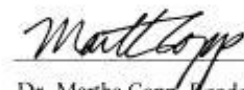
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Abstract

This project is part of a community-based intervention research project in rural Appalachia called Mom Power. Mom Power is a trauma-informed parenting intervention developed to improve mental health and parenting among high-risk mothers with young children. The purpose of this study was to examine the relationship between maternal self-care beliefs, and maternal emotion regulation and coping skills. It was hypothesized that self-care beliefs would be negatively associated with emotion regulation difficulties and positively associated with coping skills. To date, 53 mothers oversampled for psychosocial stressors (e.g., low income, mental health difficulties, trauma histories) have completed self-report questionnaires on self-care, emotion regulation difficulties, and coping skills. Self-care beliefs were found to have a nonsignificant correlation with emotion regulation difficulties ($r = -0.04$) and a nonsignificant correlation with coping skills ($r = 0.22$). Though nonsignificant, the results add to our understanding of the relationship between these constructs such that there was a trend towards a positive relationship between self-care beliefs and coping, but not a relationship between self-care beliefs and emotion regulation difficulties. More research is needed on this topic to better provide for high-risk mothers.

Keywords: Mom Power, self-care, emotion regulation difficulties, coping skills, intergenerational trauma

Introduction

Family and risk

The family is the first social group that people experience (Erickson et al., 2019), which is important because attachment is the foundation for relationships experienced throughout life. Adverse Childhood Experiences (ACES) are stressful and potentially traumatic experiences that occur primarily within families before the age of 18. ACEs can impact physical and mental health outcomes in adult life (Felitti et al., 1998). If these adverse experiences go untreated, then a cycle of transmission of risk can begin. The transmission of risk occurs when someone who has experienced a traumatic event takes on a risk behavior, for example substance abuse, and this behavior subsequently affects the individual under the care of that person, resulting in the individual developing the same or different risk behaviors. When parents experience trauma and pass the trauma onto their children the cycle of transmission is called intergenerational trauma (Fenerci & DePrince, 2018).

Literature on intergenerational trauma suggests a strong relationship between maternal trauma and mother-child relationship dysfunction (Goodman & Gotlib, 1999). Studies have also found that maternal psychopathology and traumatic life experiences may inadvertently impact family dynamics and the quality of parent-child attachment by exposing the child to early socio-emotional developmental risks (Muzik et al., 2015). For example, a mother who is struggling with substance abuse may not respond consistently and sensitively to her child's needs, resulting in the child developing an insecure attachment, which negatively affects all other relationships in the future. Intergenerational trauma can lead to many risks including emotion regulation difficulties and substance abuse (Fenerci & DePrince, 2018).

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One potential maladaptive outcome of a traumatic past is that one may be more prone to emotion regulation difficulties (Morelen et al. 2016). Emotion regulation is learned; if a parent does not know how to regulate their emotions, their child will likely have a difficult time learning how to regulate their own emotions. Emotion regulation difficulties in parents are positively associated with unsupportive parenting, which can lead to poor child emotion regulation (Morelen et al., 2016; Morris et al., 2011). Emotion regulation difficulties present in many ways, including emotion suppression, which can be learned by a child through the observation of parents suppressing their own emotions or the parents' dismissal of a child's emotion (Gratz & Roemer, 2004). There have been intervention and educational programs, such as Mom Power that have been shown to help mothers with emotion regulation difficulties (Rosenblum et al., 2017).

Stress, trauma, and substance abuse

Stress is any type of emotional strain or pressure, and can be beneficial in low doses, however, chronic stress can seriously damage family relationships (Aizer et al., 2016). A study conducted by Manoogian and colleagues (2015) showed that low-income mothers in Appalachia put their children above the financial stability of their home, which resulted in income stress, maternal health problems, child health problems, and child behavior problems. Additional research has found that in utero exposure to elevated levels of cortisol from maternal stress impacts the child's cognitive development and health outcomes (Aizer et al., 2016).

Isobel, Goodyear, and Foster (2019) define trauma as an umbrella term for the mental injuries that occur after a stressful or highly emotive experience. Experiencing trauma results in

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a range of consequences including risk of psychopathology and comorbidity of psychopathologies (Felitti et al., 1998). Trauma is important to study because it impacts all relationships, including relationships with ourselves and the relationships with our children (Isobel et al., 2019). The Mom Power intervention was specifically designed to engage mothers with trauma histories to interrupt the cycle of intergenerational trauma and promote adaptive parenting outcomes in the face of past trauma and current mental illness (Muzik et al., 2015).

Substance abuse can also lead to incredible amounts of stress on the family dynamic, as substances are often used as a form of self-medication. Furthermore, substance abuse can stem from trauma and stress that is present in life (Conners et al., 2001). Research has shown that child emotional and relational developmental outcomes, as well as mother-child attachment, are negatively impacted by maternal substance abuse (Parolin & Simonelli, 2016). Furthermore, mothers who struggle with substance abuse often feel guilt and shame due to feeling as though they are failing in their role as mothers (Ehrmin, 2001). These feelings act as barriers to successful treatment of substance abuse, and programs that address these feelings and help mothers move past them offer the potential for improved maternal and child outcomes (Ehrmin, 2001). Interventions that focus on teaching attachment theory and the importance of the mother-child bond have better outcomes for the mother and child (Parolin & Simonelli, 2016).

Protective factors

Protective factors can be learned, provided, and applied to cushion the effects of trauma and stress at the family and individual levels (Benzies & Mychasiuk, 2009). A study done by Khan and colleagues (2005) showed that through improving public health services, such as access to programs that promote healthy behaviors, positive changes were seen in the health of

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disadvantaged women and their children. Interventions that improve public health, education programs, and social support have all been shown to improve maternal and child outcomes (Manoogian et al., 2015; Schiff et al., 2021). Furthermore, social support and intervention programs for mothers have been shown to lessen psychopathology risks in young children, acting as a buffer from intergenerational trauma (Fenerci & DePrince, 2018; Muzik et al., 2015; Schiff et al., 2021). Improved public health, social support for mothers at risk or in crisis, and education about mental health are important protective factors to provide mothers. As a parenting intervention, Mom Power which focuses on protective factors such as increasing social support, educating mothers on child development and the importance of maternal mental for children, and providing positive coping skills and self-care techniques to improve parent-child relationship outcomes and decrease the transmission of risk between caregiver and child (Rosenblum et al., 2017).

Coping is another protective factor that it is important in the role of motherhood because it can cushion the impact of stress that the maternal role carries (Anderson et al., 2021). Coping is any action or mental effort that manages the demands of stressful events in life (Taylor & Stanton, 2007), and these strategies can be healthy or unhealthy. Healthy coping strategies help physical and mental health, while unhealthy coping strategies can eventually contribute to and create more stressful situations. Children learn from observing their parents; therefore, if a mother is anxious or depressed and uses coping skills it is likely that their children will use similar coping skills when they encounter anxiety, depression, or stressful life events (Anderson et al., 2021).

Self-care is a form of coping that is taught in Mom Power. Self-care is any activity that someone does deliberately to take care of their mental, emotional, and physical health (Denyes et

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al., 2001). Women in Appalachia view self-care as important and as a method to promote their health (Slusher et al., 2010). Research suggests that early postpartum self-care helps with internal and external factors at home and in social contexts (Lambermon et al., 2020). One study found that new mothers found time, limited resources, poor social support, and difficulty setting boundaries as barriers to good self-care in motherhood (Barkin & Wisner, 2013). Mom Power teaches the participants self-care and mindfulness by giving caregivers the tools they need to take care of themselves and their children (Rosenblum et al., 2017).

Present project

Mom Power is an evidence-based, trauma-informed parenting and self-care skills group designed to help high-risk mothers and their young children created by Rosenblum et al.(2017). Mom Power is a ten-week parenting group intervention that focuses on increasing parental self-efficacy by teaching the participants healthy coping skills, mindfulness, affirmations, emotion regulation skills, and progressive relaxation which helps the caregivers learn ways to model behavior for their children and cope with stressful times. Participants are given the option to participate in research and complete multiple measures before and after participating in Mom Power.

The present project used data from the pre assessments in the Mom Power in Appalachia study to examine the relationship between maternal self-care beliefs, emotion regulation difficulties, and coping skills. The aim of this current project was to analyze the relationship between self-care beliefs and emotion regulation difficulties, as well as the relationship between self-care beliefs and coping skills. It was hypothesized that self-care beliefs would be positively

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associated with coping skills. It was also hypothesized that self-care beliefs would be negatively associated with emotion regulation difficulties.

Methods

Participants

The present project comes from a larger study, the Mom Power in Appalachia study, which has recruited a total of 72 participants to date. The participants were recruited based on their trauma histories through Families Free, a community-based organization that serves women in addiction, Nurse Family Partnership, a home visiting program for low-income first-time mothers, hospitals, and other health care providers by referrals and flyers. The current study uses a subpopulation of 53 participants who completed the measures of interest for this project as self-care beliefs was added after several groups of Mom Power had been conducted. All the participants were female, and ages ranged from 18 to 53 years old ($M=27$ years). Of the participants recruited, 87 % ($n = 46$) identified as White/Caucasian, 7% ($n = 4$) identified as African American, 4% ($n = 2$) identified as Latina, and 2% ($n = 1$) identified as Biracial. One participant preferred not to answer. 100% of the sample reported an income below the national poverty line. Participants were oversampled for a history of ACEs, trauma, mental illness, and/or substance abuse. Specifically, maternal ACE scores ranged from 0 to 10 with the mean ACE score being 4 and the mode being 2. Additionally, 26% of mothers were in active recovery for a range of substances.

Measures

Self-Care Beliefs. *The Self-Care Beliefs* (SB, Najm & Morelen, 2020) measure is an 8-item self-report measure used to measure self-care beliefs. Participants were asked to report on

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their self-care beliefs using a 5-point Likert scale (1 = *Strongly disagree* through 5 = *Strongly agree*). A sample item is “Self-care helps me lower my stress.” (Najm & Morelen, 2020). This measure was developed for the purpose of this study and was influenced by Lisa Butler’s clinically used Self-Care Belief and Behavior Questionnaire. The new measure showed good internal reliability ($\alpha = 0.8$). In the present study the total score was used to determine the participants self-care beliefs.

Difficulties in Emotion Regulation Scale. *The Difficulties in Emotion Regulation Scale* (DERS, Gratz & Roemer, 2004) is a 36-item self-report measure used to measure emotion regulation difficulties. Participants were asked to report how they were feeling using a 5-point Likert (1 = *Almost never* through 5 = *Almost always*). An example item is “I have difficulty making sense out of my feelings.” (Gratz & Roemer, 2004). The DERS has exhibited good reliability and validity and has been used to measure emotion regulation difficulties in many adult populations (Gratz & Roemer, 2004). In the present study, the DERS showed good internal reliability ($\alpha = 0.9$) and the total DERS score was used to determine the participants emotion regulation difficulties.

Coping Orientation to Problems Experienced. *The Coping Orientation to Problems Experienced* (Brief COPE, Carver, 1997) is a 28-item measure which was used to measure ways of coping and coping skills. It consists of 28 statements and is measured on a 4-point Linkert scale from (1 = *I haven’t been doing this at all* through 4 = *I’ve been doing this a lot*). An example item is “I’ve been turning to work or other activities to take my mind off things.” (Carver, 1997). The Brief COPE has shown good reliability and validity (Carver, 1997). In the present study, the Brief COPE showed good internal reliability ($\alpha = 0.9$) and the total Brief COPE score was used to determine number of coping skills used.

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Procedure

Participants were referred and recruited through Families Free, hospitals, and other health care providers. The participants in this study were all either mothers or caregivers and were oversampled and referred because of psychosocial stressors including trauma, high ACE scores, substance abuse, and mental health difficulties. At the start of the study, participants provided informed consent verbally and were given the option of whether to participate. Participants then answered reflective questions, which asked about the participant's child and their own childhood, followed an electronic survey, which was housed on REDCap. Once the survey was completed, participants attended the 10-week Mom Power intervention.

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Results

The three measures of interest were self-care beliefs, emotion regulation difficulties, and coping skills. To address the first hypothesis, a two-tailed correlation was used to compare self-care beliefs to emotion regulation difficulties, and to address the second hypothesis, a two-tailed correlation was used to compare self-care beliefs to coping skills. Two-tailed correlations were used to determine if self-care beliefs were associated with either emotion regulation difficulties or coping skills.

Results of the first correlation between self-care beliefs and emotion regulation difficulties found a non-significant, extremely weak negative correlation between self-care beliefs ($M = 26.96$, $SD = 3.28$) and emotion regulation difficulties ($M = 82.76$, $SD = 28.73$), $r = -0.04$, $p = > .78$ (See Figure 1). Results of the correlation between self-care beliefs and coping skills found a non-significant weak positive correlation between self-care beliefs ($M = 26.96$, $SD = 3.28$) and coping skills ($M = 60.88$, $SD = 13.76$), $r = 0.22$, $p = > 0.11$ (See Figure 2). Though it wasn't a primary aim of the study, we computed the correlation between emotion regulation difficulties and coping skills and found a significant positive correlation between coping skills ($M = 60.88$, $SD = 13.76$) and emotion regulation difficulties ($M = 82.76$, $SD = 28.73$), $r = 0.51$, $p = < .000$ (See figure 3).

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Discussion

Maternal emotion regulation and coping skills have been shown to have an impact on child outcomes. Research suggests that interventions that teach emotion regulation and coping skills, such as self-care, could be the key to minimizing the negative effects on child outcomes. Studies have shown that coping skills act as a buffer between maternal stress and child stress (Anderson et al., 2021). Other studies have shown that emotion regulation difficulties in parents can lead to emotion regulation difficulties in their children (Morris et al., 2011). Emotion regulation and coping skills are learned through observation and experiences, such that children look to their caregivers for this education. It is important to educate caregivers so they can educate their children and break the cycle of intergenerational trauma.

The goal of the current study was to determine the relationship between self-care beliefs and emotion regulation difficulties, as well as the relationship between self-care beliefs and coping skills. Specifically, it was hypothesized that self-care beliefs would be associated with fewer emotion regulation difficulties and more coping skills. Neither hypothesis was supported by our analyses; however, when analyzing the relationship between self-care and coping, the results trended in the predicted direction, demonstrating that when participants reported more self-care beliefs they also reported more adaptive coping skills. Coping and self-care beliefs might be related because self-care is a form of coping and can help cushion the stress that a parental role carries (Anderson et al., 2021).

The exploratory correlation between coping skills and emotion regulation difficulties revealed a positive and significant correlation. However, no relationship was found between self-care beliefs and emotion regulation difficulties, possibly because of the way that the two

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constructs were measured. Self-care consists of many different forms and it can be hard for caregivers that are stressed and having difficulty regulating their emotions to perform or even have time to think of self-care (Lambermon et al., 2020). The correlation between emotion regulation difficulties and coping skills could be because coping skills help with stress or due to some error in calculations because of the positive direction of the results (Anderson et al., 2021).

Limitations and Future Directions

This study begins to shed light on the nature of the relationships between self-care beliefs, emotion regulation difficulties, and coping skills in the context of high-risk mothers living in the Appalachian region of Tennessee. The results of the current project might be skewed due to the study's limitations, namely the small sample size and the cross-sectional design of the analysis. Due to only having 53 participants, the sample size could have limited the amount of power we had, which is why significance was not found, but the correlation of self-care beliefs and coping skills was trending in the predicted direction. Also, the cross-sectional design of the analysis might be a limitation because it only gives an in-the-moment response and does not measure change over time. In the future, we are eager to increase our sample size, thereby increasing our capacity to detect a significant effect. The correlation between coping skills and emotion regulation difficulties is an interesting finding and future research can focus on this because of the importance of coping and emotion regulation difficulties in parenting. A better understanding of both emotion regulation difficulties and coping skills, as well as the relationship between the two could benefit intervention programs for caregivers. Further, we are eager to analyze the post data to see whether and how these constructs change overtime as a function of the Mom Power program.

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Appendix**Figure 1.**

Correlation of Self-Care Beliefs in Relation to Emotion Regulation Difficulties.

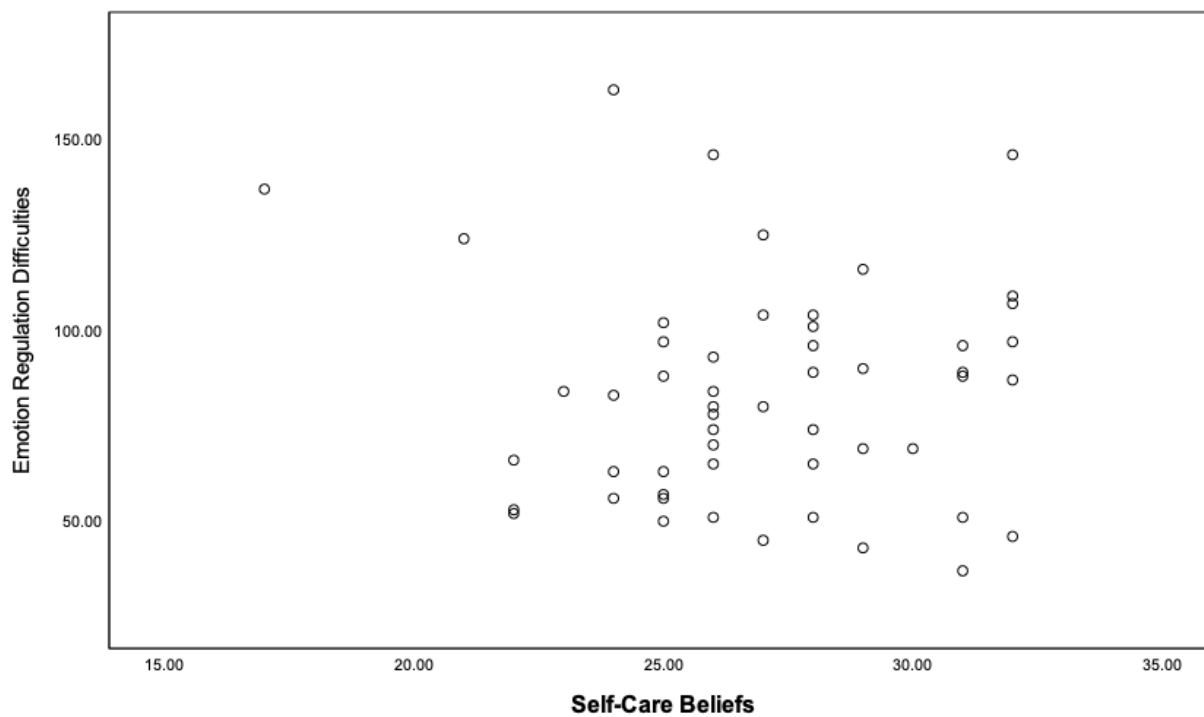
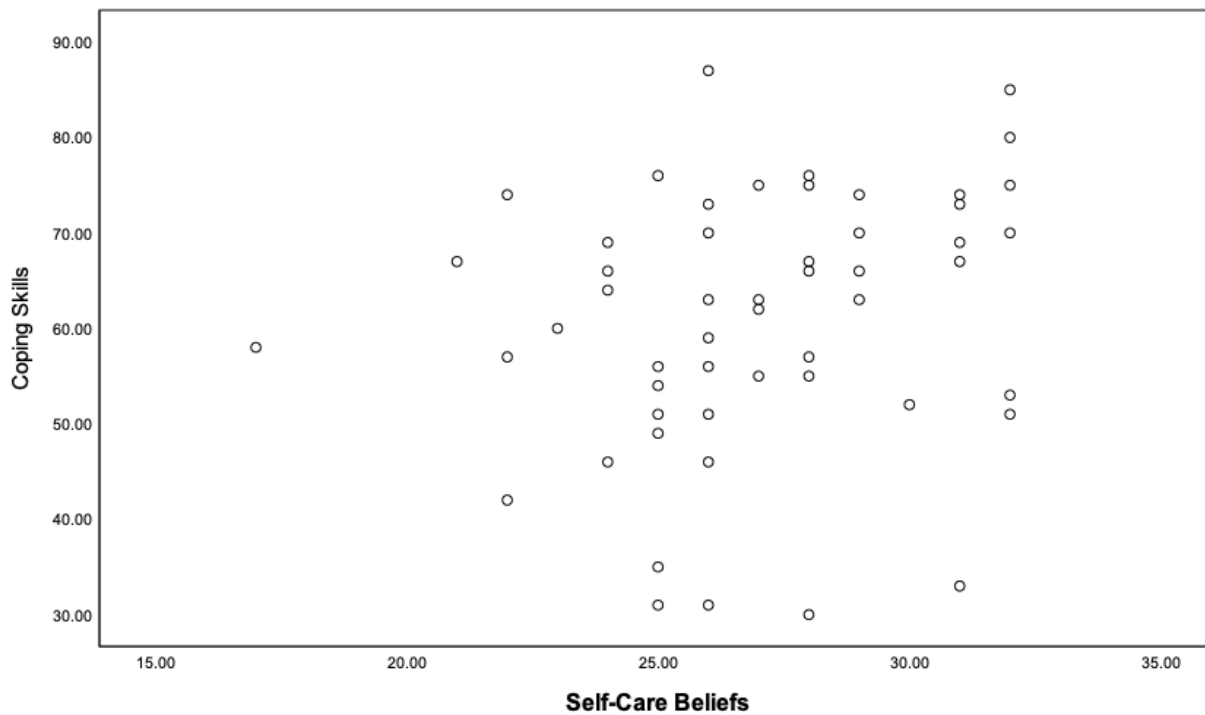


Figure 2.

Correlation of Self-Care Beliefs in Relation to Coping Skills.



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Figure 3.

Correlation of Coping Skills in relation to Emotion Regulation Difficulties.

