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Positive Parenting, Beliefs about Parental Efficacy, and Active Coping: Three Sources of Intergenerational Resilience

Thomas J. Schofield¹, Rand D. Conger², and Tricia K. Neppi¹

¹Department of Human Development and Family Studies, Iowa State University

²Department of Human Ecology, University of California, Davis

Abstract

Prior research involving parents (G1) and their adult children (G2) shows intergenerational continuity in positive parenting. Previous research, however, has not shown circumstances under which the typically modest effect size for intergenerational continuity is augmented or attenuated. Using a multigenerational dataset involving 290 families, we evaluate two potential moderators of intergenerational continuity in positive parenting (i.e., beliefs about parenting efficacy and active coping strategies) drawn from prior theoretical work on predictors of parenting (Belsky, 1984). These personal resources of the second generation (G2) parent interacted with G1 positive parenting to predict G2 parenting behavior. Beliefs about parental efficacy and active coping both compensated for low levels of G1 positive parenting by promoting G2 positive parenting when G1 parents were comparatively low on positive parenting. An alternative interpretation of this moderation is that G1 positive parenting compensated for low levels of these personal resources by promoting G2 positive parenting when G2 parents were comparatively low on parenting efficacy and effective coping. These findings indicate the different roles that these personal resources and a history of positive parenting appear to play in promoting a positive parenting environment for the next generation of children.

Keywords

transgenerational patterns; parenting style; parenting; parenting skills; coping behavior; intergenerational transmission; mimicry

Both scientists and practitioners often propose that the way parents raise their children results to a significant degree from the types of childrearing parents experienced when they were growing up. Consistent with this reasoning, there is increasing evidence that intergenerational continuities in parenting behavior occur across many different mammalian species including rats (Francis, Diorio, Liu, & Meaney, 1999), rhesus monkeys (Suomi & Levine, 1998) and human beings (Kerr, Capaldi, Pears, & Owen, 2009). This basic support for the hypothesis that parenting behavior in one generation (G1) predicts parenting behavior in the next generation (G2), combined with the modest size of such intergenerational continuities (Conger, Capaldi, & Belsky, 2009), leads to the question: what factors will

moderate continuity such that the second generation of parents is more or less likely to emulate the types of parenting they experienced as children? In the current study, we focus on intergenerational continuity in parenting behaviors likely to promote the well-being of the developing child or adolescent and evaluate two different G2 characteristics hypothesized to affect that continuity. We address this question using a prospective longitudinal dataset, with observer-based ratings of positive parenting for both G1 and G2.

Positive Parenting

As used here, the concept of positive parenting involves central elements of various conceptualizations of parenting (Baumrind, 1971) and includes behaviors such as warmth, acceptance, engagement, and responsiveness. Parents high on these dimensions of parenting demonstrate above average levels of affectionate intimacy, acceptance, involvement, and love toward their children (Rohner, 1986). Warm, supportive parents express interest in their children's activities, provide assistance with everyday problems, express encouragement and support in the face of challenges, and display enthusiasm and praise for accomplishments. These types of parenting behaviors are positively associated with healthy child and adolescent adjustment across cultures (Khaleque & Rohner, 2002) and particularly with social initiative and positive attitudes towards interpersonal interaction (e.g., Barber et al., 2005).

Previous work on intergenerational continuity in positive parenting shows that parenting in one generation will predict parenting in the next generation; however, the magnitude of continuity between G1 and G2 parenting tends to be modest and there has been very little research regarding the conditions under which continuity is either disrupted or fostered (Conger, Belsky, & Capaldi, 2009). For example, Neppl and colleagues (2009) reported a modest degree of intergenerational continuity in positive parenting using data from the study used in the present investigation. The modest associations in positive parenting across generations indicate that it may be attenuated under certain conditions but promoted in others. For instance, using the same participants as in the present study, Conger and colleagues found that both spouse's relationship with the G3 child (Conger, Schofield, & Neppl, 2012) and spouse's relationship with the G2 parent (Conger, Schofield, Neppl, & Merrick, 2013) moderated intergenerational continuity in harsh parenting.

In our search of the literature we found only one study that identified moderation of intergenerational continuity in positive parenting. Using retrospective self-reported data, Bouchard (2012) reported that men's marital status moderated intergenerational continuity between G1 physical affection and G2 engagement. The current study is the first, to our knowledge, to address conditions which moderate intergenerational continuity in positive parenting based on prospective assessments of observed behavior. Identification of those conditions would help inform practitioners seeking to help young families retain adaptive patterns of parenting expressed by their parents, or move beyond deficits in their parenting history. That is, from the standpoint of both theory and application, we are particularly interested in finding ways to promote parenting behaviors that foster child competence and well-being.

Personal Resources as Moderators of Intergenerational Continuity

Almost all parents have at least some exposure to models of positive parenting: from their parents, through observations of other parents, or indirectly through representations of positive parenting in the media. However, it is also clear that parents do not always emulate those positive models, and part of the reason why may be personal attributes of the parent (Belsky, 1984). Consistent with this idea, characteristics of the parent like their beliefs about parenting (Kochanska, Kuczynski, & Radke-Yarrow, 1989) and coping style (Bynum & Brody, 2005) are associated with positive parenting. We propose that both of these personal characteristics will moderate continuity in positive parenting across generations, as we explain below.

The first proposed moderator of intergenerational continuity in positive parenting involves beliefs about parental efficacy, or the degree to which one believes that parents can shape the development of children. Efficacy, or the degree to which people perceive their efforts as mattering (Bandura, 1989), is one of the most central beliefs about parenting. Parents who believe that nurturant parental behavior has a positive impact on development are likely to invest more effort in their parenting than parents who do not believe that nurturant parenting affects development (Kochanska, Kuczynski, & Radke-Yarrow, 1989; Parks & Smeriglio, 1986; Simons, Whitbeck, Conger, & Melby, 1990). We expect these beliefs will moderate continuity such that G2 parents high on these beliefs will be especially likely to express positive parenting, regardless of the amount of positive parenting they received from their parents.

The second hypothesized moderator of intergenerational continuity in positive parenting is active coping strategies. Positive parenting includes the establishment of a responsive, caring, and dependable environment for a child (Rohner, 1986). When stress is high, a parent can either react negatively (e.g., disengage, respond emotionally, or express irritation) or respond positively and expend the effort required to improve the situation. Indeed, one of the ironies of parenting is that positive parenting is hardest to practice when it matters the most. Consistent with the social-contextual model of determinants of parenting (Belsky, 1984), adaptive coping relates to higher quality parenting practices (Bynum & Brody, 2005; Foster, Reese-Weber, & Kahn, 2007). We expect that parents who successfully cope with stressors are more likely to inhibit negative emotional reactions in those crucial moments and practice child-centered positive parenting. That is, a G2 parent who endorses active coping strategies has a coping skill set which should facilitate the execution of active, planful, goal-minded parenting despite situational pressures. We expect these coping strategies will moderate continuity such that G2 parents high on these strategies will be especially likely to express positive parenting, regardless of the amount of positive parenting they received from their parents.

This hypothesis of moderation suggests that only G2 parents low on both G1 positive parenting as well as either of these personal characteristics (i.e., efficacy beliefs or active coping) will express low levels of positive parenting. Should this be the case, this hypothesized pattern of results would also support the interpretation that G1 positive parenting could itself be considered a moderator of the association between these G2

personal resources and G2 positive parenting. Work on social proof suggests that we tend to model our behavior after people we perceive to be like us and those most familiar to us (Festinger, 1954). According to this perspective, among G2s who experienced relatively high levels of positive parenting as adolescents, the propensity to copy the parenting they themselves were exposed to as children should result in relatively high levels of G2 positive parenting (regardless of their level of efficacy beliefs or active coping). Considering the powerful evidentiary base for behavioral mimicry (Chartrand & Lakin, 2013), we also consider this alternative interpretation of the hypothesized moderation; namely, that a history of positive parenting fosters resilience in spite of below-average levels of these personal resources.

Method

Participants

Data for the present study come from the Family Transitions Project (FTP), an ongoing, longitudinal study of 558 target youth (51% female) and their families. Members of this cohort of adolescents (G2) and their parents (G1) were first interviewed between 1989 and 1991, when adolescents were in either the seventh (1989) or ninth (1991) grade. Participants were interviewed annually in their homes through 1994 (with the exception of 1993), and thereafter they were interviewed in alternating years, with an average retention rate of almost 90% through 2005, when they averaged 29 years of age. Of the original 558 families, 107 adolescents came from single-mother families and the remainder of these youth lived with both of their biological parents. Participants lived in rural counties in north central Iowa. Because almost no minority families lived in these areas at study initiation, participants were all European Americans from primarily lower-middle- and middle-class families. Conger and Conger (2002) provide additional information about the initial recruitment and the families.

Beginning in 1997, the oldest biological child (G3) of the G2 target was recruited for study. To be eligible for participation the child had to be at least 18 months of age and the G2 target parent must have been in regular contact with the G3 child. In the current study we focus on the 290 G2 targets (120 males, 170 females) from the original 558 who had a G3 child eligible for participation by 2005, and use data from the G2 targets' adolescent years, prior to their becoming parents, as well as data from the first annual assessment of each G3 child. A total of 90% of the G2 target parents with eligible children agreed to participate. The G2 targets averaged 25.6 years of age at the first assessment during which G3 entered the study. Almost 81% of the G2 targets were living with the other biological parent of the G3 child. The average age of the G3 children at first assessment was 2.31 years. There were 157 G3 boys and 133 G3 girls. Families who participated in the first G3 assessment did not differ from those with G3 children who did not participate in terms of earlier income, education, G2 active coping, G2 beliefs about parental efficacy, or G1 positive parenting.

In the current investigation G1 parents were parenting teenagers, whereas G2 parents were parenting young children. Although some of the parental behaviors that comprise warm and supportive parenting may change as children age, they nonetheless share common elements of affection, support, and involvement. Therefore, we expected that many of the markers of

positive parenting would be similar even for children of different ages. However, we would expect the magnitude of the intergenerational association to be greater for children more similar in age (van Ijzendoorn, 1992). Therefore, the current study represents a relatively conservative test of the hypothesis that G1 parenting will predict G2 parenting.

Procedures

G2 targets and their G1 parent(s) were recruited from public and private schools in rural areas of Iowa during G2's adolescent years. For each annual assessment during G2's adolescence, professional interviewers made home visits to each family for approximately 2 hours on two occasions. During the visits, each family member completed a set of questionnaires covering an array of topics related to work, finances, school, family life, mental and physical health status, and social relationships. In addition, as part of the 1994 assessment G1 and G2 participated in a structured interaction task which was coded by trained observers. The task consisted of one parent and the target adolescent discussing their time spent together, conflict or disagreement, and future plans. As over 25% of the targets were part of single-mother families, in the current investigation we concentrate on observational measures of G1 maternal positive parenting to maximize sample size.

Beginning as early as 1997 the G2 target and G3 child were visited at home once each year by trained interviewers. New G3s were added to the study each year after they reached the minimum age for participation. G2 targets, their romantic partners (married or cohabiting), and their G3 children provided data following procedures similar to those described for G2's family of origin. During the annual visits, the G2 parent and G3 child engaged in a videotaped interaction task called the *puzzle task*, which lasted 5 minutes. In the puzzle completion task, G2 and G3 were presented with a puzzle that was too difficult for the child to complete alone. G2 parents were instructed that children should complete the puzzle alone, but parents could provide some assistance if necessary. Puzzles varied by age group so that the puzzle slightly exceeded the child's skill level. This interaction task created a stressful environment for both parent and child and the resulting behaviors indicated how well the parent handled the stress and how adaptive the child was to an environmental challenge. Trained observers coded the quality of the behaviors between participants using the Iowa Family Interaction Rating Scales (IFIRS; Melby & Conger, 2001). The raters of G1 Positive Parenting were not the same as those who rated G2 Positive Parenting.

Measures

G1 Positive Parenting—Trained observers rated the G1 mother on three separate scales used as indicators of the degree to which she showed positive parenting toward the G2 target in twelfth grade (i.e., 1994). Mothers rated high on *warmth* expressed interest, care, appreciation, concern, support, encouragement, or responsiveness toward the child. *Positive assertiveness* involved the mother's ability to express herself in a clear, appropriate, neutral and/or positive fashion using an open, straightforward, self-confident, non-threatening and non-defensive style of interaction. Mothers rated high on *prosocial* behavior toward G2 displayed helpfulness, sensitivity, cooperation, sympathy, and respectfulness in an age appropriate manner. These three ratings were scored on a nine-point scale ($M = 6.27$, $SD = 2.02$ for warmth; $M = 4.24$, $SD = 1.49$ for prosocial responses; $M = 5.75$, $SD = 1.36$ for

positive assertiveness) and we used them as separate indicators of a latent variable ($\alpha = .91$; and agreement between raters ranged from $r_{\text{ICC}} = .75$ to $.50$, with an average of $.59$; standardized factor loadings were all $> .70$).

G2 Positive Parenting—During the first G3 assessment (which occurred sometime during the period from 1997 to 2005 depending on the year when G3 became at least 18 months old and eligible for the study), trained observers rated G2 targets on the degree to which they demonstrated the same three parenting behaviors as G1 mothers: warmth ($M = 5.42$, $SD = 2.42$), prosocial response ($M = 5.81$, $SD = 1.67$), and positive assertiveness ($M = 5.33$, $SD = 1.56$) toward the G3 child. We used the three scales as separate indicators of a latent variable ($\alpha = .96$; agreement between raters ranged from $r_{\text{ICC}} = .87$ to $.57$, with an average of $.73$; standardized factor loadings were all $> .70$).

G2 Beliefs About Parental Efficacy—G2 targets completed a four-item scale created for this study assessing the degree to which they believed good parenting involves investments of time and attention, and that such investments positively influence children's development. Simons and colleagues report moderate reliability and good predictive validity (Simons, Whitbeck, Conger, & Melby, 1990). Questions were answered on a five-point scale (1 = strongly disagree, 5 = strongly agree) and included “the best way to get kids to behave well is to give them lots of praise and attention when they do something right,” “the most important ingredient in raising children is giving them lots of time and attention,” “the behavior of parents largely determines a child's self-concept,” and “kids grow up to be a lot like their parents.” This scale was collected during the assessment prior to the G3 child entering the study ($M = 2.43$, $SD = .50$, $\alpha = .65$). We set the residual variance of that scale to $[\sigma^2(1-\alpha)]$ to define a single indicator latent variable. This helps correct for low reliability by moving nonsystematic variance into the residual (Loehlin, 2004).

G2 Active Coping—G2 targets completed a four-item scale assessing the degree to which they used active coping strategies adapted from several different scales used to assess coping (Carver, Scheier, & Weintraub, 1989; Clarke, 2006; Frydenberg & Lewis, 1993). Authors of the scales from which these items were taken report acceptable reliability, convergent validity, and discriminant validity. Items included “When I have a problem, I try to figure out the cause and do something about it” and “When I have a problem, I usually talk to other people about it.” This scale was collected during the assessment prior to the G3 child entering the study ($M = 2.56$, $SD = .52$, $\alpha = .60$). We set the residual variance of that scale to $[\sigma^2(1-\alpha)]$ to define a latent variable.

Results

We first ran analyses establishing measurement invariance across G2 males and females, using full information maximum likelihood (Muthén & Muthén, 2013). A series of analyses showed strong factorial invariance across gender for our models (Meredith, 1993). In addition, in the model tests that follow we evaluated possible gender differences in the findings. There were no significant differences by gender which is consistent with work from this sample on intergenerational continuity in harsh parenting (Conger, Schofield, & Neppl, 2012); therefore, we report the results for the combined G2 sample.

Several of the zero-order correlations among the variables in our structural model were consistent with expectations. For example, G1 positive parenting and G2 positive parenting were significantly correlated ($r = .18$). G2 positive parenting was correlated with G2 beliefs about parental efficacy ($r = .12$) and active coping ($r = .11$). G2's beliefs about parental efficacy were positively correlated with their active coping ($r = .25$). However, G1 positive parenting was not correlated with G2's beliefs about parental efficacy ($r = -.03$) or active coping ($r = .02$).

For our primary analyses, we regressed G2 parenting onto the following predictors: G1 parenting, the G2 personal attribute, and the G1 parenting x G2 personal attribute interaction term. The following standardized estimates are from the model for **beliefs about parental efficacy**, which had acceptable fit, $\chi^2 = 24.70$, $df = 19$, $TLI = .988$, $RMSEA = .037$. G1 parenting predicted G2 parenting ($\beta = .16$, $SE = .07$), whereas beliefs did not ($\beta = .16$, $SE = .09$). The hypothesized moderation was present ($\beta = -.14$, $SE = .06$). When graphed, this finding was consistent with the hypothesis that both G2 personal resources and G1 parenting history influence G2 positive parenting (Figure 1). Regardless of the level of G1 positive parenting during G2's adolescence, G2 parents showed above average levels of positive parenting if their beliefs about parental efficacy were +1SD above the mean (Panel A, Figure 1). As shown in Panel A, the association between G1 positive parenting and G2 positive parenting is minimal ($b = .11$) and not statistically significant when G2 expressed the belief that nurturant parenting positively affects children (i.e., +1 *SD* above the mean), but the association is larger ($b = .48$) and statistically significant when G2 did not express such beliefs (-1 *SD* below the mean).

Of course, it is equally valid to consider G1 positive parenting as the moderator. Viewed this way, an alternative interpretation of this significant moderation is that higher positive parenting by G1 compensates for low G2 beliefs about parental efficacy (Panel C). That is, the association between G2 parental efficacy and G2 positive parenting is minimal (.44) and not statistically significant when G1 expressed positive parenting during adolescence one standard deviation above the mean, but the association is substantial (1.17) and statistically significant when G1 positive parenting is 1SD below the mean.

The following standardized estimates are from the model for **active coping**, which had acceptable fit, $\chi^2 = 23.54$, $df = 19$, $TLI = .987$, $RMSEA = .037$. G1 parenting predicted G2 parenting ($\beta = .14$, $SE = .07$), whereas coping did not ($\beta = .12$, $SE = .09$). The hypothesized moderation was present ($\beta = -.15$, $SE = .07$). This finding led to results that are consistent (across both personal resources) with the hypothesis that both G2 personal resources and G1 parenting history promote G2 positive parenting by buffering in the absence of the other. Simple slope analyses showed that regardless of the level of G1 positive parenting, G2 parents showed above average levels of positive parenting if their active coping was +1SD above the mean (Panel B, Figure 1). As shown in Panel B, the association between G1 positive parenting and G2 positive parenting is minimal ($b = .03$) and not statistically significant when G2 endorsed active coping strategies (i.e., +1 *SD* above the mean), but the association is larger ($b = .24$) and statistically significant when G2 did not endorse active coping strategies (-1 *SD* below the mean).

Again, it is equally valid to consider G1 positive parenting as the moderator. Viewed this way, an alternative interpretation of this significant moderation is that higher G1 positive parenting serves to compensate for low G2 active coping (Panel D). That is, the association between G2 active coping and G2 positive parenting is minimal (.04) and not statistically significant when G1 expressed positive parenting, but the association is substantial (.44) and statistically significant when G1 did not express positive parenting during G2's adolescence.

Discussion

We investigated two hypothesized moderators of intergenerational continuity in observational ratings of positive parenting using data from a prospective, longitudinal study. The two personal attributes of G2 parents moderated intergenerational continuity similarly. One interpretation of these results is that beliefs about parental efficacy and active coping strategies promote resilience to poor parenting history. G2 parents high on these two personal attributes were high on positive parenting, even among families in which G1 mothers engaged in low levels of positive parenting during G2's adolescence. When G2s were low on these attributes, they were much more likely to repeat their mothers' low levels of positive parenting. Beliefs about parental efficacy and active coping strategies both reflect an active, engaged approach to life that could, when applied to the parenting domain, translate into benefits for children. Considering the powerful evidentiary base for behavioral mimicry (Chartrand & Lakin, 2013), it is impressive that these attributes can moderate what was likely almost two decades of exposure to low levels of positive parenting.

A second interpretation of these results is that parenting history could itself be considered the moderator of the association between these G2 personal resources and G2 positive parenting. Viewed this way, a history of positive parenting fosters resilience in spite of below-average levels of these personal resources. Considering the existing literature on both of these personal resources as predictors of parenting behavior (e.g., Foster, Reese-Weber, & Kahn, 2007; Kochanska, Kuczynski, & Radke-Yarrow, 1989), it is notable that an influence as temporally distal as parenting history could buffer the risks associated with a) the belief that nurturant parenting does not affect child development, and b) low levels of active coping. There was no significant association between either of these G2 personal resources and G2 parenting when G1 positive parenting was one standard deviation above the mean. This suggests that parenting history may be what enables many G2 parents who lack attributes that typically promote positive parenting to still provide positive parenting to their own children.

We note, however, that this correlational data cannot directly address questions of causal inference. Additionally, our rural Iowa sample may be distinct and replication across other groups will help increase our confidence in the generalizability of these findings. The modest correlation between G1 and G2 positive parenting could be partially due to the different ages of the offspring in the two generations (van IJzendoorn, 1992). The reliabilities of our coping and parenting beliefs measures were modest, which may have further attenuated our findings. For instance, the zero-order correlations between parenting beliefs and active coping with observed positive parenting were smaller in magnitude than parallel associations from prior literature (Foster, Reese-Weber, & Kahn, 2007; Kochanska,

Kuczynski, & Radke-Yarrow, 1989), and may have been attenuated by low reliability. Future research that has available measures with greater reliability may find larger associations than those reported here. Finally, although intergenerational continuities have been shown for fathering across generations (Kerr, Capaldi, Pears, & Owen, 2009), and differences between fathering and mothering are often overstated (Parke, 2013), these analyses are based on G1 mothers and moderators of intergenerational continuity may be different for G1 fathers.

Notwithstanding these limitations, the current findings contribute to our understanding of intergenerational transmission in positive parenting. First and foremost, we wish to note that the zero-order intergenerational continuity in positive parenting was modest, as were the associations between G2 attributes and G2 parenting; had we neglected to test for moderating effects, we would have underestimated the degree to which G1 parenting could predict G2 parenting. A second point we wish to emphasize is that even with a parenting history characterized by relatively low levels of positive parenting, G2 parents can still provide high levels of positive parenting if they a) believe that nurturing parenting positively affects development, and b) practice active coping strategies. This is encouraging because interventionists cannot change a parent's parenting history, but can potentially help equip them with high beliefs about parental efficacy, as well as more active coping strategies. Third, positive parenting in one generation predicts positive parenting in the next generation even when G2 parents are low on attributes typically associated with positive parenting. This suggests that interventions designed to improve parenting in one generation may also result in positive parenting being carried forward into the next generation. In sum, both parenting history and these personal attributes of G2 parents play a role in G2 positive parenting that would have been underestimated without considering them both simultaneously.

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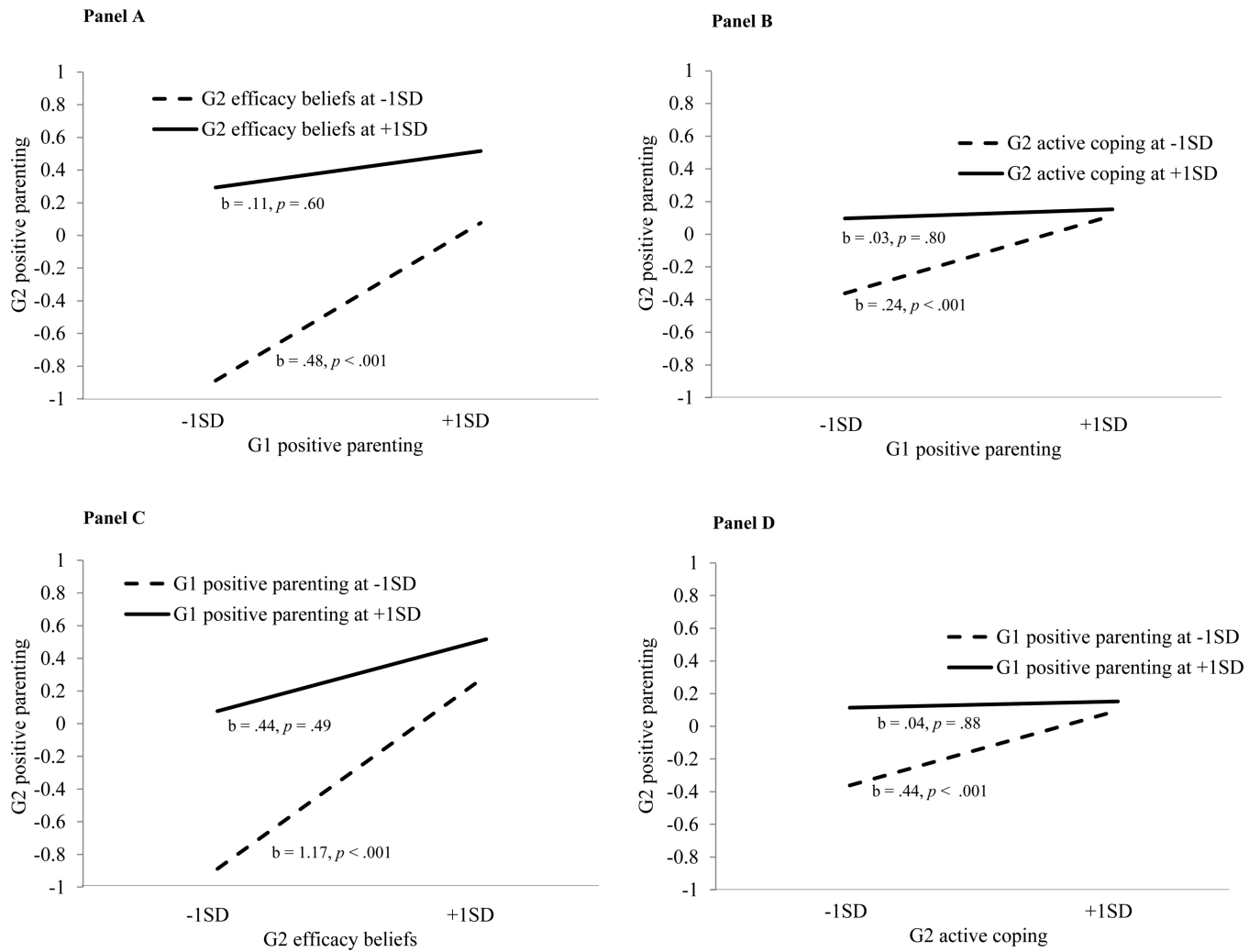


Figure 1. The Association Between G2 Characteristics and G2 Positive Parenting, as Moderated by G1 Positive Parenting ($*p < .05$)