

Parenting practices and referral to a juvenile psychosocial care reference center

Práticas parentais e encaminhamento a um centro de referência de atenção psicossocial infantojuvenil

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Abstract

In this study, the parenting practices of adults who are legal guardians of youths referred to the *Centro de Atenção Psicossocial Infantojuvenil* (Psychosocial Care Center for Children and Adolescents) due to the use of psychoactive substances and/or aggression (Referral Group) were compared with parenting practices of legal guardians of youths who have never been referred to *Centro de Atenção Psicossocial Infantojuvenil* (Non-Referral Group). Forty participants from the Non-Referral Group and 17 from the Referral Group answered a sociodemographic questionnaire and the Parenting Styles Inventory. Referral Group participants reported lower frequencies of positive monitoring and moral behavior, and more frequent responses related to neglect, inconsistent punishment, and physical abuse. A bivariate logistic regression model showed that having the mother as the legal guardian and primary caregiver was a predictor of non-referral to *Centro de Atenção Psicossocial Infantojuvenil*, with neglect being a predictive factor of referral. The results indicate that differences in parenting practices can be associated with the outcome of referral to mental health services. Therefore, the importance of population interventions focused on promoting positive parenting practices is emphasized.

Keywords: Adolescent behavior; Child; Mental health; Parent-child relations.

Resumo

Práticas parentais de adultos responsáveis por jovens encaminhados ao Centro de Atenção Psicossocial Infantojuvenil por uso de substâncias psicoativas e/ou agressividade (Grupo Encaminhado) foram comparadas com práticas parentais

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de responsáveis por jovens sem histórico de encaminhamento ao Centro de Atenção Psicossocial Infantojuvenil (Grupo Não Encaminhado). Quarenta participantes do Grupo Não Encaminhado e 17 do Grupo Encaminhado responderam um questionário sociodemográfico e o Inventário de Estilos Parentais. Os participantes do Grupo Encaminhado informaram frequências mais baixas de monitoria positiva e comportamento moral e respostas mais frequentes de negligência, punição inconsistente e abuso físico. O modelo de regressão logística bivariada indicou que ter a mãe como principal responsável foi um fator preditor de não encaminhamento ao Centro de Atenção Psicossocial Infantojuvenil, e a negligência foi preditor de encaminhamento. Os resultados indicam que diferenças em práticas parentais podem associar-se ao desfecho de encaminhamento para serviços de saúde mental. Portanto, ressalta-se a importância de intervenções populacionais focadas na promoção de práticas parentais positivas.

Palavras-chave: Comportamento do adolescente; Criança; Relações pais-filho; Saúde mental.

Interactions between parents³ and their children⁴ and their repercussions on human development trajectories constitute a complex phenomenon, since they involve the interplay between multiple variables, such as personal characteristics, sociodemographic conditions of families, and broader sociocultural context in which the family lives. In order to understand the impacts of the context of parenting on the development process of children and adolescents, studies have shown the association between parenting practices and developmental outcomes (Bolsoni-Silva & Loureiro, 2019; Borden et al., 2014; Campos, 2019; Sabbag & Bolsoni-Silva, 2015; Trepate et al., 2014), indicating the need for protective government actions, focused on promoting health and preventing possible harm to human development (Coelho et al., 2020).

Parenting practices are strategies that aim to guide the children's behavior and involve habits associated with the expression of affection and emotional support, establishment of limits and rules, supervision of activities and monitoring the children's moral, social, and academic behavior (Gomide, 2006). According to Darling and Steinberg (1993), the conceptualization of parenting practices transcends the parents' behavior itself, also involving the system of beliefs that guide them in the use of care strategies. This belief system is developed in a sociocultural context and is related to socialization goals, the set of practices valued at a given time and the criteria for evaluating the behavior of children (Moinhos et al., 2007). The concepts of parenting practices and styles are generally correlated, as educational practices, combined in different ways, result in different parenting styles (Darling & Steinberg, 1993), which must be understood in sociocultural contexts and the historical time in which the family develops.

Positive practices seem to prevent the emergence of behavior problems and are associated with higher levels of social skills in children (Bolsoni-Silva & Loureiro, 2019; Borden et al., 2014) and adolescents (Sabbag & Bolsoni-Silva, 2015). Behavioral problems consist of excessive inappropriate behaviors or deficits of desirable behaviors for the age group and social context, which make it difficult for children to access new situations of reinforcement that are important in their learning process (Casali-Robalinho et al., 2015).

However, negative parenting practices are associated with children's behavior problems (Bolsoni-Silva & Loureiro, 2019; Bolsoni-Silva et al., 2016; Borden et al., 2014; Campos, 2019; Magnani & Staudt, 2018; Trepate et al., 2014) and the use of Psychoactive Substances (PAS) in adolescence (Valente et al., 2017). In this sense, high frequencies of neglect, authoritarianism, and physical abuse are associated with the growing vulnerability of adolescents in relation to drug abuse (Valente et al., 2017). On the other hand, low frequencies of physical abuse and neglect seem to decrease the probability of behavior problems in adolescence (Campos, 2019; Gomide, 2006).

There are multiple factors that interfere in the choice of parenting practices and in the reverberations of these practices in developmental trajectories, such as the temperament of both parents and children, the

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³ Throughout the text, the term "parents" will be used to refer to the father and mother.

⁴ Throughout the text, the term "children" will be used to refer to male and female children and adolescents.

children's developmental stage, sex, family configuration, substance abuse, parents' childhood, cultural values, parents' expectations in relation to their children, quality of the support network, unemployment, poverty (Pacheco & Hutz, 2009), in addition to marital and coparental interactions (Romero, 2015). Regarding the impact of socioeconomic and cultural conditions on parenting practices, it is emphasized that parenting can be largely affected by the condition of social vulnerability, which is characterized by exposure to personal, social, or environmental risk factors, such as food and educational precariousness and weakened family relationships (Silva et al., 2019).

Although economic and social inequalities constitute a risk factor for child and youth development (Silva et al., 2019) associated with maladaptive outcomes (Mills et al., 2012), it cannot be said that families in socioeconomic disadvantage are less competent in adopting and using positive parenting practices. However, the context of vulnerability tends to weaken these families, who generally need to deal with more risk factors (Schmidt et al., 2016). Thus, recent systematic literature review studies on training programs for mothers and fathers suggest the importance of such strategies focusing on vulnerable families as a way to fight social exclusion, enhancing parenting skills and the resources of each family system, thus promoting more adaptive outcomes in the long term (Guisso et al., 2019; Schmidt et al., 2016).

There is a need for more studies that investigate the association between family interactions and developmental outcomes, such as behavior problems (Bolsoni-Silva & Loureiro, 2019). The findings of these studies can, in addition to bringing important implications to professional practice, contribute to the formulation and qualification of interventions aimed at promoting family development and, more specifically, focused on enhancing positive parenting based on the unique and contextualized understanding of each family system in order to strengthen their skills. Given the above, the objective of this research was to compare parenting practices of legal guardians of children and adolescents referred to a reference center for children and adolescents' mental health for complaints of aggressive behavior problems and/or use of PAS with those of adults who are legal guardians of children and adolescents who have never been referred to the *Centro de Atenção Psicossocial Infantojuvenil* (CAPSi, Psychosocial Care Center for Children and Adolescents).

Method

This is a descriptive field research, in which self-reported parenting practices by adults who are legal guardians of youths in CAPSi (Referral Group - RG) were compared with those of adults who are legal guardians of children and adolescents, with the same population characteristics, who have never been referred to mental health services (Non-Referral Group - NRG). The Ethics Committee of the *Universidade Regional de Blumenau* (Regional University of Blumenau) approved this study, CAAE nº 64981717.6.0000.5370.

The CAPSi is one of the mental health care services in the context of Brazil's publicly funded health care system, *Sistema Único de Saúde* (Unified Health System), characterized as an outpatient service for children and adolescents with severe and persistent mental disorders, where care is provided in different modalities with multi-professional teams considering the area covered by the CAPSi service. The service is aimed at caring for children and adolescents from zero to 17 years of age and, among the patients being cared for, there are behavioral problems, which include aggression, and the use of PAS, considering the referral to this health service as an outcome variable in this study (Ministério da Saúde, 2017).

Participants

The participants were 57 adults who are legal guardians of children and adolescents between seven and 17 years of age, 17 from the RG and 40 from the NRG, answering a self-report parenting questionnaire.

The recruitment of NRG participants took place through the Municipality's electronic medical record system, and RG participants were recruited upon their arrival at CAPSi.

The criteria for inclusion in the RG were: 1) being the legal guardian and primary caregiver/educator of the youth referred to CAPSi for complaints of aggression and/or use of PAS; 2) the entry of the youth into CAPSi must have taken place within 30 days before data collection, that is, it should be a new case; 3) accepting to participate in the study, signing the Informed Consent Form (ICF). For the NRG, the criteria were as follows: 1) being the legal guardian and primary caregiver/educator of the youth, who had to be of the same age, sex, and educational background as RG participants, as well as having similar income and educational levels; 2) youths and their legal guardians must be from the same health region as youths and legal guardians of the RG group; 3) never having been the legal guardian and educator of any youth referred to a public mental health reference service due to complaints of aggression or use of PAS, which was verified through the Municipality's electronic medical record system; 4) accepting to participate in the study, signing the ICF.

Instruments

Parenting Styles Inventory (PSI): instrument developed by Gomide (2006) that allows detecting which parenting practices the child/adolescent is or was subject to (Sampaio & Gomide, 2017). This instrument has a version for children and adolescents and another version for their parents. In the present study, only the second version was used. The instrument comprises two positive parenting practices and five negative parenting practices. Regarding positive practices: (a) positive monitoring refers to involvement and knowledge about their child's routine, who their friends are, their tastes and preferences; (b) moral behavior concerns teaching values, the sense of justice, helping the child to understand and differentiate between what is right and wrong (Gomide, 2006).

As for the negative practices: (a) *neglect* refers to the lack of care for the children's basic needs, such as education, hygiene, and food. Furthermore, neglect is considered by Gomide (2006) as the practice that refers to the lack of supervision and interest in the children's lives; (b) *inconsistent punishment*, physical or emotional, refers to the application of punishment driven by the caregivers' mood, not according to the behavior of the children; (c) *negative monitoring* refers to excessive inspection actions regarding the child's routine, the amount of repetitive instructions, focusing, above all, on conduct errors, which are not followed by the children; (d) *relaxed discipline* concerns the lack of demand from parents in relation to children's compliance with established rules, that is, the parents threaten to punish their children in case they do not obey the rules, but do not comply with them in the way they established them; (e) *physical abuse* refers to the use of severe and excessive physical punishment, causing pain and injuries to their children (Salvo et al., 2005).

Sociodemographic Questionnaire: instrument developed specifically for this research. It includes information on the legal guardian's number of children or youths under their legal care, number of people living in the household, history of their own children or youths under their legal responsibility who have been referred to public mental health services, age and sex of the youth and their guardian, kinship with the youth, relationship with the child's father/mother (if not identified one of the parents), income and educational levels, marital status, the legal guardian's history of aggression or use of PAS and their history about being referred to a mental health service.

Procedures

Data collection was performed by three trained researchers to maintain similarity in the procedures.

4 On a daily basis, the researchers checked the list of entries into the CAPSi system, identified and analyzed the

medical records of possible participants, and evaluated whether they were within the inclusion criteria to be included into the RG. When the participants met the inclusion criteria, the researchers contacted the legal guardian by phone, mentioned in the medical record. In this contact, the individual was invited to participate in this study, and an interview was scheduled within the CAPSi facilities.

Regarding the recruitment for participation in the NRG, after this interview with the RG participant was scheduled, two youths residing in the same region and registered in the same health unit as the participant selected to enter the RG. These youths should have the same age and sex as the ones referred to CAPSi, whose guardians agreed to participate in the research after checking the inclusion criteria. The electronic medical record allowed the identification of the legal guardian and, based on their registration, it was possible to know if they had any children and adolescents under their legal responsibility with a history of referral to public mental health services. Once this identification was conducted and the inclusion criteria met, the legal guardian was contacted by telephone, invited to participate in the research, and the interview was scheduled – conducted at the same health unit these adults and their children and adolescents were registered. Data collection, both at basic health units and CAPSi, was conducted in private rooms, only with the presence of a researcher.

During the interview, the purpose of the research was explained, the ICF was read and signed, the legal guardians answered the sociodemographic questionnaire, and only then the Parenting Styles Inventory was applied (Gomide, 2006). For method standardization reasons, the reading of the instrument's questions was performed by the researchers.

Data Analysis

For data analysis, descriptive statistical tools, the Kolmogorov-Smirnov test to verify normality, Spearman's correlation, Fisher's exact test, chi-square, and the Mann-Whitney test were used for comparison between groups (Parenti, 2018). The accepted significance level was 0.05. The responses of the two groups were analyzed and the scores of parenting practices presented by both were compared. The score was based on the answers related to the frequency of occurrence of the behaviors, being "always" (value = 0), "sometimes" (value = 1) and "never" (value = 2). The scores of the five parenting practices were converted into binary data, above and below the median. For the analysis of the general PSI score, the values related to physical and psychological abuse, inconsistent punishment, relaxed discipline, negative monitoring, and neglect were classified with negative values, and those related to prosocial behavior were classified with positive scores. This way, it was possible to determine which were the most frequent parenting practices, positive or negative, in the set of practices.

Binary logistic regression analysis was also performed (Hair et al., 2009), considering the outcome as a dependent variable, that is, referral to CAPSi due to complaints of aggression or use of PAS or having never been referred to a mental health service. As covariates, those variables that showed significant associations in the bivariate analyses ($p < 0.05$) with these outcomes were included. Since there was a considerable number of zeros in the parenting variables, which generates instabilities in the Hessian matrix, the parenting practices dimensions were made categorical from the cutoff point considering the median, in order to classify the responses as superior or inferior to the median. When the cutoff point occurred exactly at the median, the application criterion was used in the value above or below it, to generate fractions closer to half.

Results

There were no statistically significant differences between the groups regarding the age of the adult participants, with a mean age of 40.35 years ($SD = 7.76$) for the adult sample. The groups showed similar

responses regarding income and educational levels ($p > 0.05$). Most of the sample was composed of people with income between one and six minimum salaries (82.45%). Regarding educational level, the RG and NRG participants completed, respectively: elementary school (17.64% and 12.50%), high school (23.54% and 45.00%), and higher education (5.88% and 2.50%). In relation to children and adolescents, about 52.00% were female and 48.00% were male. Their mean age was 12.82 ($SD = 2.79$), with the youngest being seven years old and the oldest being 17 years old. In the RG, most referrals were adolescents (68.80%), males (56.30%), and referred to CAPSi due to complaints of aggression (53.00%). In none of the cases the referral was due to a combination of complaints of aggression and use of PAS. All participants were from the same population and had similar socioeconomic characteristics.

Table 1 shows that the NRG tended to have a higher proportion of women as primary caregivers ($p = 0.051$), especially mothers ($p < 0.001$). The groups showed similar responses in their history of using mental health services in the family and problems with aggression ($p > 0.05$). A proportionally larger number of adult participants in the RG self-reported a history of PAS use ($p = 0.04$).

Table 1

Bivariate analyses of sociodemographic factors of the groups with and without complaints of aggression/use of PAS. Blumenau (SC), Brazil, 2018

Variables	Referral Group (%)	Non-Referral Group (%)	p^*
Sex ¹			
Female	11 (64.70)	36 (90.0)	0.051
Male	06 (35.30)	04 (10.0)	
Kinship with the child ¹			
Mother	7 (41.2)	36 (90)	< 0.001
Other	10 (58.8)	4 (10)	
Family history of use of mental health services ²			
Yes	09 (52.95)	11 (27.5)	0.078
No	08 (47.05)	29 (72.5)	
Participant's history of PAS use ¹			
Yes	05 (29.42)	03 (07.5)	0.043
No	12 (70.58)	37 (92.5)	
Aggression problems ¹			
Yes	03 (17.65)	01 (02.5)	0.075
No	14 (82.35)	39 (97.5)	

Note: ¹Fisher's exact test; ²Chi squared test. *Significance level $p < 0,05$.

Table 2 indicates that NRG participants had more frequent responses related to positive practices in the PSI global evaluation and lower frequency of responses to "inconsistent punishment", "neglect", and "physical abuse". There was no significant difference between groups in terms of "relaxed discipline" and "negative monitoring".

The analysis of correlations between parenting practices showed statistical significance ($p < 0.05$) in the bivariate analyses between almost all dimensions, in both groups. Significant positive correlations and above 0.50 were identified among most negative parenting practices; on the other hand, negative and significant correlations were found between positive and negative dimensions. That is, both in the NRG and RG, practically all the positive correlations between "inconsistent punishment", "neglect", "relaxed discipline", "negative monitoring", and "physical abuse" were greater than 0.50. The only exception was the correlation between "negative monitoring" and "neglect" in the NRG (0.39).

Furthermore, those who self-reported practices of inconsistent punishment, neglect, relaxed discipline, negative monitoring, and physical abuse more often, applied less positive monitoring and moral behavior.

Table 2

Dimensions of the Parenting Styles Inventory and comparison between the Referral Group (n=17) and the Non-Referral Group (n=40) – bivariate analysis. Blumenau (SC), Brazil, 2018

Parenting practice	Median (Min–Max.)		p*
	Referral Group	Non-Referral Group	
Positive Monitoring	7 (4–10)	9 (4–10)	0.008
Moral behavior	10 (6–12)	12 (6–12)	0.013
Inconsistent punishment	5 (0–18)	1 (0–18)	0.032
Neglect	4 (2–17)	1 (0–17)	0.000
Relaxed discipline	6 (0–18)	4 (0–17)	0.103
Negative Monitoring	8 (4–15)	6 (2–12)	0.102
Physical abuse	5 (0–18)	0 (0–18)	0.014
Parenting Styles Inventory	-8 (-67–13)	8 (-70–20)	0.001

Note: *Comparison between groups was performed using the Mann-Whitney U test.

Regarding positive practices, there was a weak correlation between positive monitoring and moral behavior in the NRG (0.39). In the RG, this correlation was not significant ($p > 0.05$), with an r_s of 0.045. In summary, the negative practices dimensions seem to be more correlated with each other than those of positive practices in both groups, and there were negative and significant correlations between positive and negative practices.

Binary Logistic Regression was performed to verify the characteristics of the legal guardians of these children and adolescents, such as kinship (being the mother or not), having a history of PAS use, and parenting practices of positive monitoring, moral behavior, inconsistent punishment, neglect, and physical abuse were predictors of the outcome of referral of children or adolescents, under their care, to mental health services due to complaints of aggression or use of PAS. The model containing “kinship” and “neglect” was significant [$\chi^2(8) = 39.200$; $p < 0.001$; R^2 Nagelkerke = 0.706], as shown in Table 3.

Table 3

Results of the Binary Logistic Regression to indicate predictor variables for the outcome of whether children or adolescents are referred to a mental health service. Blumenau (SC), Brazil, 2018

Variables	OR	95% CI	p
Kinship	0.042	0.004 – 0.444	0.009
Participant's history of PAS use	14.848	0.260 – 847.424	0.191
Parenting practices			
Positive Monitoring	0.112	0.005 – 2.738	0.179
Moral behavior	1.345	0.117 – 15.469	0.812
Inconsistent punishment	14.05	0.503 – 392.253	0.12
Neglect	0.001	0.000 – 0.258	0.014
Physical abuse	0.163	0.013 – 0.282	0.163
Parenting Styles Inventory	1.945	0.061 – 62.250	0.707

Note: The outcome of referral is indicated as a reference value (1) of Odds Ratio. CI: Confidence Interval; PAS: Psychoactive Substances.

The self-reported condition of being a mother was a significant predictor ($OR = 0.042$; 95% $CI = 0.004 – 0.444$), as well as neglect ($OR = 0.001$; 95% $CI = 0.000 – 0.258$), given that being a mother was a factor of protection, and neglect was a risk factor. On the other hand, in the logistic regression, the legal guardian's history regarding the use of PAS, and parenting practices of positive monitoring, moral behavior, inconsistent punishment, and physical abuse were not predictors of the outcome of referral of children and adolescents to mental health services due to complaints of aggression and use of PAS.

Discussion

In this study, self-reported parenting practices of adults who are legal guardians of children and adolescents referred to CAPSi due to the use of PAS and/or aggression were compared with self-reported parenting practices of legal guardians of youths with the same population profile but who have never been referred to mental health services. Regarding positive parenting practices, in line with findings from other studies, it was evident that such practices: (a) seem to prevent the manifestation of behavior problems, as pointed out by Bolsoni-Silva and Loureiro (2019) and Borden et al. (2014); (b) they may be protective factors against PAS abuse in adolescence, as suggested by Valente et al. (2019); (c) and can avoid referral to mental health referral services.

In this sense, the results indicate that NRG participants reported higher frequencies, when compared to the RG group, of practices that allowed the researchers to understand the routine of children and adolescents and their preferences, as well as behaviors to teach values, provide clear guidance about rules, and provide opportunities for the child or adolescent to express their opinions. On the other hand, there was a lower frequency in the NRG, compared to the RG, of responses to the practices of “inconsistent punishment”, “neglect”, and “physical abuse”.

There was no statistically significant difference between the groups related to negative monitoring, characterized by excessively inspecting their children’s routine and excessive orders, most of which are not followed and generate a relationship based on hostility and insecurity, hindering the development of the youths’ autonomy because these individuals will be dependent on their parents (Gomide, 2006). There was also no difference between the groups regarding relaxed discipline, characterized by the lack of demands from parents for their children to comply with rules, punishment threats that are not conducted, among others (Salvo et al., 2005). Thus, negative monitoring practices and relaxed discipline seem not to be factors that impacted the outcome of referral to mental health services.

The guardian’s maternal kinship generated a significant difference between the groups, as mothers accounted for 90.0% and 41.2% in the NRG and RG, respectively. Additionally, there was a statistically significant difference between the groups regarding parental neglect, in which the median of responses in the NRG was a quarter of that presented by the RG. Thus, non-attention to basic care, such as offering healthy food, personal hygiene, access to education, were more frequent in the responses of the group of legal guardians of children and adolescents referred to CAPSi than in the NRG, even if members of the groups had similar social and economic conditions. Together, these data indicate that being cared for by the person who has a maternal role and experiencing fewer experiences of neglect in childhood were protective factors, with the potential impact of a lower frequency of PAS use and aggression behaviors.

On the other hand, the RG participants reported a higher frequency of physical abuse and neglect practices, that is, physical punishment and failure to pay attention to basic youth care. These results indicate that negative parenting practices may be associated with behavioral problems (Bolsoni-Silva et al., 2016; Bolsoni-Silva & Loureiro, 2019; Borden et al., 2014; Campos, 2019; Magnani & Staudt, 2018; Trepato et al., 2014). Such findings reaffirm the indications of Valente et al. (2019) that a high frequency of behaviors that characterize an authoritarian style and physical abuse would be associated with the growing vulnerability of adolescents to drug abuse, and neglect should be added as a risk factor.

One of the explanations for the association between the physical imposition of legal guardians and the use of PAS by children and adolescents under their responsibility could be that such caregivers often have difficulty in developing assertive dialogues with children and adolescents, as pointed out by Zerbetto et al. (2018) in a study with parents of PAS users. Previous studies have already identified a relationship between low parental competence, school absenteeism and learning difficulties (González et al., 2016),

and the relationship between the aggressive behavior of violent adolescents towards their parents and their exposure, as children, to violence within the household (Contreras & Cano, 2016).

As for the significant multivariate model that indicated that neglect and having the mother as a primary caregiver are predictor variables for the outcome of the referral of the child or adolescent to the mental health service, with the first variable being a risk factor and the second being a protection mechanism, it is understood that this finding confirms the association between negative parenting practices and behavior problems presented by children, largely evidenced by several studies (Bolsoni-Silva et al., 2016; Bolsoni-Silva & Loureiro, 2019; Borden et al., 2014; Campos, 2019; Magnani & Staudt, 2018; Trepát et al., 2014).

Thus, this prediction model opens the way for intensifying research in order to clarify which behaviors, associated with the exercise of maternal functions, can be predictors of healthy development trajectories in childhood and adolescence. Although some studies demonstrate the relationship between positive maternal parenting practices and favorable outcomes in children and adolescents, such as social competence (Alvarenga & Piccinini, 2007; Marin et al., 2012), the present finding indicates the importance of identifying and deepening understanding about behaviors and attitudes related to maternal functions that can favor child development, constituting development protection mechanisms.

However, it is essential to emphasize that the maternal functions can be performed by caregivers other than the mother, so that the entire family network can and should be involved in the educational development of their children and adolescents, an understanding that is central to the non-perpetuation of female (above all, maternal) responsibility for the care of children. In this sense, it is essential to critically address conditions such as the lack of a support network, having a double working day, and father absence as factors that burden mothers, as well as the damage caused by maintaining beliefs and a social functioning that exempt other family members from responsibility, notably the father, regarding the care of the children.

Furthermore, it is interesting to delineate more clearly the context of families in which mothers are not primary caregivers to understand how these families are organized, as well as how they take care of their children and adolescents. As for the result of the modeling, it is hypothesized that, in families where the maternal figure is not the legal guardian of the child or adolescent, they face challenging relational and contextual conditions, which can result in other family members (such as grandparents, uncles, and aunts) taking primary care functions. Thus, it is emphasized that contexts of social vulnerability tend to weaken families, which generally need to deal with more risk factors, which reinforces the need to plan strategies to promote positive parenting considering the reality of these families (Schmidt et al., 2016).

Studies on parenting practices can be configured as a valuable contribution to planning and implementing interventions with families, regarding the promotion of positive parenting practices. In this sense, teaching educational social skills through interventions with parents can help to improve a repertoire that allows them to positively set limits and interact with the child, ensuring affection and communication, which can reduce behavior problems (Bolsoni-Silva & Loureiro, 2019; Schmidt et al., 2016).

With the application of training in parenting practices in the context of primary care, it would be possible to increase the strengthening of mental health care, with a reduction in the demands for referral to CAPSi. In addition, training parents or primary caregivers can contribute to reducing the number of juvenile offenders, problems related to sociability, the rate of violence at school, drug addiction, and vulnerability. Potentially, parenting training can also increase the likelihood of positive academic performance and contribute to emotional and social skills development. Furthermore, training in parenting practices can bring benefits to the mental health of the legal guardians of these children and adolescents (González et al., 2016). The intervention guideline proposed here needs to be evaluated in intervention study, especially in randomized clinical trials.

Conclusion

This research reinforces the relevance of undertaking studies on parenting practices, given their potential impacts on the developmental outcomes of children and adolescents. In addition, these findings highlight the need to understand the set of maternal functions associated with positive developmental outcomes, in order to problematize the mother figure's historical responsibility for the care of their children, discussing the participation of other family members in the performance of such functions. The existence of gaps in the specialized literature is emphasized, since no research was found on the relationship between parenting practices and the referral of children and adolescents to the public network of mental health institutions, with primary complaints due to aggression and/or use of PAS.

The need for Brazilian studies that focus on the various stages of development, both for children and families, is highlighted, since the relationships between parents and their children change depending on the stage of development of the children and the stage of life in which families find themselves. In this sense, it is recommended that studies on the interaction between parents and children consider the bidirectionality of these interactions and simultaneously evaluate the behavior of both parents and children. Therefore, it is recommended to investigate the care practices used by parents considering specific characteristics of each child, such as their temperament. It is also possible that specific circumstances that occur with the child, such as chronic illnesses, can change parenting practices. Thus, new methodological arrangements must be built, as well as new data collection techniques, with longitudinal studies being an alternative for controlling development-related variables, even though they require a considerable financial and personal investment.

Regarding the limitations of this research, it is highlighted the need for a more complex methodological design that includes, in addition to interviews and questionnaires, the evaluation of referral and entry process records, provided by the specialized mental health service for children and teenagers. In addition, the use of evaluative instruments is indicated to identify the history of problems related to aggression and the use of PAS in the child/adolescent's family, in order to gather more accurate information that is in line with the reality of the surveyed families. Still, it is worth noting that this study did not investigate the criteria adopted in schools or health units, for example, for the referral of children and adolescents to mental health services.

Finally, the need to invest in strategies focused on promoting parenting educational practices that promote health and development is emphasized, in order to enhance the bonds and resources of each family microsystem. Encouraging the adoption and strengthening of positive parenting practices as a strategy to promote the health of the family as a group and its members as individuals and to prevent maladaptive developmental outcomes can leverage the construction and reformulation of public policies and health guidelines focused on the family. Furthermore, it can contribute to the instrumentalization of social programs and interventions focusing on caregiver-child and caregiver-adolescent interactions.

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Contributors

H. M. MENEZES contributed to writing the research project, data collection, data analysis and interpretation, study conception and design, discussion of results, and the review and approval of the final version of the article. L. B. GOMES contributed to data analysis and interpretation, discussion of results, and the review and approval of the final version of the article. C. R. O. NUNES contributed to writing the research project, study conception and design, statistical analysis and data interpretation, discussion of results, and the review and approval of the final version of the article.

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