Original Article

Validation in a Latin American context of the Parenting and Family Adjustment Scale (PAFAS)

Validación a un contexto latinoamericano de la Escala de Parentalidad y Ajuste Familiar (PAFAS)

Felipe Agudelo-Hernández,[*] Helena Vélez-Botero, [**] Marcela Guapacha-Montoya,[***]

Abstract

Objective: To explore the psychometric properties of the Parenting and Family Adjustment Scale (PAFAS) and propose its validation in a Colombian context. **Methods:** Cultural adaptation and validation by experts were performed, and this version was applied to a sample of 151 caregivers of children and adolescents aged eight to thirteen years (M= 9.2; standard deviation= 3.41) to assess the language changes. Subsequently, the scales were administered to sample one (n=151) to explore the dimensionality of the scale and then confirm the proposed models in sample two (n= 130). Results: A moderate-to-high reliability was found (alpha= 0.734), which increased to 0.79 with the final version. Regarding content validity, there was good agreement among experts (Kappa index= 0.85-0.94 and Cohen's Delta= 0.53-0.60). The final instrument consisted of 16 items in two components: parenting (57.53% of the variance), comprising the parent-child relationship and coercive parenting, and family adjustment (59.51% of the variance), comprising parental adjustment and family relationships. Correlations between these domains and the Zarit Scale were statistically significant, with correlations found between parent-child relationship (0.244), coercive parenting (0.21), and family adjustment (0.184), as well as with the PHQ-9, with parental adjustment (0.218) and family relationships (0.201). **Conclusion:** PAFAS is a reliable and easy-to-administer tool that can be used in family and community settings within the primary care level.

Keywords: Parenting; Family Relationship; Validation Study; Child Rearing; Mental Health.

Received: 01/09/2022
Accepted: 10/01/2023

[*] University of Manizales, Manizales, Colombia.
[**] National University of Colombia, Bogotá, Colombia.
[***] University of Caldas, Manizales, Colombia.

Correspondence:
Felipe Agudelo-Hernández.
mailto:afagudelo81703@umanizales.edu.co

Suggested citation: Agudelo-Hernández F, Guapacha-Montoya M, Vélez-Botero H, Validation in a Latin American context of the Parenting and Family Adjustment Scale (PAFAS). Aten Fam. 2023;24(3):184-191. http://dx.doi.org/10.22201/fm.14058871p.2023.3.85774

Aten Fam. 2023;24(3):184-191. http://dx.doi.org/10.22201/fm.14058871p.2023.3.85774

Resumen

Objetivo: explorar las propiedades psicométricas de la Escala de Parentalidad y Ajuste Familiar (PAFAS) y realizar una propuesta de validación en un contexto colombiano. **Métodos**: se realizó adaptación cultural y validación por jueces, se aplicó esta versión a una muestra de 151 cuidadores de niños, niñas y adolescentes entre ocho y trece años (M= 9.2; desviación estándar= 3.41), este paso se realizó para comprobar los cambios de idioma. Posteriormente se administraron las escalas a la muestra uno (n= 151) para explorar la dimensionalidad de la escala y después confirmar los modelos propuestos en la muestra dos (n= 130). **Resultados**: se encontró una fiabilidad media-alta (alfa= 0.734), la cual aumentó con la versión definitiva a 0.79. En cuanto a la validez de contenido presentó un buen acuerdo entre expertos (Índice de Kappa= 0.85-0.94 y Delta de Cohen= 0.53-0.60). El instrumento final tuvo 16 ítems en dos componentes: parentalidad (57.53% de la varianza), compuesto por relación padre-hijo y parentalidad coercitiva, y ajuste familiar (59.51% de la varianza), compuesto por ajuste parental y relaciones familiares. Al realizar correlaciones entre estos dominios y la Escala de Zarit, las correlaciones se encontraron estadísticamente significativas en relación padre-hijo (0.244), parentalidad coercitiva (0.21) y ajuste familiar (0.184), al igual que el PHQ-9, con ajuste parental (0.218) y relaciones familiares (0.201). **Conclusión:** PAFAS es una herramienta confiable y fácil de administrar y puede ser utilizada en entornos familiares y comunitarios dentro del primer nivel atención.

Palabras clave: paternidad; relaciones familiares; estudio de validación; crianza del niño; salud mental.

Introduction

The Convention on the Rights of the Child[1] states that the family unit is fundamental for children to grow and develop, as it is through the family that interaction with the environment begins.[2] Families must ensure survival, healthy growth, contribute to a supportive emotional climate, and provide emotional support for proper psychological development. In addition, they must contribute to the establishment of appropriate relationships with their environment and others, which leads to good parenting.[3]

The concept of parenting refers to the activities that parents undertake to care for and educate their children.[4] Parenting practices refer to a set of specific behaviors or strategies that parents use, in specific situations, to raise their children;[5,6] these practices may be influenced by the individual characteristics of the children and parents.[7-9] The quality of this relationship stems from the child's perception in various scenarios, including a) the availability and unconditional responsiveness of the parents, b) ease of open communication, particularly during periods of intense emotional states, and c) trust and emotional support that can be received during times of stress.[10,11] This is related to parental adjustment,[12-14] which involves having skills to adapt to each stage and situations related to the environments in which development occurs.[15,16]

In the Colombian context, it has been reported that up to 26.6% of parents or caregivers (men: 22.5% and women: 28.7%) lose their temper or act without thinking in response to their children's behavioural difficulties, and approximately 30% do not have the habit of singing, playing, or telling stories to their children.[17] Within the framework of the COVID-19 pandemic, these indicators worsened, and difficulties in schooling and developmental processes emerged.[18,19]

This raises the need to determine the characteristics of these relationships, as well as their implications. In a systematic review conducted by Handschuh et al.,[20] which aimed to evaluate parenting supervision instruments and the theoretical perspectives informing their development, it was concluded that future research should focus on the psychometric quality of the instruments used to measure parenting. Currently, there are various tools available to measure parenting relationships, but they present difficulties in terms of scope and application in the Latin American context.[21-23]

On the other hand, the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP),[15] recommends two scales to assess parenting, namely the Child Adjustment and Paternal Efficacy Scale (CAPES) and the Parenting and Family Adjustment Scale (PAFAS).[24] Despite this, there is no validated instrument in the South American population that determines the characteristics of parental adjustment in the parenting process and allows for precise interventions.

Therefore, it is important to analyse the needs of each family and have appropriate measurement tools that assess their functioning, parenting styles, and parental adjustment.[25] Given this context, the objective of this study was to explore the psychometric properties of the PAFAS and propose an adaptation and validation in the Colombian context.

Methods

A descriptive cross-sectional study was conducted to identify the psychometric characteristics of the PAFAS to adopt this instrument for use with parents/caregivers in the Colombian context. Different guidelines in research methodology were followed for the reporting of this study.[26,27]

The sample was convenience-based and consisted of 281 caregivers (92.5% mothers, 3.7% fathers, and 3.7% grandparents) of children and adolescents (56% females, 44% males) between the ages of eight and thirteen years old (M= 9.2, standard deviation= 3.41) from educational institutions in the departments of Caldas and Tolima, Colombia. 40% of the participants lived in rural and semi-urban areas, while the rest lived in urban areas, with socioeconomic strata one, two, and three. The sample was divided into two to subsequently analyse the stability of the psychometric indicators.

The Spanish version of the PAFAS consisting of 30 Likert-type items indicating the extent to which the caregiver identifies with the statement during the past four weeks, was used. The response scale ranged from 0 = "not true at all for me" to 3 = "very true or most of the time true for me."

These questions are distributed across two domains: "parenting" with four factors (parental consistency, coercive parenting, positive stimulation, father-child relationship), and "family adjustment" composed of three factors (parental adjustment, family relationships, parental teamwork).15 Higher scores indicate poorer parental adjustment. The reliability levels are adequate for each domain of the scale.

The *Patient Health Questionnaire* (PHQ-9) was used to detect current cases of depression in caregivers, with validation for Colombia,[28] in addition to the Zarit Burden Scale, which assesses caregiver burden, measuring areas such as financial, social, physical, and psychological well-being, among others.[29,30]

Variables related to the Zarit Scale and PHQ-9 were compared with the PAFAS due to the correlation they share for certain dimensions of study.[31,32]

Data collection took place during the second semester of 2021 for the first sample and the first semester of 2022 for the second sample. Psychoeducational intervention was provided to the caregivers through home visits and in the school environment.

For the adaptation of the PAFAS to the Colombian context, the guidelines of the *International Test Commission,* which guide the adaptation of scales to another language, were considered.33 Two linguists performed a back-translation of the items that were analysed (English-Spanish-English). The Spanish version was also considered.[25] With this culturally adapted version for Colombia, it was applied to a sample of 151 caregivers of children and adolescents, which was done to check the language changes. Once this step was completed, adjustments were made, and the scales were administered to the first sample (n= 151) to explore the dimensionality of the scale and then confirm the proposed models in the second sample (n= 130).

This study was approved by the Ethics Research Committee of the University of Manizales. All participants signed informed consent.

Statistical analysis was conducted using the SPSS package (version 26). The Delta model (version 4.1) was used to analyse agreement among expert judges. Descriptive statistics for PAFAS item were calculated with the first sample. Reliability and validity were then determined through exploratory analysis.

With the second sample, consisting of 130 families, confirmatory analyses were conducted with the final questions. Finally, the relationships between the dimensions of the PAFAS and the Zarit Scale and PHQ-9 were analysed in this sample, which investigate caregiver burden and depressive symptoms in caregivers.

Results

An analysis of the thirty items from the original instrument and the Spanish adaptation of the PAFAS was conducted; ultimately, based on validity and reliability criteria, sixteen items were determined. Table 1 presents the items after the adaptation and translation phase, along with the mean and standard deviation, item-total correlation, and Cronbach's alpha if each item is omitted.

The scale showed medium to high reliability (alpha= 0.734), while the independent assessment of each subscale showed average reliability values (parenting = 0.508; family adjustment= 0.669). Specifically, the values of the statistical estimation of the item-test relationship indicated that items 4, 10, and 29 do not meet the minimum values, raising consideration for their inclusion in the scale.

Internal consistency was analysed for the 27-item instrument using reliability coefficient and average extracted variance. Adequate internal consistency was found compared to the original versions by Sanders et al.,24 and the Spanish adaptation.[15,25] The Cronbach's alpha for the entire scale with the total sample was 0.79, and 0.75 and 0.72 for the parenting and family adjustment domains, respectively. Regarding composite reliability and average extracted variance,

Aten Fam. 2023;24(3):184-191. http://dx.doi.org/10.22201/fm.14058871p.2023.3.85774

Table 1. Item wording of the instrument to be administered

Subescale	Item	Item text	Mean	Desviation	Corrected item-total correlation	Cronbach's Alpha if item is removed
Parenting	1	If my child doesn't do what I ask, I give up and do it myself	0.48	0.807	0.033	0.519
	2	I reward my child with a prize or fun activity for behaving well	1.25	1.008	0.014	0.531
	3	I follow through with the planned consequence (e.g., taking away a toy) when my child misbehaves	0.81	0.787	0.278	0.471
	4	I threaten my child with something (e.g., turning off the TV) for their misbehavior, but then I don't follow through with the threat	1.37	0.970	-0.053	0.545
	5	I shout or get angry with my child when they misbehave	0.98	0.913	0.096	0.509
	6	I praise my child when they behave well	0.86	0.864	0.274	0.470
	7	I intentionally make my child feel bad or guilty for misbehaving in order to teach them a lesson	0.86	0.952	0.058	0.519
	8	I give my child attention with a hug, a wink, a smile, or a kiss when they behave well	0.75	0.666	0.471	0.442
	9	I spank my child when they misbehave	0.51	0.807	0.013	0.523
	10	I talk to my child about their misbehavior or attitude	2.17	0.710	-0.269	0.565
	11	I stand my ground when my child misbehaves	1.09	0.783	0.148	0.497
	12	I give in to what my child wants when they get upset or throw a tantrum, for example, during a meltdown, tantrum, or crying	0.38	0.729	0.031	0.517
	13	I get easily angry with my child	0.81	0.877	0.163	0.494
	14	I talk to my child	0.79	0.667	0.434	0.449
	15	I enjoy hugging, kissing, and cuddling with my child	0.74	0.716	0.470	0.438
	16	I am proud of my child	0.59	0.557	0.230	0.486
	17	I enjoy spending time with my child	0.66	0.672	0.505	0.435
	18	I have a good relationship with my child	0.72	0.706	0.478	0.437
Family Adjustment	19	I feel stressed or worried about my role as a mother/father/caregiver	0.75	0.916	0.356	0.641
	20	I feel happy with my role as a mother/father/caregiver	0.74	0.678	0.612	0.608
	21	I feel sad with my role as a mother/father/caregiver	0.34	0.642	0.371	0.643
	22	I feel satisfied with my life.	0.77	0.694	0.641	0.603
	23	I cope with the emotional demands of being a parent, for example, I handle frustration and anger in certain situations.	0.93	0.767	0.301	0.651
	24	Family members help and support each other	0.83	0.706	0.275	0.655
	25	Family members get along well with each other	0.81	0.761	0.353	0.643
	26	Family members argue or have disagreements	0.79	0.614	0.300	0.653
	27	Family members criticize each other	0.64	0.657	0.285	0.654
	28	I work as a team with my partner in raising my/our child	1.32	1.079	0.460	0.619
	29	I disagree with my partner about raising my/our child	0.99	1.113	-0.226	0.757
	30	I have a good relationship with my partner	1.24	1.075	0.376	0.638

as per Nunnally and Aldas,[34,35] they met the minimum reliability value.

Table 2 presents the correlations between the seven factors that make up the two subscales of the instrument. Among the factors in the "parenting" subscale, strong and significant positive correlations were observed between the "parent-child relationship" and "positive reinforcement" factors (r= 0.553). Additionally, a weak and nonsignificant positive correlation was found between the "parental consistency" and "coercive parenting" factors (r= 0.104), and a significant negative correlation between "positive reinforcement" and "coercive parenting" factors (r= -0.198).

Regarding the factors in the "family adjustment" subscale, statistically significant positive correlations were found between "parental adjustment" and "family relationships" (r= 0.444), and between "parental adjustment" and "parental teamwork" (r= 0.252). The other correlations in this subscale, although positive, are weak and nonsignificant.

To establish content validity, opinions regarding objectivity and relevance to the theoretical foundations of the construct were collected from three experts in child and adolescent mental health research and psychometrics, based on the methodology proposed by Andrés and Marzo,[36] good agreement among experts was observed (Kappa index= 0.85 - 0.94; p<0.001; 95%; and Cohen's Delta= 0.53 - 0.60; p< 0.001; 95%).

Based on the analysis of the results of the internal consistency test and item-scale correlations applied to the second sample, items with lower relationship and greater impact on the alpha value were eliminated. With these data, a principal component analysis with orthogonal rotation was conducted for each subscale, considering items with factor loadings above 0.50, communalities greater than 0.35, and the formation of factors with a minimum of three items.

The result of the analysis for the parenting subscale converged into two components that explain 57.53% of the variance with nine items. Similarly, the analysis for the parental adjustment subscale grouped seven items into two components, which explain 59.51% of the variance (Table 3).

The analysis showed that some items had to be excluded from the final version to increase its validity. These items were: "If my child doesn't do what I ask, I give up and do it myself," "I reward my child with a prize or fun activity for behaving well," "I follow through with the programmed consequence (e.g., taking away a toy) when my child misbehaves," "I threaten my child with something (e.g., turning off the TV) for their misbehaviour, but then I don't follow through with the threat," "I make my child feel bad or guilty for misbehaving in order to teach them a lesson," "I talk to my child about their misbehaviour or attitude," "I stand my ground every time my child misbehaves."

The final version consisted of sixteen items, corresponding to the domains of "parenting" and "family adjustment." In

Table 2. Correlations between scales

		1	2	3	4	5	6	7
1. Parental consistency	Pearson	1	0.104	-0.009	-0.017	0.336**	0.361**	-0.138
	Sig. (bilateral)	0.202	0.910	0.832	0.000	0.000	0.092	
2. Coercive parenting	Pearson	0.104	1	-0.198*	-0.156	0.293**	0.191*	-0.053
	Sig. (bilateral)	0.202	0.015	0.056	0.000	0.019	0.516	
3. Positive reinforcement	Pearson	-0.009	-0.198*	1	0.553**	0.176*	0.251**	0.159
	Sig. (bilateral)	0.910	0.015		0.000	0.031	0.002	0.051
4. Parent-child relationship	Pearson	-0.017	-0.156	0.553**	1	0.479**	0.302**	0.137
	Sig. (bilateral)	0.832	0.056	0.000		0.000	0.000	0.093
5. Parental adjustment	Pearson	0.336**	0.293**	0.176*	0.479**	1	0.444**	0.252**
	Sig. (bilateral)	0.000	0.000	0.031	0.000		0.000	0.002
6. Family relationships	Pearson	0.361**	0.191*	0.251**	0.302**	0.444**	1	0.107
	Sig. (bilateral)	0.000	0.019	0.002	0.000	0.000		0.191
7. Parental teamwork	Pearson	-0.138	-0.053	0.159	0.137	0.252**	0.107	1
	Sig. (bilateral)	0.092	0.516	0.051	0.093	0.002	0.191	

** p<0.001

Aten Fam. 2023;24(3):184-191. http://dx.doi.org/10.22201/fm.14058871p.2023.3.85774

Table 3. Factor analysis by subscales

Parenting subescale		
Ítem	Component 1: Parent-child relationship	Component 2: Coercive parenting
15	0.889	
17	0.849	
18	0.761	
14	0.754	
8	0.693	
6	0.550	
5		0.789
13		0.716
9		0.710

The rotation converged in 3 iterations.
Kaiser-Meyer-Olkin (KMO)= 0.808
Bartlett's test of sphericity (gl=36)= 450.67; p<0.001.

Family Adjustment subescale		
Ítem	Component 1: Parental adjustment	Component 2: Family relationships
24	0.781	
25	0.781	
22	0.754	
20	0.706	0.362
26		0.791
19		0.741
27		0.666

The rotation converged in 3 iterations.
Kaiser-Meyer-Olkin (KMO)= 0.671
Bartlett's test of sphericity (gl=21)= 273.87; p<0.001.

Table 4. Correlations between parenting experience instruments

	Parent-child relationship	Coercive parenting	Parental adjustment	Family relationships
PHQ-9 Sum				
Pearson's R	0.192*	0.139	0.218*	0.201*
N	130	130	130	130
Sig (Bilateral)	0.029	0.114	0.514	0.022
Sumatoria Zarit Scale Sum				
Pearson's R	0.244**	0.210*	0.184*	0.125
N	130	130	130	130
Sig (Bilateral)	0.005	0.017	0.037	0.156

*The correlation is significant at the 0.05 level (bilateral). **The correlation is significant at the 0.01 level (bilateral).

the case of "parenting," it consisted of "parent-child relationship" and "coercive parenting." For the case of "family adjustment," it consisted of "parental adjustment" and "family relationships." This version was applied to the second sample of 130 caregivers of children aged 8 to 14 years (Mean= 11.26), comprised of 63 males and 67 females. A score of 2 was found at the 50th percentile for "parent-child relationship," 3 for "coercive parenting," 2 for "parental adjustment," and 3 for "family relationships." Scores of 5, 4, 3, and 4, respectively, were shown at the 75th percentile, where a higher percentile indicates a worse parental experience. Correlations were conducted with instruments that approximate certain domains of the PAFAS, studying the associations of these constructs with instruments such as the Zarit Test and the PHQ-9 (Table 4).

Statistically significant correlations were observed between caregiver depressive symptoms and the PAFAS domains applied to sample two, as well as with the Caregiver Burden Scale. A statistically significant correlation was found between the Zarit Scale and the PHQ-9 (Pearson correlation= 0.618).

Discussion

The objective of the present research was to adapt and validate the PAFAS scale to the Colombian context, as well as to identify its psychometric characteristics. Regarding the overall fit of the factorial model, it was found, in terms of significance level and degrees of freedom, that all items are valid for their respective scale, as well as the test-retest coefficient.[37,38] This aligns with a similar structure to the first version of the instrument, which exhibited two subscales: "parenting" and "family adjustment."[25]

Similar findings were found in the Spanish version,[25] with a "parenting" scale consisting of sixteen items and a "family adjustment" scale consisting of eight items. The first subscale had four factors: "parental consistency," "coercive parenting," "positive reinforcement," and "parent-child relationship," while the second subscale had two factors: "parental adjustment" and "family adjustment."

As evidenced in the results, some items were included in the final version based on statistical analyses. Some of these items align with the original study by Sanders et al.,[24] who also propose that although these elements could be used in clinical settings, they cannot sufficiently differentiate competent, inadequate, or deficient parenting.

Question 16 ("I am proud of my child") was not included in the final version, as it aligns with the findings of

Appendix 1. Final version for Colombia of PAFAS

Question	Not at all true for me=0	A little or sometimes true for me=1	Quite true or often true for me=2	Very true or most of the time true for me=3
1. I shout or get angry at my child when he/she misbehaves.				
2. I praise my child when he/she behaves well.*				
3. I give attention to my child with a hug, a wink, a smile, or a kiss when he/she behaves well.*				
4. I spank my child when he/she misbehaves.				
5. I easily get angry with my child.				
6. I talk or have conversations with my child.*				
7. I enjoy hugging, kissing, and cuddling with my child.*				
8. I enjoy spending time with my child.*				
9. I have a good relationship with my child.*				
10. I feel stressed or worried about my role as a mother/father/caregiver.				
11. I feel happy with my role as a mother/father/caregiver.*				
12. I feel satisfied with my life.*				
13. Family members help and support each other.*				
14. Family members get along well with each other.*				
15. Family members argue or have disagreements.				
16. Family members criticize each other.				

Domains: Parent-Child Relationship: 2, 3, 6, 7, 8, 9; Coercive Parenting: 1, 4, 5; Parental Adjustment: 11, 12, 13, 14; Family Relationships: 10, 15, 16.
* Reverse score

the Colombian National Mental Health Survey,[17] which indicated that many caregivers felt proud of their children without showing an association with good parenting practices.

In previous validations, the factor of "parental teamwork" in the "family adjustment" subscale did not emerge, suggesting strong cultural variation regarding family structure.[39,40] In the present study, this subscale was also absent from the final validation proposal.

In Latin American and Spanish-speaking contexts, there are few studies on the adaptation and validation of this instrument. Some published works can be found for populations in Australia,[24] China, and Indonesia,[40] with specific clinical characteristics such as autism spectrum disorder and intellectual disability. This reflects the instrument's impact as an assessment tool and its ability to investigate parenting styles in different populations.[39]

Future studies could delve deeper into parenting practices adjusted to cultural aspects to regain the factor of teamwork, which is essential from a theoretical perspective in the parental experience. Additionally, adapting and validating the instrument in other cultural settings, including within Latin American contexts, could include the perception of children and adolescents regarding the effectiveness of these parenting practices.

Limitations of the study include the lack of correlation with other measures of parenting. However, this occurs due to the lack of validated instruments in the population, which is why other instruments that could also contribute to the domains measured by PAFAS are used.

Conclusion

This validation study of PAFAS indicates that the scale is an adequate tool, quick and easy to administer in primary care settings, as well as family and community environments (see Appendix 1). This scale assesses multiple domains of family functioning in parents, mothers, or primary caregivers of children and adolescents.

Author Contributions

F A-H: Conceptualization, development, discussion of results, and writing; H V-B: Conceptualization, analysis, discussion of results, and writing. All authors approve the publication of this manuscript; M G-M: Survey administration, discussion of results, and writing; D R-L: Conceptualization, discussion of results, writing and translate.

Funding

This research did not receive any external funding.

Conflict of Interest

The authors declare no conflicts of interest.

Acknowledgments

To "Dirección Territorial de Salud de Caldas", Gloria Inés Saldarriaga Toro.

References

1. UNICEF. Convención sobre los derechos de los niños [Internet]. [Citado 12 de Dic 22]. Disponible en: https://www.un.org/es/events/childrenday/pdf/derechos.pdf
2. Berger P y Luckam T. La construcción Social de la Realidad. Buenos Aires: Amorrortu editores; 1968.
3. Muñoz Silva A. La familia como contexto de desarrollo Infantil. Dimensiones de análisis relevantes para la intervención educativa y social. Portularia. 2005;5(2):147-163.
4. Sallés C y Ger S. Las competencias parentales en la familia contemporánea: descripción, promoción y evaluación. Educación social. 2011;49(1):25-47.
5. Cartié M, Ballonga J, Gimeno J. Estudi comparatiu sobre competències parentals en famílies amb dinàmiques violentes versus famíliesamb dinàmiques no violentes ateses al SATAF [Internet]. [Citado 12 de Dic 22]. Disponible en: https://repositori.justicia.gencat.cat/bitstream/handle/20.500.14226/95/AJ_3241_08.pdf?sequence=1&isAllowed=y
6. Darling N, Steinberg L. Parenting style as context: An integrative model. Psychological Bulletin.1993;113(3): 487–496.
7. Steinberg L, Lamborn SD, Darling N, Mounts NS, Dornbusch SM. Over-time changes in adjustment and competence among adolescents from authoritative, authoritarian, indulgent, and neglectful families. Child Dev. 1994;65(3):754-770.
8. Muris P, Meesters C, van den Berg S. Internalizing and externalizing problems as correlates of self-reported attachment style and perceived parental rearing in normal adolescents. J Child Fam Stud. 2003;12(2):171-183.
9. Faraco X, Vieira AM, Mauro L, Kenneth R. Externalizing and internalizing problems: Contributions of attachment and parental practices. Psicologia: Reflexão e Crítica. 2013;26(3):617-625.
10. Kerns KA, Klepac L, Cole A. Peer relationships and preadolescents perceptions of security in the child-mother relationship. Dev Psychology. 1996;32(3):457-466.
11. Huamán CKE. Estilos parentales e indicadores de salud mental adolescente. Temát. Psicol. 2016;12(12):35-46.
12. Ruiz MI. Importancia de la parentalidad positiva como oportunidad para el cambio cultural [Internet]. [Citado 12 de Dic 22]. Disponible en: https://www.academia.edu/43649250/IMPORTANCIA_DE_LA_PARENTALIDAD_POSITIVA_COMO_OPORTUNIDAD_PARA_EL_CAMBIO_CULTURAL.
13. Nordahl D, Rognmo K, Bohne A, Landsem IP, Moe V, Wang CEA, et al. Adult attachment style and maternal-infant bonding: the indirect path of parenting stress. BMC Psychol. 2020;8(1):58.
14. Capano A, Ulbach A. Estilos parentales, parentalidad positiva y formación de padres. Cienc Psicol. 2013;7(1),83-95.
15. Haslam D, Mejia A, Sanders MR, de Vries PJ. Programas de parentalidad [Internet]. [Citado 12 de Dic 22]. Disponible en: https://iacapap.org/_Resources/Persistent/00dfd543be9980105dbdefb443309b9d0143beeb/A.12-Programas-de-Parentalidad-Spanish-2017.pdf
16. Pérez-Fuentes MDC, Molero Jurado MDM, Gázquez Linares JJ, Oropesa Ruiz NF, Simón Márquez MDM, Saracostti M. Parenting Practices, Life Satisfaction, and the Role of Self-Esteem in Adolescents. Int J Environ Res Public Health. 2019;16(20):4045.
17. Gómez-Restrepo C. La Encuesta Nacional de Salud Mental–ENSM 2015. Rev Colomb Psiquiatr. 2016;45(S1):1.
18. Cañón SC, Agudelo HAF, Pérez JM, Díaz PCJ, Sánchez HLV, Rodríguez SKY. Estrés escolar en la cuarentena por COVID-19 en adolescentes y sus familias. Revista del Hospital Psiquiátrico de La Habana. 2021;18(2).
19. Hughes C, Devine RT. For Better or for Worse? Positive and Negative Parental Influences on Young Children's Executive Function. Child Dev. 2019;90(2):593-609.
20. Handschuh C, Mokkink LB, Smaldone A. Perceived Parental Monitoring: A Systematic Review of Monitoring Instruments. J Nurs Meas. 2020;28(3):E253-E292.
21. Nordahl D, Rognmo K, Bohne A, Landsem IP, Moe V, Wang CEA, et al. Adult attachment style and maternal-infant bonding: the indirect path of parenting stress. BMC Psychol. 2020;8(1):58.
22. Olivari MG, Tagliabue S, Confalonieri E. Parenting Style and Dimensions Questionnaire: A Review of Reliability and Validity. Marriage & Family Review. 2013;(49):465-490.
23. Buri JR. Parental authority questionnaire. J Pers Assess. 1991;57(1):110-119.
24. Sanders MR, Morawska A, Haslam DM, Filus A, Fletcher R. Parenting and Family Adjustment Scales (PAFAS): validation of a brief parent-report measure for use in assessment of parenting skills and family relationships. Child Psychiatry Hum Dev. 2014;45(3):255-72.
25. Fariña F, Serijo D, Tomé D, Castro B. Adaptación española y propiedades psicométricas de la Escala de Parentalidad y Ajuste Familiar (PAFAS). Rev Psicol Clin Niños Adolesc. 2021;8(1):40-46.
26. Salkind, N. Métodos de investigación. México: Pearson Educación; 1997.
27. Hernández S, Fernández C, Baptista P. Metodología de la investigación. México: McGraw-Hill; 2003.
28. Cassiani-Miranda CA, Vargas-Hernández MC, Pérez-Anibal E, Herazo-Bustos MI, Hernández-Carrillo M. Confiabilidad y dimensión del cuestionario de salud del paciente (PHQ-9) para la detección de síntomas de depresión en estudiantes de ciencias de la salud en Cartagena, 2014. Biomédica. 2017;37(Supl. 1):112-120.
29. Pedraza AM, Rodríguez-Martínez CE, Acuña R. Validación inicial de una escala para medir el nivel de sobrecarga de padres o cuidadores de niños asmáticos. Biomédica. 2013;33(3):361-369.
30. Regueiro Martínez AA, Pérez-Vázquez A, Gómara Villabona SM, Ferreiro Cruz MC. Escala de Zarit reducida para la sobrecarga del cuidador en atención primaria. Aten Primaria. 2007;39(4):185-188.
31. Breinbauer KH, Vásquez VH, Mayanz SS, Guerra C, Millán KT. Validación en Chile de la Escala de Sobrecarga del Cuidador de Zarit en sus versiones original y abreviada. Rev Med Chil. 2009;137(5):657-665.
32. Agudelo HF, Guapacha MM, de la Portilla MS, Corrales SMJ, López ZA. Síntomas depresivos en cuidadores y su relación con problemas afectivos y comportamentales en niños, niñas y adolescentes. Andes Pediatr. 2022;93(5):709-717.
33. Hambleton R. Issues, designs and technical guidelines for adapting test into multiple languages and cultures. In: Hambleton R, Merenda P y Spielberger C. (eds.). Adapting educational and psychological tests for cross-cultural assessment. Nueva Jersey, NJ: Lawrence Erlbaum; 2005. p.3-38.
34. Nunnally JC. Psychometric theory. Nueva York, NY: McGraw-Hill; 1978.
35. Aldás J. Problemas metodológicos de la evaluación de los modelos de exposición: especial referencia al caso español, en: Bigné, J. (ed.). Temas de Planificación de Medios. Madrid: Esic; 2000. p. 89-114.
36. Andrés AM, Marzo PF. Delta: a new measure of agreement between two raters. Br J Math Stat Psychol. 2004;57(Pt 1):1-19.
37. Mazzucchelli TG, Hodges J, Kane RT, Sofronoff K, Sanders MR, Einfeld S, et al. Parenting and family adjustment scales (PAFAS): validation of a brief parent-report measure for use with families who have a child with a developmental disability. Res Dev Disabil. 2018;72:140-151.
38. Mejia A, Filus A, Calam R, Morawska A, Sanders MR. Measuring parenting practices and family functioning with brief and simple instruments: validation of the Spanish version of the PAFAS. Child Psychiatry Hum Dev. 2015;46(3):426-437.
39. Guo M, Morawska A, Filus A. Validation of the Parenting and Family Adjustment Scales to Measure Parenting Skills and Family Adjustment in Chinese Parents. Meas Eval Couns Dev. 2017;50(3):139-154.
40. Sumargi A, Filus A, Morawska A, Sofronoff K. The Parenting and Family Adjustment Scales (PAFAS): an Indonesian Validation Study. J Child Fam Stud. 2018;27:756–770.