2016

# Does Teaching Parents Emotion-Coaching Strategies Change Parental Perception of Children's Negative Emotions?

Eric LaBass
*Antioch University Seattle*

Recommended Citation

ORCID Scholar ID: orcid.org/0000-0002-9559-3990

DOES TEACHING PARENTS EMOTION-COACHING STRATEGIES CHANGE

PARENTAL PERCEPTION OF CHILDREN'S NEGATIVE EMOTIONS?

A Dissertation

Presented to the Faculty of

Antioch University Seattle

Seattle, WA

In Partial Fulfillment

of the Requirements of the Degree

Doctor of Psychology

By

Eric LaBass

December 2015

DOES TEACHING PARENTS EMOTION-COACHING STRATEGIES CHANGE

PARENTAL PERCEPTION OF CHILDREN'S NEGATIVE EMOTIONS?

This dissertation, by Eric LaBass, has
been approved by the Committee Members signed below
who recommend that it be accepted by the faculty of the
Antioch University Seattle at Seattle, WA in partial fulfillment
of requirements for the degree of

DOCTOR OF PSYCHOLOGY

Dissertation Committee:

_____
Mark Russell, Ph.D., ABPP
Chairperson

_____
Patricia Linn, Ph.D.

_____
Molly Reid, Ph.D., ABPP

_____
Date

iii

ABSTRACT

DOES TEACHING PARENTS EMOTION-COACHING STRATEGIES CHANGE

PARENTAL PERCEPTION OF CHILDREN'S NEGATIVE EMOTIONS?

Antioch University Seattle

Seattle, WA

The purpose of this study was to explore if parental perception of children's

negative emotions changes after participating in the parenting program How to Talk

to Kids So Kids Will Listen-Video Series (HTK) (Faber & Mazlish, 2002). The HTK

workshop comprises six sessions designed to teach parents to identify and

empathize with children's feelings and learn emotional communication skills that

facilitate a respectful relationship between parent and child. The Coping with

Children's Negative Emotions Scale (CCNES) (Fabes, Eisenberg, & Bernzweig, 1990)

was given to parents before and after participation in the HTK workshop. The

CCNES revealed that a total of 9 participants of the HTK parenting program reported

experiencing a decrease in distressed, punitive, and minimizing reactions to their

children's negative emotions after having participated in the HTK workshop.

Parents also reported being more likely to encourage their children to express

negative affects and find solutions to the problem causing emotional distress after

having participated in the HTK workshop. The electronic version of this dissertation

is at OhioLink ETD Center, www.ohiolink.edu/etd and AURA, http://aura.antioch.edu/

Table of Contents                                                                                    <u>Page</u>

**Introduction**

In 2013 the Centers for Disease Control and Prevention (CDC) published a report on the prevalence of mental health disorders in children, based on surveillance data from CDC, the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA). This report estimated that a total of 13%–20% of children in the U.S. meet criteria for a mental disorder in a given year and that these numbers continue to rise. Of the disorders surveyed, attention deficit hyperactivity disorder was the most prevalent parent-reported diagnosis among children at 6.8% of the U.S. population. This was followed by behavioral or conduct problems (at 3.5%), anxiety (3.0%), depression (2.1%), autism spectrum disorder (1.1%), and Tourette syndrome (0.2%) (Centers for Disease Control and Prevention [CDC], 2013).

Researchers have found strong evidence for the effectiveness of parent-training programs in addressing numerous mental health disorders in children, including attention deficit hyperactivity disorder, oppositional defiance, and conduct disorders (e.g., Kazdin, 2005; Reyno & McGrath, 2006; Scott & Dadds, 2009). Scott and Dadds (2009) conducted a review of parent-training programs and distilled a number of common traits across effective parent-training programs. These traits included an emphasis on social learning theory, as well as theoretical and/or strategic tools to improve parent-child relationships through use of a range of techniques for correcting aggression, disobedience, or other antisocial behavior. Furthermore, clinical practice guidelines for the treatment of ADHD from the

American Academy of Pediatrics ([AAP], 2011) indicate that effective parent-training programs must assist parents to develop age-appropriate developmental expectations and specific strategies for the management of child problem behaviors. The National Institute for Health and Care Excellence ([NICE], 2009) shared guidelines and goals for parent-training programs, including: teaching principles of child behavior management, increasing parental competence and confidence, and improving the parent/child relationship by means of effective communication and positive attention with an emphasis on fostering the child's development.

Numerous empirically supported parent-training approaches are available to address behavioral problems in children with a specific diagnosis such as oppositional defiant disorder (ODD), conduct disorder (CD), and attention deficit/hyperactivity disorder (ADHD). Several meta-analyses have demonstrated the efficacy of parent-training programs designed to address problematic behavior in children. For example, Kaminski, Valle, Filene, and Boyle (2008) conducted a meta-analysis of 77 studies published between 1991 and 2002 that examined parent-training programs for children under the age of 7 years with behavioral problems. Kaminski et al. found that teaching parents to facilitate positive parent-child interactions and emotional communication skills, use time out, create parental consistency, and practice new skills with the children during parent-training sessions had the largest effect sizes. Teaching parents to problem solve and promote children's cognitive, academic, or social skills as well as providing additional services were found to have the smallest effect sizes (Kaminski et al., 2008).

Kaminski et al. did not provide any data as to whether or not any gains were maintained over time.

A meta-analysis of 31 studies by Reyno and McGrath (2006) identified family, parent, and child variables tied to poor outcomes in parent-training programs for children struggling with externalizing problems. Renyo and McGrath found that the demographic variables of single parent status, family size, low income, education/occupational status, maternal age, and minority status impacted treatment outcomes. The largest effect size for demographic variables was identified as that of low income. Parent variables influencing treatment outcomes were identified as maternal psychopathology/depression and occurrence of negative life events/stressors. Children with more severe behavioral problems and a referral from a school or community agency rather than self-referral were associated with poorer child outcomes (Reyno & McGrath, 2006). Reyno and McGrath did not provide any data indicating whether or not any positive outcomes were maintained over time. The data from Reyno and McGrath reveal that parental variables such as low income, and maternal psychopathology can adversely impact parent training. It may be necessary to address these parental variables in addition to teaching parenting skills.

The meta-analyses by Reyno and McGrath (2006) and Kaminski et al. (2008) did not provide any data indicating whether or not any long-term gains from parent-training programs were maintained. The majority of the studies mentioned in Reyno and McGrath examined parent-training programs that emphasized behavioral approaches and compliance by the child; most diminish or overlook the role of

emotion in the parent-child relationship. Emphasizing behavioral compliance in the child and diminishing the role of emotion in the parent child relationship can be potentially problematic. A body of research suggests that lack of parental validation of children's emotions can make children's cooperation and compliance more difficult and cause disruption in the parent-child relationship (Dix, 1991; Faber & Mazlish, 2004; Ginott, 2003; Gottman, 1997; Gottman, Fainsilber-Katz, & Hooven, 1997).  Another potential problem with this type of intervention, which relies on behavioral approaches to change external behavior and obtain compliance from the child, is that the intervention must stay in place in order to maintain the child's compliance.  According to Barkley (1997) once the intervention is removed, the problematic behavior is likely to return to pre-interventions levels.  It is currently unknown whether or not most behavioral-based parenting approaches change problematic behavior over the long term following the removal of the intervention.

Parent-training programs with the most empirical support are The Incredible Years (IY), Parent-Child Interaction Therapy (PCIT), Parent-Management Training (PMT), and The Triple P Parent Program. These parenting- training programs focus on correcting problematic behavior and obtaining compliance from the child. The Incredible Years (IY) is a parent-training program for parents of children with ODD and CD children ages two to eight years (Webster-Stratton & Reid, 2003). The Incredible Years parent-training is focused on problematic behavioral patterns and attempts to help parents build a nurturing parent-child relationship, replace physically violent and critical punishment with positive strategies, and help parents work collaboratively with their child (Webster-Stratton & Reid, 2003).  One

meta-analysis specifically examined the Incredible Years parent-training (IYPT) (Menting, Orobio de Castro, & Matthys, 2013). Between 1980 and 2010 a total of 50 studies researching the effectiveness IYPT to change disruptive child behaviors and increase prosocial behavior were included in the Menting et al. meta-analysis. A small effect size was found for changing child disruptive behavior was .27 and increasing prosocial behavior was .23 (Menting et al., 2013). It is unknown whether or not any gains were maintained over time.

Parent-Child Interaction Therapy (PCIT) is for parents of preschoolers with disruptive behavior (Brinkmeyer & Eyberg, 2003). The goal of PCIT is to help parents transition from an authoritarian to authoritative parenting approach (Brinkmeyer & Eyberg, 2003). PCIT is based on the assumption that a secure nurturing relationship between parent and child is necessary for healthy child development. PCIT strongly emphasizes problematic behavioral patterns of relating between parent and child. While PCIT places an emphasis on creating a nurturing parent-child relationship, PCIT mostly ignores the role of emotions, instead highlighting the importance of behavioral patterns of relating.

Parent-Management Training (PMT) is a parent-training program for parents of children 2–13 years old with CD (Kazdin, 2003). The main components of PMT are cognitive Problem Solving Skills Training (PSST) and Parent-Management Training (PMT). The PSST component is designed to help children or young teens to learn how to become flexible in applying problem solving skills in diverse situations (Kazdin, 2003). The PMT component teaches parents how to identify problematic behaviors in their child and how to make behavioral changes at home. Like IY and

PCIT, PMT places the focus on behavioral patterns, mostly overlooking the role of emotion in the parent-child relationship.

The Triple P Parent Program is designed to help parents build a positive relationship between parent and child for children ages 0–16 years (Sanders, Markie-Dadds, Tully, & Bor, 2000).  The Triple P Parent Program teaches parents effective ways to cope with behavioral problems and facilitate the development of positive communication skills between parent and child (Sanders et al., 2008; Sanders & Turner, 2005).  Recent research has found the Triple P Parenting Program to decrease child problematic behaviors and improve emotional functioning and school performance (Sanders et al., 2008). Other lines of research have found that the Triple P Parenting Program decreases parental stress and increases parental ability to cope with child problematic behaviors (Halford, Nicholson, & Sanders, 2007; Sanders, Markie-Dadds, & Turner, 2003; Sanders, Turner, & Markie-Dadds, 2002). The Triple P Parenting Programs, like other parenting programs, emphasizes behavioral patterns and neglects the role of emotion in parent-child interactions.

The Parenting the Strong-Willed Child is a parent-training program for parents of children with behavioral issues, ages 2–8 years; it teaches parents to properly reinforce desired behaviors; ignore minor, inappropriate behaviors; and provide clear instructions and appropriate consequences when parental directives are ignored (Conners, Edwards, & Grant, 2007).  A 2007 study by Conners et al. on Parenting the Strong-Willed Child parent-training program found positive results. After participating in the Parenting the Strong-Willed Child parenting training

program, parents reported fewer problems and less intensity.  Parents also reported

a change in parenting strategies: becoming less permissive and less emotionally

reactive. Parents reported only experiencing a slight improvement with regards to

parental stress after participating in the Parenting the Strong-Willed Child parenting

training program (Conners et al., 2007).

　　　　While parenting programs like IY, PCIT, PMT, Triple P Parenting Program,

and Parenting the Strong-Willed Child favor behavioral approaches to changing

problematic behavior; these parenting programs largely overlook the role of

emotion in parent-child interactions. Several lines of research, however, have

demonstrated that parental minimization of children's negative emotions are

associated with negative child outcomes (Dix, 1991; Eisenberg, 1996; Eisenberg &

Fabes, 1995; Eisenberg, Fabes, & Murphy, 1997; Fabes, Leonard, Kupanoff, & Martin,

2001; Gottman, 1997; Gottman et al., 1997). For example, low levels of maternal

acceptance of children's negative emotions have been associated with a decreased

ability for children to regulate their emotions; this association has been correlated

with higher levels of aggression (Ramsden & Hubbard, 2002).  Previous lines of

research have reported similar correlations between low parental acceptance of

children's negative emotions and aggression (Boyum & Parke, 1995; Denham,

Mitchell-Copeland, Strandberg, Auerbach, & Blair, 1997; Greenberg, Lengua, Coie,

Pinderhughes, & The Conduct Problems Prevention Research Group, 1999; Hooven,

Gottman, & Katz, 1995).  Children of parents who minimize their negative emotions

have been found in one study (Topham et al., 2011) to be more likely to engage in

problematic emotional eating patterns.  A meta-analysis of parent-training

programs found that increasing positive parent-child interaction and emotional communication skills had the largest effect size while teaching parents behavioral-based, problem-solving skills to increase academic, cognitive, and social skills had the smallest effect (Kaminski et al., 2008). Gottman (1997) found that parents who are dismissive and minimize their children's negative emotions are more likely to have children who are more challenged regulating their affect and maintaining sustained attention; additionally, they experience more illness and academic problems than children whose parents do not dismiss or minimize their children's emotions. Gottman also found that parents who are emotionally attuned and responsive to their child's emotions are more likely to realize greater gains that are maintained long-term.

A parenting approach that places a heavy emphasis on the role of emotion in the parent-child relationship is the How to Talk So Kids Will Listen and Listen so Kids Will Talk parenting workshop (HTK) (Faber & Mazlish, 2004). The main goal of the HTK parenting workshop is to help parents become emotionally attuned to their child's emotional experiences by accepting children's negative emotions, responding empathetically to children's negative emotions, and helping the child identify and regulate negative emotions (Faber & Mazlish, 2004). The HTK parent-training program also teaches parents ways to discipline, obtain compliance, and correct problematic behavior in children. What makes the HTK parenting program different from behavioral-based parenting programs is that the HTK parenting program is built on Ginott's (2003) philosophy that if children's emotions are addressed first, the children will be more likely to comply with parental directives and be better

able to find solutions to their problems. In contrast, most behavioral parent-training programs emphasize compliance by the child and implementation of behavioral corrections over an understanding of the emotional world of the child (Brinkmeyer & Eyberg, 2003; Kazdin, 2003; Sanders et al., 2000; Webster-Stratton & Reid, 2003).

Only one known study has examined the HTK program (Fetsch & Gebeke, 1995). Fetsch and Gebeke evaluated five parenting training programs designed to improve family communication. The HTK workshop was one of five parenting programs evaluated and was presented to 113 participants. The HTK program was found to be the most successful program in improving family communication and functioning. Fetsch and Gebeke did not collect any data to determine if parental perception of children's negative emotions changed after participating in the HTK workshop. The study by Fetsch and Gebeke has not been replicated, and it is currently unknown whether or not participation in the HTK program results in a change in parental perception of children's negative emotions. Furthermore, there are no known studies that have examined whether or not parental perception of children's negative emotions can be changed.

The parent-training programs with the most empirical evidence are behavioral based parent-training programs, all designed for parents of children with behavioral problems. For these parenting approaches, emotion and emotional processes are mostly overlooked in favor of a process that emphasizes behavioral approaches to parent-child interactions. Kaminski et al. (2008) found, however, that teaching parents ways of improving parent-child emotional communication

patterns is one of the variables that had a largest impact on successful parenting outcomes while teaching children cognitive and behavioral skills had the smallest impact on parenting outcomes (Kaminski et al., 2008). Other lines of research revealed a connection between parental rejection of children's negative emotions and increased aggression in children (Boyum & Parke, 1995; Denham et al., 1997; Greenberg et al., 1999; Hooven et al., 1995), decreased ability to regulate emotions, worse school performance, and an increase in occurrences of illness (Gottman, 1997). Other lines of research have validated that negative parental perception of children's negative emotions is tied to negative child outcomes (Dix, 1991; Eisenberg, 1996; Eisenberg & Fabes, 1995; Eisenberg et al., 1997; Fabes et al., 2001; Gottman, 1997).

For populations of children with diagnosis such as ADHD, ODD, and CD, empirical evidence suggests that cognitive and behavioral approaches appear to have success in improving problematic behavior (Halford et al., 2007; Kazdin, 2003; Menting et al., 2013; Sanders et al., 2002; Sanders et al., 2003; Webster-Stratton & Reid, 2003). A behavioral-based parent-training intervention to change problematic behavior is in keeping with the guidelines of parent training set by organizations such as AAP(2011) and NICE (2009). While the evidence supports the use of these approaches with specific populations, one potential problem with highly structured behavioral approaches that focus on reducing external behavioral is that often times, once the intervention is removed, the problematic behavior is likely to return to pre-intervention levels (Barkley, 1997). In contrast to behavioral approaches to parenting, the HTK program aims to make lasting changes by changing the ways in

which parents perceive negative emotions, how emotions influence how one relates to their children, and the role of emotion in problematic behavior. Changing how a parent perceives emotions and changing the relationship dynamics is a different approach from a structured behavioral plan. Changing the parent-child relationship and focusing on emotion and emotional processes allows parents to model and create a respectful home atmosphere where children can internalize the values important to their parents. Behavioral and cognitive parent training programs focus on external factors of enforcing behavior, which may be why, when the intervention is removed, problematic behavior is likely to return to pre-intervention baseline levels (Barkley, 1997).

Gottman's (1997) research suggests that being emotionally attuned and accepting children's negative emotions may have a positive long-term lasting effect. Multiple lines of research also suggest that negative parental perception of children's negative emotions is related to negative child outcomes (Dix, 1991; Eisenberg, 1996; Eisenberg & Fabes, 1995; Eisenberg et al., 1997; Fabes et al., 2001; Gottman, 1997).  Other researchers have found a link between parental rejection of children's negative emotions and increased aggression in children (Boyum & Parke, 1995; Denham et al., 1997; Greenberg et al., 1999; Hooven et al., 1995; Ramsden & Hubbard, 2002) and emotional over eating (Topham et al., 2011).  Parent training programs that address parental perception of children's negative emotions may have the potential to enact positive long-lasting changes in child behavior. The HTK parent program is an approach that focuses on changing the way parents emotionally relate to their child before attempting to correct problematic behavior

(Faber & Mazlish, 2004). Unfortunately, there is little data on the efficacy of the HTK parent training program. The last known study was conducted in 1995 (Fetsch & Gebeke, 1995). Fetsch and Gebeke demonstrated that the HTK parenting program was the most effective of the parent training programs investigated; the study did not, however, provide any data as to whether parental perception of children's negative emotions changed after participating in the study.

**Purpose of the Current Study**

The purpose of this study is to determine whether or not parental participation in the HTK parent-training program can change parental perception of children's negative emotions. Although there are numerous parenting programs available to change problematic behavior in children, these programs mostly overlook the role of emotion in favor of concrete behavioral interventions. Furthermore, when a behavioral based intervention is removed, the problematic behavior can return to pre-intervention level (Barkely, 1997). Multiple lines of research have indicated that parental rejection of children's negative emotions is linked to negative child outcomes, increased aggression in children, and problematic emotional overeating (Boyum & Parke, 1995; Denham et al., 1994; Dix, 1991; Eisenberg, 1996; Eisenberg & Fabes, 1995; Eisenberg et al., 1997; Fabes et al., 2001; Gottman, 1997; Greenberg et al., 1999; Hooven et al., 1995; Ramsden & Hubbard, 2002; Topham et al., 2011). Gottman (1997) has found that parents who are accepting of their children's negative emotion have children that do better at regulating their emotions, maintaining friendships, performing academically, and having fewer occurrences of illness.

Addressing the role of emotion in parent training has the potential to make positive lasting change in a parent-child relationship (Faber & Mazlish, 2004; Fabes et al., 2001; Ginott, 2003; Gottman, 1997).  The HTK parent-training program is designed to change parents' perspectives of children's negative emotions and heavily emphasizes the importance of parental attunement to children's emotions in order to change problematic behavior.

It was predicted that after participating in the HTK program, parents will be less likely to report reacting in a distressed manner to their child's negative emotions, respond in a punitive manner to the child's displays of emotions, and minimize their child's negative emotions.  After participating in the HTK parenting program, parents will also be more likely to report encouraging their child to express negative emotions, emotionally soothe their child when they have negative emotions, and engage in problem solving with their child to find a solution to the source causing emotional distress.

**Literature Review**

**Parental Perception of Children's Negative Emotions**

Several researchers have examined the role of parental perception of negative emotions and the impact on children's emotional development. A study by Ramsden and Hubbard (2002) explored the role of negative family expressiveness and emotion-coaching in children's aggression and ability to regulate emotions. Ramsden and Hubbard recruited 120 fourth grade children (Girls = 64; Boys = 56) and their mothers from classrooms in Delaware and Pennsylvania to examine the role of family emotional expression and emotion-coaching on prosocial and aggressive behavior in children.  The sample consisted of mostly individuals from a European-American background (79.2% European-American, 18.3 African-American 1.7 Hispanic-American, 0.8 Asian). The median income was $75,000 per year, and the education level for the mothers ranged from 10–19 years.

Teachers of the children in the sample were asked to complete a 6-item rating scale developed by Dodge and Coie (1987) to assess reactive and proactive aggressive behavior in the classroom.  Dodge and Coie reported internal consistency of .91 for proactive aggression and .90 for reactive aggression.  Ramsden and Hubbard (2002) reported an internal consistency of .94 for both proactive and reactive aggression for their sample.  Mothers of children in the sample were asked to complete the Emotion Regulation Checklist (ERC) (Shields & Cicchetti, 1997) to measure children's emotion regulation ability.  Shields and Cicchetti reported an alpha coefficient of .96 for the ERC.  Mothers were also given the Family Expressive

Questionnaire (FEQ) (Halberstadt, 1986).  The FEQ is a 40-item, 9 point Likert scale designed to assess the frequency of positive and negative emotions expressed in a family.  Halberstadt reported internal consistencies ranging from .75 to .88 and test-retest reliabilities ranging from .89 to .92.  Finally, all mothers were given a modified version of Gottman's meta-emotion interview (MEI) (Gottman et al., 1997) to assess mothers' feelings towards children's experience of anger and sadness.  The interviews from the MEI were coded for the three dimensions of emotion-coaching: awareness of the child's emotion, acceptance of the child's emotion, and instruction to cope with sadness and anger.

Ramsden and Hubbard (2002) looked for correlations between all demographic variables (household income, emotion regulation, and aggression), and no significant correlations were found.  No direct relationship between high frequency of negative family expressiveness and low frequency of positive family expressiveness and aggression was observed.  While no direct relationship was found, Ramsden and Hubbard suggest an indirect relationship exists that is akin to a chain reaction in a row of dominos, where each variable affects the next variable.  Although there is no direct relationship between the variables, not accounting for one variable is similar to removing a domino in the middle of a chain of dominos.  In the case of the Ramsden and Hubbard study, higher levels of negative family emotion expression and lower levels of maternal acceptance of child emotion are correlated with a decreased ability for the child to regulation emotions, which is correlated with higher levels of aggression.

The results of the Ramsden and Hubbard (2002) study are inconsistent with similar studies that have found a direct link between family variables and expression of negative affect within the family (Boyum & Parke, 1995; Denham et al., 1997; Greenberg et al., 1999) and emotion-coaching strategies from the parents and child aggression (Hooven et al., 1995). Ramsden and Hubbard offered four reasons for this discrepancy. First, Ramsden and Hubbard used different measures from the previous studies. Specifically, Ramsden and Hubbard measured reactive and proactive aggression, whereas other studies measured general forms of externalizing behavior. Second, Greenberg et al. used an abbreviated version of the FEQ Ramsden and Hubbard used and the full version of the FEQ. Boyum and Parke and Dunham et al. used observational guidelines rather than an objective measure to examine negative family expressiveness. Third, Ramsden and Hubbard used a modified version of the MEI, which only interviewed parents about their awareness of their child's emotional experiences. In contrast, Hooven et al. used the entire MEI that includes interview questions about the parents' awareness of their own emotional experiences. Perhaps more information about the parents' awareness of their emotional experiences would have provided evidence of a direct relationship between family expression of negative emotions and child aggression. A final consideration can be found by looking at differences in samples between studies. The studies listed above all used children in preschool or kindergarten, and the sample in Ramsden and Hubbard contained fourth graders. The authors suggest that younger children spend more time with their parents than older children and

that, perhaps, family emotional processes play a more direct role in the development of aggressive behavior.

Altan-Aytun, Yagmurlu, and Yavuz (2013) examined the emotional socialization behavior of middle and upper middle class Turkish mothers. The mothers of 141 preschool children (4–6 years old children, 77 boys and 64 girls) were given the Coping with Children's Negative Emotion Scale (CCNES) (Fabes, Eisenberg, & Bernzweig, 1990) and the Child Rearing Questions (CRQ) (Paterson & Sanson, 1999). The CRQ contains four subscales: inductive reasoning, warmth, obedience-demanding behavior, and punishment. The CRQ was demonstrated to have good psychometric properties with Turkish mothers in both metropolitan and rural areas (Altan-Aytun et al., 2013). The Turkish version of the Reactivity subscale of the Short Temperament Scale for Children (STSC) (Prior, Sanson, & Oberklaid,1989) was given to measure emotional reactivity.

Results of the study revealed that problem-focused reactions were significantly correlated with encouragement of emotional expression (r = .34, p < .001) and emotion-focused reactions (r = .58, p < .001). Unsurprisingly, distressed reactions were correlated with punitive reactions (r = .22, < .01) and minimizing responses (r = .19, p < .05). The strongest correlation was found to exist between minimizing responses and punitive responses (r = .49, p < .001). It was also found that mothers with higher education levels were less likely to use minimizing responses and more likely to use emotional encouragement and problem-focused reactions.

Altan-Aytun et al. (2013) found that emotional expression encouragement and emotion-focused reactions were positively correlated with problem-focused responses.  Mothers minimizing and punishing reactions to children's negative emotions were also positively correlated with distressed reactions.  The findings from Altan-Aytun et al. (2013) are similar to findings found in predominantly Caucasian samples taken in the United States (Eisenberg & Fabes, 1994; Fabes et al., 2001, 2002).

The Altan-Aytun et al. (2013) study reported that education level was related to minimizing reactions. Mothers with higher education were less likely to use minimizing reactions to their child's expression of negative affect.  Mothers with higher education were less likely to use punitive reactions and more likely to use problem-solving reactions and to encourage the expression of negative emotions.

Some researchers have explored parents' response to children's negative emotions by examining the effects of non-supportive emotion socialization. For example, Perry, Calkins, Nelson, Leerkes, and Marcovitch (2012) conducted a study that suggested that thorough psychobiological models of emotional development should incorporate both parent and child contributions. This study examined the moderating role of vagal suppression in mothers' responses to children's negative emotions and child emotion regulation. A total of 197 mothers and their 4-year-old children participated. Participants were recruited from day care centers in a southeastern US city. Researchers strove to recruit equal numbers of male and female children from socioeconomically and racially diverse backgrounds.

Four measures were used in this study. The Emotion Regulation Checklist (ERC) (Shields & Cicchetti, 1997) was used to assess mothers' perceptions of their children's emotion regulation and emotionality. Internal reliability for this checklist was found to be .56. The Frustrating Puzzle Task was used as a measure of observed emotion regulation behaviors (particular to this study, the extent to which children distract themselves from the frustrating event). This task was videotaped, with approximately 27% of the tapes coded by two coders. The Pearson correlation between the two rater's codes was .95 (p < .01). Vagal suppression was measured by an EKG recording a baseline procedure in which children watched a five minute video and then completed the frustrating puzzle task. Lastly, the CCNES (Fabes et al., 1990) questionnaire was used to assess mothers' response to their children's emotional distress. This questionnaire has been found to have adequate test-retest reliability and construct and predictive validity (Fabes et al., 2002).

A hierarchical multiple regression with follow-up tests of simple slopes revealed that non-supportive maternal reactions did not predict maternal report of emotion regulation behaviors or observed distraction behaviors in children well-regulated physiologically, but it was a significant predictor of children's emotion regulation when children's physiological reactions were not well-regulated. Results suggested that physiological regulation serves as a sort of buffer against non-supportive emotion socialization.

In another study of parent's reactions to children's negative emotions, Perry, Cavanaugh, Dunbar, and Leerkes (2015) found that not only were mothers' punitive reactions to children's negative emotions associated with trait anger in young adults,

but also with gender differences in terms of the moderating effect of emotional

closeness between mother and child. Researchers recruited 641 undergraduates

(freshmen through seniors) from a university in the southeastern United States.

There were significantly more women than men participating in this study (117

male and 524 female). Fifty-seven percent of participants reported as European

American, 30% African American, 4% Asian, 4% Hispanic, and 2% biracial.

Four measures were used in this study. The Coping with Children's Negative

Emotions Scale— Revised (CCNES-R) (Fabes et al., 1990) was used to assess adults'

recollections of mothers' punitive reactions to their children's negative emotions.

For this measure, participants were provided with six different vignettes in which a

child experiences a negative emotion and then participants were asked to indicate

the likelihood that their mother would have responded in a punitive manner. An

internal reliability (Cronbach's alpha) of .62 was found for the items used to create

the punitive reactions variable. Emotional closeness between mother and child was

assessed using the Subjective Closeness Index (Berscheid, Snyder, & Omoto, 1989).

The scores on this 5-point scale correlated (Pearson's r) at .83 and ranged from 1.00

to 5.00. This measure has concurrent validity through its correlation with other

emotional closeness measures such as the Relationship Closeness Inventory

(Bercheid et al., 1989) and the Inclusion of Other in the Self scale (Aron, Aron, &

Smollan, 1992).  Trait anger was assessed using the State-Trait Anger Expression

Inventory (Spielberger, 1988). This self-report measure's internal reliability

(Cronbach's alpha) was .86. As a covariate measure, the Center for Epidemiological

Studies-Depression Scale (Radloff, 1977) was used to assess moods and cognitions

associated with depression. This measure was designed for use with community samples. The internal reliability (Cronbach's alpha) was .87.

First, descriptive statistics and correlations among study variables were analyzed. No significant differences were found between young women and young men for the variables of emotional closeness to mother and trait anger.  A gender difference was discovered in terms of report of mothers' punitive reactions to negative emotions, with men reporting a greater frequency of this reaction (M = 3.02, SD = 1.00; t(639) = -3.618, p < .01). Next, the data file was split by gender, and hierarchical multiple regressions were used to assess if emotional closeness moderated the impact of mother's punitive responses on trait anger differently across men and women. Results were found that emotional closeness did not moderate the impact of mothers' punitive reactions to negative emotions on trait anger in males, but it did have a significant impact for the females. For females, emotional closeness served as a buffer against the effects of mothers' punitive reactions to negative emotions on trait anger. This study highlighted the need for a more thorough exploration of the topic of parents' reactions to children's negative emotions in research. This study suggests sociological and gender norms are significant factors in this area of study.

One clear limitation of this study was the fact that all measures were self-report, retrospective recall measures. While researchers have found that memories shared on such measures can be selectively recalled, distorted, or informed by later experiences (Tajima, Herrenkohl, Huang, & Whitney, 2004), other researchers have found that such adult children's recollected reports of parenting correlated well

with parent accounts and sibling reports of parenting (Harlaar et al., 2008). Given the difficulty of creating a longitudinal study to explore the relationship between parental reaction to children's negative emotions and later development of trait anger, this study design provided a window into this association that would be difficult to obtain through other means.

Other researchers (Topham et al., 2011) have examined the effect of parental response to children's emotions on child emotional eating. Four hundred and fifty mothers of 6–8 year olds (first graders) responded to questionnaires, whereas their children were interviewed. Demographic information collected on the mother participants revealed that a large portion of the mother participants were married (79.4%), of European American decent (77.6%), and had completed secondary education (93.3%).

Four measures were used in the Topham et al. (2011) study. Emotional eating was assessed using the Dutch Eating Behavior Questionnaire (DEBQ) (van Strien, Frijiters, Bergers, & Defares, 1986). This measure has been found to be valid and reliable for children as young as five years of age (Carper, Fisher, & Birch, 2000). Cronbach's alpha for this study was .91. The Parenting Styles and Dimensions Questionnaire (PSDQ) (Robinson, Mandleco, Olsen, & Hart, 2001) was used to categorize mothers' parenting styles into one of three categories (authoritative, authoritarian, or permissive). This questionnaire has been found to have sound reliability and validity among parents of preschool and school-aged children (Porter et al., 2005). Cronbach's alpha for this sample was .84 for Authoritative, .75 for Authoritarian, and .71 for Permissive. The Coping with Children's Negative

Emotions Scale (CCNES) (Fabes et al., 1990) was used to assess for punitive and minimizing parental reactions. This measure has been found to have sound psychometric properties (internal consistency, test-retest reliability, and construct validity) (Fabes, Poulin, Eisenberg, & Madden-Derdich, 2002). Cronbach's alpha for this sample was .79 for Minimizing Response and .71 for Punitive Response. Finally, the McMasters Family Assessment Device (FAD) (Epstein, Baldwin, & Bishop, 1983) was used to measure family affective responsiveness and family affective involvement. Kabacoff, Miller, Bishop, Epstein, and Keitner (1990) found the FAD to have strong psychometric properties. Cronbach's alpha for this sample was .68 for Family Affective Responsiveness and .66 for Family Affective Involvement.

Pearson's correlations revealed that there were a number of instances in which children were significantly less likely to report eating in response to negative emotions: when children had more authoritative mothers, when mothers were less minimizing of child emotions, or when children came from more emotionally responsive families. Family affective involvement, punitive response to child emotion, and authoritarian and permissive parenting styles were not significantly related to child emotional eating, contrary to the authors' predictions. Regression analysis found that use of non-reasoning punishment (punishment without any justification or explanation), in particular, was significantly correlated with child emotional eating. This is in keeping with previous research, which has found non-reasoning punishment to be correlated with child impairment of emotional self-regulation (Baumrind, Larzelere, & Owens, 2010), increased internal distress, and lower self-awareness (Baumrind, 1991).

**Parent-Training Approaches**

Parents have access to endless choices when it comes to finding parenting advice. Most parenting approaches that have the support of empirical research are behavioral based and designed for intervening with special populations such as CD, OD, and ADHD. Parent-Child Interaction Therapy (PCIT) is a specific parenting program designed for preschoolers with disruptive behavior and has empirical support as an effective intervention (Brinkmeyer & Eyberg, 2003). Parent-Child Interaction Training attempts to help parents change problematic parent-child interactions and parenting styles from authoritarian to authoritative (Brinkmeyer & Eyberg, 2003). The goals of PCIT are based on the assumption that a secure nurturing relationship is necessary for a healthy parent-child relationship. An improved parent-child attachment forms the basis for setting limits and providing consistent discipline to bring about behavioral change. While PCIT has a large body of evidence to support the efficacy of this approach, PCIT emphasizes the behavioral patterns of relating, largely ignores or diminishes the role of emotion in the parent-child relationship, and does not actively attempt to change the parent's perception of negative emotions.

Another parenting intervention IY is aimed towards parents of children with ODD and CD ages two to eight years (Webster-Stratton & Reid, 2003). The goals of the parenting program are to (a) increase positive parenting and build a nurturing parent-child relationship; (b) replace harsh discipline (critical and physically violent acts) with positive strategies, such as ignoring, focusing on consequences, and solving problems; (c) improve parents' ability to solve problems, manage anger, and

improve communication; (d) increase access and use support networks and resources; (e) help parents and teachers work collaboratively together; and (f) increase parental involvement in the child's academic activities (Webster-Stratton & Reid, 2003). The IY program has parent, child, and teacher education components. For the parent component, groups of approximately 10–12 parents are shown short videos. This is followed by discussion of the key concepts. Homework is given on a weekly basis. Techniques shared include effective play techniques, preschool preparation, support of children's education/homework, punishment and rewards methods, cooperation with teachers, problem-solving skills, conflict management, and methods in teaching children problem-solving skills (Spitzer, Webster-Stratton, & Hollinsworth, 1991). This program has a large body of research supporting its efficacy and is widely acknowledged to be a strong evidence-based parent-training program (see Arkan, Ustun, & Guvenir, 2013). Estimates of the drop-out rate range from 10%–50% (Webster-Strantton, 2004, 2005). Like PCIT, this approach is for a special population with specific needs and has a focus on behavioral interactions rather than the emotional content/process involved in parent-child interactions.

Parent-Management Training (PMT), like PCIT and the IY, is a behavioral based intervention aimed for parents of children ages 2–13 years with CD (Kazdin, 2003). PMT contains two key components: cognitive PSST and PMT. The PSST dimension is for the child or young teen with CD to learn new adaptive problem solving skills that can be applied to diverse situations the child/teen encounters (Kazdin, 2003). The PSST portion of treatment lasts for 12 sessions, each 30–50

minutes.  The PMT dimension aims to change parent-child interactions.  Over the course of 13 sessions (each 45–60 minutes long), parents are taught new ways to observe and identify problematic behaviors and principles of operant conditioning to make behavioral changes at home.

A preventative parent-training program called the Triple P Parent Program, is designed to foster a positive relationship between parent and child while furthering parenting skills (Sanders et al., 2000). Matt Sanders developed the Triple P Parent Program in 1979, and it targets children ages 0-16. It teaches parents effective ways to cope with child behavior problems, enhances communication skills between parent and child, and aims to reduce parenting stress (Sanders et al., 2008; Sanders & Turner, 2005). There are four possible methods of lesson delivery: group, self-directed, individual, and telephone assisted. This program lasts between 4 and 12 weeks (depending on the program type and delivery system). Numerous books are used as learning aids, including *Every Parent, Every Parent's Workbook for Groups, Self Help Workbook* and *Every Parent Survival Guide* (as outlined in Arkan et al., 2013). Estimations of the drop-out rate range considerably, anywhere from 5% to 44% (Morawska & Sanders, 2006). Research examining efficacy of this program has found a subsequent decrease in child problem behaviors, as well as improvements in mental, emotional, social functioning, and school performance (Sanders et al., 2008). Studies also suggest improvements in parental stress and ability to cope with child problematic behaviors, consistent with the aims of the program (Halford et al., 2007; Sanders et al., 2002; Sanders et al., 2003).

In 2007 a study was published on the Parenting the Strong-Willed Child 6-week parent education group (Conners, Edwards, & Grant, 2007). This program is geared towards parents of children ages 2–8 with behavioral issues. This behavioral based parent-training program teaches parents a number of skills: increasing reinforcement and positive attention of desired behaviors, ignoring minor inappropriate behaviors, providing clear instructions, and providing appropriate consequences. This course comprises of didactics, group discussions, role-playing, and homework. A total of 71 parents were recruited from eight Head Start centers in a southern state. With regards to participant demographics, 69.6% were married, 86.4% had completed high school, 50.7% were Caucasian, 40.8% were African-American, 4.2% were Hispanic, and 4.2% were biracial; 42.4% were employed (with employment status of the other parent unknown in some cases). This course had an 89% retention rate, with 63 parents completing the class.

Four measures were given to parent participants. Most measures were implemented before, immediately after, and 6 months after the course. As a measure of child disruptive behaviors, the Eyberg Child Behavior Inventory (ECBI) was given to parents. This measure has demonstrated high internal consistence, test-retest reliability, and both convergent and discriminant validity (Eyberg & Pincus, 1999). The Parenting Scale was given as a measure of parents' discipline practices. It contains the scale scores: laxness, over-reactivity, and verbosity. These scales have demonstrated acceptable internal consistency (alpha coefficients of .63–.84) and test-retest reliability levels (.79–.83) (Arnold, O'Leary, Wolff, & Acker, 1993). In Conners et al.'s (2007) study, the verbosity scale demonstrated an alpha of .35,

whereas all other scales showed alphas in the acceptable range (lax alpha of .85 and over-reactivity alpha of .84). In light of this, Conners et al. dropped the verbosity scale from the analyses. The Parenting Stress Index was also given. This measure reports the amount of stress an individual is under in his or her role as parent. The PSI has demonstrated acceptable reliability and validity (Abidin, 1995). Lastly, a parent-training satisfaction survey was given immediately after the course, which was a 4-item questionnaire created by Conners et al. for the purposes of this study.

The change in mean scores from pre to immediate post-test, as well as estimated effect sizes, were assessed using paired t-tests. The same procedure was conducted to compare immediate post-test to 6-month follow up scores. With regards to child behavior, parents reported significantly fewer problems ($t(54) = 3.03$, $p = .004$ with effect size of $d = .52$), with less intensity ($t(59) = 4.96$, $p<.001$ with effect size $d = .42$). No significant changes were noted in scores between immediate post-test and 6-month follow up. With regards to parent strategies, parents reported less use of lax/permissive strategies ($t(60) = 4.8$, $p<.001$ with effect size of $d = .46$) and less emotional reactivity ($t(60) = 4.0$, $p < .001$ with effect size of $d = .67$). No significant changes were noted in scores between post-test and 6-month follow up. In terms of parenting stress, there were marginally significant improvements ($t(60) = 1.9$, $p = .06$ with effect size of $d = .18$). No significant changes were found at the 6-month follow up for this measure. The satisfaction survey revealed that parents rated the class, overall, as good or excellent.

Interestingly, despite a great deal of significant change in both the child behaviors measure and the parenting strategy measure, the parenting stress index changed very little. In contrast, other studies have found that child behavior was rated more negatively as a function of maternal psychopathology (Reyno & McGrath, 2006). Further analyses would be helpful in identifying factors that may have contributed to this finding (characteristics/demographics of the participants recruited through Head Start, as well as review of normative parental stress levels given the developmental level and age of the children).

The HTK workshop is based on the book *How to Talk So Kids Will Listen and Listen So Kids Will Talk*. Both the workshop and book were created by Faber and Mazlish in (2004), teaching the parenting philosophy of Hiam Ginott (2003). In the HTK 6-week parent-training program, parents learn how to empathize and validate children's negative emotions and to see a child's challenge with negative emotion as an opportunity for teaching the child about the world of emotions and intimacy between parent and child. Parents learn that providing empathy and validation to a child leads to a greater increase in child compliance in following parental directives and helps prepare the child to be an autonomous and emotionally grounded adult. The HTK program teaches Ginott's philosophy of raising children and contains all of the components empirically validated by Gottman (1997) to be essential to parent emotion-coaching training.

Although the HTK program can be easily purchased and implemented, only one known peer-reviewed published study has provided outcome data of the HTK program (Fetsch & Gebeke, 1995). Fetsch and Gebeke evaluated the HTK program,

along with five other programs that were designed to improve family

communication and functioning.  The study by Fetsch and Gebeke evaluated

programs designed to improve family communication and to determine whether

participants felt that state tax dollars should be spent on delivering a specific

program within the state.  The HTK workshop was run according to a protocol of six,

two-hour weekly sessions, and the entire program was presented to 113

participants at six different sites across North Dakota. The HTK program was

evaluated against four other programs delivered to families in Colorado. The four

other programs were Adjustment for International Trip and After Returning Home:

Communication and Conflict Resolution (2-hours); Farming and Ranching with

Family Members: Communication and Problem-Solving Strategies (3 hours); Stress

Management for Foster and Daycare Families (2 hours); and Balancing Personal,

Work, and Family Life (3.5 hours).

The HTK program was found to have been the most successful program in

improving family communication and functioning.  Specifically, family coping levels

increased, quality of life levels rose, stress levels fell, and depression levels fell.  The

study did not, however, evaluate if a change in the parental perception of children's

negative emotions occurred. The overwhelming positive results are not surprising,

given that the HTK program was the most structured program and lasted much

longer (six-sessions, each two hours) than the other four programs evaluated

(one session lasting 2–3.5 hours).  At present, it is unknown whether or not

participation in the HTK program results in a change in parental perception of

children's negative emotions.  Furthermore, there are no known studies that have

examined whether or not parental perception of children's negative emotions can be changed.

**Meta-Analysis of Parent-Training Effectiveness**

Kaminski et al. (2008) conducted a meta-analytic review of parent-training programs to identify the components associated with program effectiveness. One of the objectives of the study was to conduct a broadly inclusive analysis of parent-training programs, with researchers choosing to err on the side of over-inclusion. Studies from 1990–2002 were eligible in a PsychInfo and Medline search using key words related to parent-training programs in order to better examine early behavior problems, studies involved children no older than 7 years of age. Unpublished studies were not included the analysis. After all inclusion criteria had been met, a total of 77 studies were included in this component analysis. Components correlated with larger effects included increasing positive parent-child interaction and emotional communication skills, teaching parents to use time out and the importance of parenting consistency, and requiring parents to practice new skills with the children during parent-training sessions. Smaller effects were correlated with teaching parents problem solving; teaching parents to promote children's cognitive, academic, or social skills; and providing additional services. Two of the components associated with large effect size were improving parent-child interaction and emotional communication: key components to the HTK program (Faber & Mazlish, 2002, 2004, 2006).

Reyno and McGrath (2006) conducted a meta-analysis of 31 studies to identify family, parent, and child variables tied to poor outcomes in parent-training

programs for children struggling with externalizing problems (Reyno & McGrath, 2006).  No unpublished studies were included in the final analysis. The 31 studies included in the meta-analysis fit 5 criteria established by the authors.

1. The sample population used in the study sought prevention or treatment.

2. Parents in the sample were seeking assistance to address aggressive behavior, oppositional behavior, and/or conduct problems.

3. Studies must provide a quantifiable measure of the relationship between predictor variables and dropout/treatment outcomes.

4. Studies must provide a predictor and outcome measure that was reliable and/or valid.

5. Studies must be peer reviewed and written in English.

Reyno and McGrath (2006) found that the demographic variables of single parent status, family size, low income, education/occupational status, maternal age, and minority status had an impact on treatment outcomes. The child variables that had an impact on treatment outcomes were as follows: source of the referral (school or social agency vs. self-referral) and severity of behavior.  Children with more severe behavioral problems and a referral from a school or community agency rather than self-referral were associated with poorer child outcomes (Reyno & McGrath, 2006).  Parent variables influencing treatment outcomes were identified as maternal psychopathology/depression and occurrence of negative life events/stressors (Reyno & McGrath, 2006).

The largest effect size demographic variables were seen for the variable of low income. It is suggested that economic hardship increases parental psychological

distress that then precipitates a decline in parental mental health. The combination of psychological distress and decreased mental health is thought to negatively impact parenting abilities (Reyno & McGrath, 2006). The authors suggested that addressing parental distress and mental health may enhance outcomes in parent-training programs.

Similar findings regarding the impact of SES on parenting outcomes were found by Pinderhughes, Dodge, Bates, Pettit, and Zelli (2000). Negative parental perception of the child, over-concern about the future impact of the child's misbehavior, and use of physical punishment mediated the relationship between low-income and use of physical discipline. Pinderhughes et al. suggest that by teaching parents problem solving skills, alternative discipline strategies, and how to monitor their cognition and affect may reduce the use of harsh punishment. The HTK program teaches parents to become aware of their cognitive and affective processes, how and when to solve problems, and ways to discipline that are effective but not harsh (Faber & Mazlish, 2002, 2004, 2006).

Parents referred to parent-training programs from schools or a community resource was associated with poorer outcomes compared to parents who were self-referred (Reyno & McGrath, 2006). Reyno and McGrath found in their meta-analysis the only parent variable to have a moderate impact on prediction of treatment outcome was maternal psychopathology. Maternal depression has been found to correlate with experiencing economic hardship, single parent status, and presence of stress and negative life events (Reyno & McGrath, 2002). Reyno and McGrath reported in their meta-analysis that 47% of the studies relied on maternal

self-report for treatment outcome. The authors suggest that maternal self-report may have created a treatment bias. It is possible that positive child outcomes may have simply been a function of participating in treatment. Another possibility is that parent-training programs have been found to increase parental self-esteem and reduce maternal depression (Kazdin & Wassell, 2000). Previous research has found that maternal depression can negatively influence maternal perception of child behavior (Webster-Stratton & Hammond, 1988). It is possible that diminishing maternal depression rather than effecting an actual change in the child's behavior may influence positive child outcomes.

There has been sufficient research on the IYPT to allow for meta-analytic review of this particular parent training, alone. In a study published in 2013, Menting et al. conducted a meta-analytic review of the effectiveness of this training in terms of modifying disruptive child behaviors and increasing prosocial behavior. Fifty studies (with a total of 4,745 participants) were included in this review. Studies published from 1980 until April, 2010 were located by several search methods: online databases (such as PsychINFO, resulting in the inclusion of 16 studies for review), search of the IY online library (a total of 17 studies included), review of bibliographies of related studies (5 studies included), and personal requests for unpublished material sent to several researchers known to conduct investigations on this parent-training (one additional study included). The total number of manuscripts came to 50 due to the fact that some published works involved multiple studies (2 to 3) in a single article. Inclusion criteria were as follows:

(a) effects of the IYPT, as a stand-alone intervention or in a package with other components or interventions, were examined immediately after intervention; (b) the effectiveness was examined by comparing an intervention group to a comparison group; (c) the study reported at least one quantitative measure of disruptive or prosocial child behavior, which was measured equally among participants; and (d) sufficient empirical data was reported to enable the calculation of standardized mean difference effect sizes or standardized mean difference effect sizes were reported in text. (Menting et al., 2013, p. 904)

Fifty-six percent of the studies examined used random assignment, 26% used random assignment after blocking or matching, and 16% used non-random assignment. Twenty-two of the 50 studies rated as the most rigorous study designs (rigor ranged from 2 to 7 on a 7-point scale).

Weighted effect sizes for disruptive behavior, prosocial behavior, parental report, teacher report, and observation were provided. The overall weighted effect size for child disruptive behavior was .27 (95% CI = .21-.34, p < .001) with effect sizes ranging from -.42–1.01. Fail-safe number calculation revealed that 1,351 studies with either non-significant or adverse results would have to exist in order for the overall effect size to be reduced to a non-significant level. The overall weighted effect size for prosocial behavior was .23 (95% CI = .15-.31, p < .001) with effect sizes ranging from -.46–.57. Fail-safe number calculation revealed that 300 studies with non-significant or adverse results would have to exist in order for the overall effect size to drop to a non-significant level. The overall weighted effect size for parent report was .30 (95% CI = .22 - .39, p <. 001) with effect sizes ranging from -.83–1.24. Fail-safe number calculation revealed that 1,207 studies with non-significant or adverse results would have to exist in order for the overall effect size to drop to a non-significant level. With regards to teacher report, the overall

weighted effect size was .13 (95% CI = .05 - .22, p = .001), with effect sizes ranging from 0.47 to .72. Fail-safe number calculation revealed that 71 studies with non-significant or adverse results would have to exist in order for the overall effect size to drop to a non-significant level. With regards to observation data, the overall weighted effect size was .37 (95% CI = .29 - .46, p. < .001), with effect sizes ranging from -.74 to .78. Fail-safe number calculation revealed that 576 studies with non-significant or adverse results would have to exist in order for the overall effect size to drop to a non-significant level.

Of the five outcome constructs, significant heterogeneity in effect size was only found for parental report (p = 0.02). Moderator analyses were conducted by calculating effect sizes for a number of characteristics separately. Predictors of effect size for parental report were found to be training components, number of sessions attended, child gender, initial severity of child behavior difficulties, use of the Eyberg Child Behavior Inventory (ECBI) (Eyberg & Pincus, 1999) measure, assignment in the study design, and the nature of the comparison group. Initial severity of child behavior difficulties was found to be the strongest predictor of the IYPT's effects on parental report.

Although the data presented in this meta-analytic review suggests the IYPT can be considered an evidence-based, well-established intervention, the study had a few notable limitations. The authors noted that it had been difficult to track down information on treatment fidelity and level of training of the IYPT group instructors, which may have proven to be an important and informative predictor characteristic for effect sizes on some of the areas evaluated in this study (Menting et al., 2013).

Another difficulty faced by Menting et al. was the lack of operational definition in the research literature for *prosocial behavior*. Terms like social skills, social competence, helping behavior, and prosocial behavior are often used interchangeably, yet they have important differences in their specific definitions and are measured across the research with different instruments. Researchers such as Eisenberg and Fabes (1995) have drawn attention to the need for conceptual clarity and more focused measures for the concept of prosocial behavior. Improvements in operational definition for this concept may assist with future meta-analytic reviews examining this variable.

Research has demonstrated that parental minimization of children's negative emotions are associated with negative child outcomes. Low levels of maternal acceptance of children's negative emotions are associated with a decreased ability for children to regulate their emotions, which has been correlated with higher levels of aggression (Ramsden & Hubbard, 2002). Previous lines of research have echoed the correlation between low parental acceptance of children's negative emotions and aggression (Boyum & Parke, 1995; Denham et al., 1997; Greenberg et al., 1999; Hooven et al., 1995). Children of parents who minimize their negative emotions have been found in one study to be more likely to engage in problematic emotional eating patterns (Topham et al., 2011). In contrast, higher levels of maternal education have been found to be related to higher levels of maternal acceptance of negative emotions and less likely to minimize children's negative emotions (Altan-Aytun et al., 2013).

Meta-analysis of parent-training programs has found that increasing positive

parent-child interaction and emotional communication skills has the largest effect

size, while teaching parents problem solving skills to increase academic, cognitive,

and social skills has the smallest effect (Kaminski et al., 2008).  The child variables

that had an impact on treatment outcomes were source of the referral (school or

social agency vs. self-referral) and severity of behavior.  Children with more severe

behavioral problems and a referral from a school or community agency rather than

self-referral were associated with poorer child outcomes (Reyno & McGrath, 2006).

Parent variables influencing negative treatment outcomes were identified as

maternal psychopathology/depression and occurrence of negative life

events/stressors (Reyno & McGrath, 2006).

The parent-training programs with the most empirical evidence are mostly

behavioral parent-training such as PCIT, IY, and PMT, which are all designed for

parents of children with behavioral problems such as ODD and CD.  For these

parenting approaches, emotion and emotional processes are largely ignored in favor

of a process that emphasizes behavioral aspects of parent-child interactions.  For

populations such as ODD and CD, empirical evidence suggests that cognitive and

behavioral approaches appear to have success in improving problematic behavior.

While the evidence supports the use of these approaches with specific populations,

one problem with highly structured cognitive and behavioral approaches is that,

often times, once the intervention is removed, the problematic behavior is likely to

return to pre-intervention levels (Barkley, 1997).  In contrast to behavioral

approaches to parenting, the HTK program aims to make lasting changes between

parent and child by changing the ways in which parents perceive negative emotions and increasing understanding of how emotions influence the parent-child relationship. Changing how a parent perceives emotions and changing the relationship dynamics is different from a structured behavioral plan. Changing the parent-child relationship and focusing on emotion and emotional processes allow parents to model and create a respectful home atmosphere where children can internalize the values important to their parents.

**Theoretical Underpinnings of the HTK Program**

The HTK program, based on the work of psychologist Haim Ginott, became popular with the publication of his parenting guide *Between Parent and Child*, first published in 1965. Ginott (2003) emphasized intervening in the moment while the child is experiencing strong negative emotions.  Ginott's work was the first parenting guide that focused on the dynamics between parent and child and helping parents to understand the source of the child's feelings (Gottman et al., 1997). Ginott (2003) believed that the most important thing a parent can do is listen to the child, in particular, listen with empathy and seriousness for the emotional content (especially negative emotions) behind the words of the moment.  Ginott was one of the first psychologists who understood the importance of responding to children's emotions while they are emotional (Gottman et al., 1997).  A parent responding in the moment, with empathy and seriousness, to a child's negative emotions has the opportunity to change an emotionally challenging situation into an intimate moment, one of connection between parent and child.

According to Ginott (2003), strong and confusing emotions are typically the driving energy behind a child's misbehavior, and they often fuel power struggles between parent and child. When children (and adults) are experiencing strong emotions, it can be difficult for those involved to listen to another person, let alone effect a positive behavioral change. Ginott believed that before children can listen to any advice or directives to change behavior, their strong emotions and wishes must be first acknowledged. When children come home from school and tell their parents that the teacher yelled at them, the common parental response is "You must have done something bad; what did you do?" From Ginott's parenting perspective, more detail about the actual situation is not a helpful response that will lead to positive behavioral change. Ginott believed that, instead, a helpful parental response is to communicate to the child that the parent understands—empathizing with the child by providing responses such as "It must have been terribly embarrassing" or "It must have made you furious" (Ginott, 2003, p. 15).

When children's emotions are acknowledged and labeled and their wishes mirrored back, the parents convey to the children that they are loved and understood. When children feel acknowledged, their painful feelings may begin to diminish. Once challenging emotions are processed and they begin to fade, children have the capacity to solve problems or engage with parents in finding a solution. Ginott's philosophy of engaging with the child's emotional world stands in contrast to other parenting approaches that emphasize a democratic approach that often takes the form of a list of family rules with spelled out consequences for particular misbehavior (Gottman et al., 1997).

Ginott (2003) wrote "fish swim, birds fly, and people feel" (p. 26). This quote represents Ginott's worldview of emotions. Ginott instructed parents to accept all emotions but put limits on behavior. He also believed that the reality humans face is one where experiencing emotions is a normal part of the human existence. When strong emotions are present, internal conflict may also be present. For example, the human experience of emotions can be one where both love and envy are present at the same time.  Adults can have difficulty holding contradicting emotions so one should expect children to have a challenging time holding conflicting emotions.

Ginott (2003) believed that parents should reflect back the conflict their children are holding. The message sent to the child is that holding conflicting emotions is normal and all feelings, whether positive, negative, or ambivalent, are legitimate.  Ginott emphasized that parents shouldn't tell their children what they should feel or criticize their feelings. Strong emotions are not going to disappear because children are told "You shouldn't feel upset over a little thing!" or "Don't you dare say you hate your sister!" Children will still carry painful emotions; they will learn not to trust their emotions and will begin to rely on others to tell them how they feel.

**Praise and Criticism**

Ginott (2003) presented a unique perspective on praise and criticism.  Ginott believed that parents should avoid giving any type of evaluative or judgmental praise.  Ginott reasoned that praise, based on judgments and evaluations, elicits anxiety in children because they will interpret from the praise that they must live up

to negative and positive judgments. If an individual can be worthwhile, the message that this same individual can be worthless is implicitly conveyed.

Rather than rewards, punishments, and judgments/evaluations, Ginott (2003) taught parents very specific ways to praise their children. He describes praise as being akin to penicillin: "not to be administered haphazardly" (p. 32). Praise, according to Ginott, is useful when it describes children's efforts and accomplishments and remains independent of children's character or personality. Praise that is tied to children's character or personality can be perceived as evaluative; Ginott believed that most people do not like to be evaluated. Evaluative praise such as "You're a good girl/boy." can be difficult for children, as their own self-image may not be in agreement with the evaluation. Ginott observed children misbehaving after receiving praise and viewed the misbehavior as a means of countering the inaccurate images parents might hold of their children.

Ginott (2003, p. 34) taught that when parents do praise their children, the praise must be descriptive of the child's actions:

Parent: "The workbench is heavy; it was hard to move."

Child: "But I did it and I am strong."

Alternatively the conversation could have gone as follows:

Parent: "You're really strong to be able to move that bench."

Child: "There are stronger kids in my class."

The difference between these two dialogues is that the parent in the first dialogue only described the situation; the praise came internally from the child. In the second

dialogue the praise came from an external source, the parent, who put the child in a position to counter the parent's praise.

Ginott (2003) also believed that criticism is best when it is delivered in an impersonal manner and speaks to children's actions, not their character. For example, when a child walks into the home with muddy shoes, tracking mud everywhere, criticisms such as "What's wrong with you! Why don't you remember to take your shoes off!" are unhelpful; the child feels attacked. Instead, a simple restating of the rules of the home such as "All shoes must be taken off before entering the house!" redirects the child to take the shoes off, thus providing the child with information and corrections without attacking the child's character.

Ginott observed that children quickly internalize the negative view that parents communicate to them, "either directly ("You'll break it."; You're always breaking things."; "You're clumsy.") or indirectly with a look of contempt or disgust (from the parent) (Gottman et al., 1997, p. 22). Ginott believed it was imperative for parents to repair children's internal images or they'll quickly learn to live up to negative expectations.

**Parental Anger**

Ginott (2003) believed that his approach to praise promoted authentic behavior from the parents, which he thought was something that children want. Ginott's view was that children want their parents to respond in ways that are congruent with the parents' feelings. For example, in the heat of an argument a child might say, "You don't love me."; the parent might angrily reply, "Of course I do!" Love expressed in an angry tone sends conflicted messages to children. From

Ginott's perspective, an alternative and more authentic response from an angry parent would be "This is not a good time to talk about love, but it's a good time to talk about what made me angry." This sends an authentic message to children by teaching them that anger does not mean abandonment and that feelings of love reappear when anger dissipates (Ginott, 2003, p. 46). Having authentic and congruent feelings requires that one allow oneself permission to also feel and acknowledge negative feelings. Ginott (2003) describes anger as follows: "like a hurricane, it is a fact of life to be acknowledged and prepared for" (p. 46).

**Responsibility**

While most parents want their children to be responsible, the concept of responsibility to children, however, is an abstract concept (Ginott, 2003). The concept of responsibility may be tied to abstract values such as keeping true to one's word and concern for others. Whether or not one is considered responsible is tied to concrete outcomes. If children do not complete concrete tasks such as homework or chores, or act appropriately in public, they are considered irresponsible.

The question then arises: "How do abstract values become concrete outcomes?" Ginott (2003) believed that when parents directly teach abstract values, they come across as preachy, and children stop listening. Instead, Ginott taught that parents should teach abstract values indirectly, through modeling. Ginott emphasized that creating a home environment that is characterized by respect and unconditional acceptance is the cornerstone to teaching values to children.

**Punishment Versus Discipline**

Ginott (2003) delineated the difference between punishment and discipline. Ginott (2003) wrote, "Physicians have a motto, 'Primum non nocere,' which means 'above all do no damage.' Parents need a similar rule to help them remember that in the process of disciplining children they do not damage their emotional well-being" (p. 112). Ginott observed that when children are punished, they become resentful and angry and look for ways not to get caught in the future. Punishments are generally issued when the tempers of the parent and child are running hot. When parents dish out punishment while their emotions are running hot, it is likely that the parents did not put much rational thought into whether or not the punishment is reasonable and enforceable. Children are also not likely to learn while they are experiencing intense negative emotions. In addition, most forms of punishment do not model the behavior parents want their children to emulate (e.g., parents who yell at their son for yelling at his younger sister are not teaching him not to yell. The same holds true for parents who rudely berate their teen for being rude).

In contrast, discipline occurs when parents have taken time to cool off and consider the big picture/goals before implementing discipline. The goal most parents have for their children is that they want them to take responsibility for their actions, find a way to make amends, and not repeat the problematic behavior. Parents who effectively discipline will view the situation of correcting behavior as an opportunity to connect with their children and teach them important skills needed in life. When parents discipline their children, it should not be a parent vs. child, adversarial type relationship; instead, parents should redefine themselves as

allies of their children and seize the opportunity to teach their children valuable life lessons.

Ginott (2003) taught that with children, "We set limits on acts; we do not restrict wishes or feelings" (p. 118). It is understood and anticipated that children will not like the restrictions, but they are not punished further for disliking the prohibitions. Although children are likely not to enjoy the restrictions, they will have been treated respectfully and given the opportunity to express their discontent.

Ginott (2003) wrote that when setting limits with children, the limits should be total, not partial. For example, parents who say to their children, "You can rough house a little, but don't damage anything in the house." is creating a vague rule, issuing an invitation for disaster. Instead, a rule such as "Rough housing is not allowed in this house." sets total limits and leaves no room for leeway in interpretation. Limits should be brief and impersonal, resulting in ones that are least likely to convey a value judgment against the child. For example, "no movies on school night" as opposed to "You know you can't go to the movies on a school night." Ginott did, however, believe that there are instances where leeway should be given to children (Gottman et al., 1997, p. 24). Parents should set "zones" for discipline. Ginott taught that a "yellow zone" is for behavior that is not accepted but tolerated while learning or during difficult times; a red zone is assigned to behavior that is never tolerated under any circumstances.

**Empirical Support for HTK Theoretical Assumptions**

Ginott passed away prematurely in 1973 before he could provide empirical support for his theories.  Ginott's work remained untouched by researchers until the

1990s when Gottman produced a line of research that empirically validated the work of Ginott (Gottman, 1997; Gottman et al., 1997). Gottman's research has provided rich empirical data that supports Ginott's assumptions and delineates the importance of responding to a child's emotion in the moment and guiding the child through the difficult emotional experience.

Gottman's research (Gottman et al., 1997) also addressed areas that Ginott's assumptions overlooked. Ginott's assumptions were based on his work with mothers; it overlooked the role of fathers and did not consider the impact on marriage quality. Gottman's research included an examination of the role of fathers and marriage satisfaction; he also examined the impact of parenting style on the child's physical health. Gottman's research also provided a new way of examining the emotional world of families. Gottman and colleagues' research produced the concept of *meta-emotion,* which describes how parents feel about their own emotions and their children's emotions. While the experience of an emotion such as anger is similar for most people, one's meta-emotions about anger can widely differ. For example, after experiencing anger, one person may feel ashamed, but another might feel justified for expressing anger. The assumptions of Gottman's study posit that an emotion-coaching, meta-emotion parenting philosophy is positively correlated with parental inhibition of negative affect. The ability of a parent to effectively regulate negative emotions allows the parent to respond to the child in an empathetic manner, thus facilitating positive parenting**.**

In addition, parental meta-emotion philosophy directly affects children's regulatory physiology that, in turn, impacts the children's ability to regulate their

emotions and possibly their physical health. The goal of Gottman and colleagues'

study was to follow the children of the study during their transition to elementary

school. The main hypothesis tested was that the children of parents who adhered to

an emotion-coaching, meta-emotion philosophy would have children that

demonstrate better academic performance, peer relationships, and overall

emotional well-being. The outcomes were based on five variables:

"(1) academic achievement and attentional abilities, (2) peer relationships, (3)

negative affect, (4) behavior problems, (5) emotional regulation abilities, and (6)

physical illness (Gottman et al., 1996, p. 250; Gottman et al., 1997, pp. 123–131)."

Gottman's research study was a longitudinal prospective study. The sample

for the study consisted of 56 families with a child four- or five-years old. The

families were recruited from the Champaign-Urbana, Illinois metropolitan area. The

sample included families that did not have a current or past history of extreme

poverty, family stress, or personality disorders (Gottman et al., 1997, p. 89). Of the

families recruited, 24 had a male child, and 32 had a female child. The parents of the

study were administered the Locke-Wallace Marital Adjustment Test by phone. The

sample represented a range of marital satisfaction levels among participants.

Participants were contacted and assessed twice, once when the child was five years

old and then again approximately three years later when the child was eight years

old.  Quantitative and qualitative data were obtained through a variety of methods:

naturalistic observation, observation of participants engaged in structured tasks,

administration of standardized assessments, and conduction of semi-structured

interviews (Gottman et al., 1996; Gottman et al., 1997).

On the first in-person contact, qualitative data was obtained and later coded into quantitative data by using a semi-structured interview called the Meta-Emotion Interview (MEI) to obtain rich descriptions of the emotional lives of families. All parents were interviewed separately with the MEI. Interviewees were encouraged to "engage in long monologues, and to wax philosophical and poetic" (Gottman et al., 1997, p. 45). The MEI examined the parental (mother and father) meta-emotion for sadness and anger. Specifically, the questions in the MEI encourage the interviewee to describe awareness of one's own emotion, awareness of the child's emotion, and the ability to coach the child's emotion. The first dimension *awareness of one's own emotion* is the ability to verbally reflect upon in a differentiated manner (awareness of various types of intensity of the emotion) and talk about the emotion with ease. The second dimension *awareness of the child's emotion* is the parent's ability to demonstrate insight into the emotional world of the child. This includes noticing when the child is experiencing an emotion, demonstrating the ability to distinguish a particular emotion from other emotions, providing a verbal description of the child's emotion, knowing what makes the child feel better, and knowing the cause of the emotion. The third dimension *coaching the child's emotion* involves the following: helping the child verbally label the emotions, demonstrating respect for the child's emotional experience by showing acceptance of the emotion, comforting the child (when appropriate), helping the child learn from the emotions, teaching rules for expressing emotions, helping the child come up with strategies for dealing with emotions, and teaching self-soothing techniques. Totaling the sum of 12

subscales generated awareness scores; the coaching scores were obtained by totaling the sum of 11 subscales (Gottman et al., 1996).

Parent-child interactions were observed and coded for two tasks. In the first task children were asked to listen to a pre-recorded audio story that was delivered in a manner that did not use normal grammar and was read in a monotone voice. It was intended to present children with a slightly boring story that would be difficult for them to recall. While the children were being read the story, the parents were in another room learning to play a video game. After the story was told, the researchers told the parents that their children had been read a story and they were instructed to find out information about the story. After the parents attempted to obtain information from their children, the parents were then instructed to teach their children how to play the video game. Using the Cowens' Observational System, the Kahen Engagement Coding System (KECS), and the Kahen Affect Coding System, researchers coded parent-child interactions.

Next the children of the study were presented with clips of various films. The purpose of this task was to obtain physiological measures and observe facial expressions of the children experiencing a wide range of emotions from mundane to exciting. The film clips included scenes of fly fishing (boring), the *Wizard of Oz* (fear), *Charlotte's Web* (sadness), and Monty Python's *The Meaning of Life* (humor). Five physiological measures were taken while the children were viewing the film clips: (1) cardiac interbeat interval, (2) pulse transmission time to the finger, (3) finger pulse amplitude, (4) skin conductance level, and (5) general somatic activity. In addition, the child was administered selected subtests (Block Design, Picture

Completion, and Information) of the Wechsler Preschool Scales of Intelligence (WPPSI).

Parents and their children were re-contacted, interviewed, and assessed about 3 years later, when the child was about eight years old. Fifty-three of the 56 families participated at the three-year follow up. At the three-year follow up the following outcome variables were assessed: academic achievement and attentional abilities, peer relationships, negative affect and behavior problems, emotional regulation abilities, and physical illness (Gottman et al., 1996, p. 250; Gottman et al., 1997) The Peabody Individual Achievement Test (PIAT-R) and the Stroop Interference Task were used to measure the children's academic abilities. Peer interactions were measured by coding an audiotape of the child having a social interaction with a peer and by the Dodge Peer Aggression Scale completed by the child's teacher. Negative affect and behavior problems were measured by having the mother complete a questionnaire regarding the amount of negative affect observed during the past week. Mothers completed the Child Behavior Check List (CBCL), and the child's teacher completed the Child Adaptive Behavior Inventory (CABI). The Katz-Gottman Emotion Regulation Scale (KGER) assessed emotion regulation abilities of the child. The KGER was completed by the parent and assessed the degree to which the child required external help from adults in regulating emotions. The child's physical health was measured by having parents complete the Rand Corporation Health Insurance Study measure.

Through the data obtained from the MEI, Gottman et al. (1997) identified and defined four types of parenting styles: (1) *dismissing,* (2) *disapproving,* (3) *laissez-*

*fair,* and (4) *emotion- coaching* (Eisenberg, 1996; Gottman, 1997; Gottman et al.,

1997).

The dismissing parent perceives negative emotions as harmful and

something to avoid or remove. Dismissing parents typically respond to children's

negative emotions by ignoring, denying, and/or trivializing their negative emotional

experience. These parents generally feel that paying attention to their children's

negative emotions such as sadness and anger, will only give the particular emotion

power, putting children at risk of losing emotional control. Dismissing parents may

feel the need to protect their children from negative emotions by telling them they

need to "get over it," "move on," or "roll with the punches."

Disapproving parents share characteristics with dismissing parents.

Disapproving parents, however, are more likely to respond in a manner that is

critical and lacking in empathy. Disapproving parents don't try to understand the

emotion their children are experiencing. Instead, these parents may focus on and

punish the behavior surrounding the expression of the emotion such as throwing a

tantrum, hitting, or crying. Disapproving parents evaluate and judge whether or not

their children's emotional experience is appropriate for the situation at hand. Some

of these types of parents are accepting of negative emotions as long as the display of

negative behavior stays within a limited amount of time. Demonstration of negative

emotions may be perceived by disapproving parents as a form of manipulation for

children to get what they want, often resulting in parents punishing the display of

emotion. Research indicates that disapproving parents are not disapproving all of

the time. It's not uncommon for disapproving parents to fluctuate between

disapproving and dismissing and vice versa. Dismissing and disapproving parents experience similar outcomes. Children brought up by dismissing and disapproving parents have been constantly told that their emotional experiences are inaccurate, and they believe that there is something wrong with them. They have difficulty trusting their judgment, regulating their emotions, solving their own problems, and getting along with peers. In addition, they are likely to have learned that emotional intimacy comes with a high degree of risk. Typically, dismissing and disapproving parents are trying to protect their children from emotional pain. They avoid difficult emotional situations, depriving their children of opportunities to learn how to cope with difficult emotions effectively and leaving the children unprepared for the world.

Laissez-faire parents are very different from disapproving and dismissing parents. Laissez-faire parents unconditionally accept all emotions of their children and convey to the children that what they are experiencing is acceptable. According to Gottman's (1997) research, these parents seem to be flummoxed as to what they can provide beyond unconditional acceptance.  They don't know how to help their children learn from emotional experiences or how to teach them to solve their problems. Children of these laissez-faire parents result in similar outcomes as children of dismissing and disapproving parents. Children of laissez-faire parents struggle to regulate their emotions, self-soothe, and concentrate. They tend not to do as well as their peers in school, to misunderstand social cues, and to have fewer friends than their peers.

Emotion-coaching parents are similar to laissez-faire parents as both unconditionally accept all emotions, provide empathy, and don't ridicule or dismiss

their children's emotional experience. Emotion-coaching parents, however, set limits on behavior. Emotion-coaching parents intervene when their children are behaving in ways that might be harmful to themselves or others. Emotion-coaching parents respond to their children when their emotions are low in intensity, and as a result the children do not have to escalate their behavior to get parental attention. Children raised by emotion-coaching parents are better able to self-soothe, and as a result they are less likely to act out inappropriately. Emotion-coaching parents accept all emotions so there are fewer areas of conflict between parent and child. These characteristics of the emotion-coaching family facilitate positive mutual feelings, which create a tight parent-child bond. Children of emotion-coaching parents are more likely to do well in school, have better peer relationships, have better health, and cope effectively with stress (Gottman, 1997; Gottman et al., 1997).

The data obtained from Gottman (Gottman, 1997; Gottman et al., 1997, p. 83) revealed that emotion-coaching parents do the following five things with their children:

1. The parent is aware of the child's emotion. The parent recognizes when the child is experiencing low levels of distress and acts before the emotion escalates. Parental awareness of the emotion does not require the child to escalate the emotional response.

2. The parent sees the child's emotion as an opportunity for intimacy or teaching. In contrast with dismissing/disapproving parents who tend to see negative emotions from their child as something to fix or remove,

emotion-coaching parents see emotional distress as a time to connect and teach their child about emotions.

3. The parent helps the child to verbally label the emotions the child is having. The parent empathizes with the child's emotional experience, responding with understanding and acceptance. At this stage the parent may help soothe the child and convey affection.

4. The parent empathizes with or validates the child's emotion. The parent helps the child label the emotional experience. This does not require a label such as "angry" or "sad" but rather it assists the child in translating feelings into words such as "you felt sad when I left for work."

5. The parent helps the child to problem solve while also putting limits on behavior. A parent might convey that "It's okay to be angry with your brother, but it's not okay to hit him." The emotion-coaching parent helps the child articulate wishes and goals and identify strategies to meet these goals.

Qualitative data from the MEI revealed that disapproving and dismissing parents were likely to score low in emotion-coaching variables and to convey the following sentiments about negative emotions: "Seeing my child sad makes me uncomfortable."; "A child's anger deserves a time out."; "Children act sad to just get their own way."; "She's looks cute and silly when she's angry, like a little midget." The types of metaphors used by disapproving/dismissive parents centered on the disapproval of loss of control, public humiliation, and metaphors of heat/explosions such as "When people get angry they are just relieving themselves on others"

(Gottman et al., 1997, p. 83). These parents hold a belief that there is nothing to be

gained from experiencing negative emotions; they should be avoided and punished.

Parents that scored high in emotion-coaching variables provided qualitative

data such as:

- "I feel close to my child when he is sad."
- "When Jason is sad, it make me feel like a real Dad, now my heart just goes out to him."
- "When my child gets sad, we share this together." (Gottman et al., 1997, p. 82)

These parents did not see the demonstration of negative emotions from their

children as threatening or indicative of a problem to fix. Rather, these parents used

the following metaphors to describe their view of negative emotions:

- "Anger gives me energy and drive."
- "I think sadness can be good and even productive."
- "Sadness tells you to slow down."
- "I want her (daughter) to be sad like in the movies, it means she can feel and empathize." (Gottman et al., 1997, p. 82)

These parents view negative emotions as a way to gain information about the self,

become reflective, and empathize with others.

The awareness variable of the MEI requires that participants verbally

articulate and differentiate emotions. The data obtained from the MEI reveals that

only parents who scored high in awareness could articulate and differentiate

emotions. The data supports the notion that parents who scored low in their

awareness generally viewed negative emotions as "toxic and dangerous" (Gottman

et al., 1997, p. 83). For these parents, negative emotions were so difficult that they

would prefer to avoid them and remain unaware. For example, one parent reported,

"When he gets on my nerves like that, I just tune him out." or "He's not sad much. It hurts me to see him sad though. I have to go out for a run"(Gottman et al., 1997, p. 84). These parents tended to feel that nothing could be gained or done about negative emotions. In their opinion only the passage of time could improve the situation; they viewed emotions such as sadness and anger as shameful and believed they should be hidden from others.

In contrast, parents with high awareness scores believed that it's unhealthy to stifle emotions: the best way to cope with emotions is to be aware of emotions when they're less intense and deal with them before they escalate. These parents were able to differentiate each emotion and the accompanying bodily sensations. For example, one parent described the " 'delicious' aspects of sadness in romantic movies and the awful grief that accompanies an important loss" or "Sometimes I get so mad that my stomach is in knots." (Gottman et al., 1997, p. 83). Interestingly, in individual therapy, a common intervention is to help clients become aware of their emotions before they escalate as well as to become aware of how emotions are experienced in the body (Linehan, 1993).

The data from Gottman's research supports Ginott's assumptions from the 1960s: he believed that successful parents do not interact with their children in a way that is derogatory or insulting and that they do not label their children with negative traits. Instead, they are authoritative and use responsive parenting practices that Gottman calls "scaffolding praising" (Gottman et al., 1997, p. 85).

Gottman predicted that parents' meta-emotion philosophy would be based on three dimensions: derogation, warmth, and scaffolding/praising. Derogation was

characterized by a parenting style that is critical and intrusive when teaching a new task to a child (Gottman et al., 1997, p. 87). The dimension warmth characterized the overt parent who demonstrates warmth to their children (if two parents are in the home, warmth between each other as well). Scaffolding/praising described parents who were warm and responsive and engaged an authoritative approach (Gottman et al., 1997, p. 90).

In Gottman et al.'s (1997) study, parents were instructed to help their children learn a new task on a computer. Parents who were derogatory to their children were observed to provide too much information to their children and give critical feedback when the children made a mistake. Parents who scored high in the dimension of scaffolding/praise helped their children in a task by providing structure, helping their children to identify the goals of a task, and calmly providing minimal information. These parents observed their children and provided praise when they completed a task correctly. In contrast, parents who scored low in scaffolding/praise provided little or no structure, acted in an excited manner that seemed to overwhelm the children, rapidly providing too much information and feedback when the children made mistakes. Usually their response was delivered in a critical manner. In contrast, parents with an emotion-coaching meta-emotion philosophy were less likely to be critical and intrusive with their children. Emotion-coaching parents provided feedback when the children succeeded and encouragement when they made a mistake.

Gottman and colleagues (1997, p. 92), drawing upon the predictions of Ginott (2003), hypothesized that parents who have an emotion-coaching, meta-emotion

approach to raising their children would employ a parenting style that would score high in warmth and scaffolding/praise. Qualitative data from the MEI revealed that parents who hold an emotion-coaching meta-emotion philosophy don't perceive conflict as negative and don't avoid conflict with their partners or children. These parents are better able to cope with stress and demonstrate more affection to their children; they are also less authoritarian. Gottman et al. (1997, p. 92) also suggested that emotion-coaching parents use emotion-coaching skills to prevent the escalation of negative emotions between parent and child. They also posited that such a response might help parents inhibit responding to their child in a negative manner. The concept of skillfully addressing children's negative emotions in the moment to prevent negative emotions from escalating is a key component to the HTK program and core principle of Ginott's philosophy.

The MEI provided Gottman et al. (1997) data to answer the question "Is there any relationship between how the parents view their own emotions and whether they will coach the child when the child is angry or sad?" (p. 140).  Data from the MEI revealed that parental awareness of their own emotions was significantly correlated to awareness of their children's emotions. This line of evidence suggested that one way of increasing parental awareness of children's emotions is for parents to increase awareness of their own emotions.

**Emotion-Coaching and Child Outcomes**

Data from Gottman et al.'s (1997) study supported the notion that parental self-awareness does have an impact on the child outcomes. It was found that parental self-awareness of emotions was correlated with the quality of the child's

peer relationships. Awareness of his own anger on the part of the father was related to observed low levels of negative affect between the child at age eight and the best friend. It was also found that the mother's awareness of her child's anger predicted lower levels of observed negative affect between the child and the best friend. Coaching the child through sadness from the mother was correlated with higher quality peer relationships as rated by the child's teacher at age eight. The children of parents who reacted to their children's emotions in a derogatory manner scored significantly lower in ratings, by the teacher, of the child's peer relationships at age eight. Additionally, the teacher observed more negative affect when the child at age eight was playing with a best friend. In contrast, there was an inverse correlation between negative affect and those who adapted a Scaffolding/Praise approach (Gottman et al., 1997, p. 140).

Gottman and colleagues (1997) data suggested that negativity occurring within family dynamics may be related to children being delayed in the ability to inhibit emotion. The children in Gottman's study were shown movie clips that could trigger positive, negative, and neutral emotions. It was found that children of parents that scored high in derogation were correlated with more facial expressions, particularly negative emotions such as anger, sadness, and disgust. Children of parents who were high in scaffolding/praise were correlated with fewer facial expressions of disgust and sadness. The dimension of warmth bore no relation to facial expressions in this task (Gottman et al., 1997, p. 154).

The data from Gottman et al.'s (1997) study found strong correlations between meta-emotion variables and academic achievement in math, reading, and

the Stroop Interference Test.  Mothers who were more aware of their own sadness

had children with higher math scores and performed better on the Stroop task.

Children who had fathers who coached them through anger were more likely to

have higher reading comprehension scores. A seemingly contradictory finding

appeared in the data regarding father's criticism of the children. Paternal criticism

of the children at age five predicted lower attentional abilities at age eight; however,

the father's mockery of his child at age five predicted higher attentional abilities at

age eight.  Intrusiveness from the father was predictive of lower attentional abilities

at age five and lower reading and math achievement at age eight. Criticism and

intrusiveness from the mother of the children at age five was predictive of lower

attentional abilities at age eight. Maternal warmth had a small relationship to

reading comprehension at age eight. Maternal intrusiveness, mockery, and

derogation were found to impede academic achievement while maternal warmth

and scaffolding/praise was found to facilitate academic achievement. These findings

from Gottman's work support the assumptions of Ginott (2003), who said that when

parents mock and criticize and are intrusive when teaching something new, the

children will internalize negative self-images and will actually try to live up to the

negative images conveyed by the parents (Ginott, 2003; Gottman et al., 1997)

During middle childhood, children encounter unique social demands that

require them to shift their focus to wider peer relationships that extend beyond the

parent-child dyad (Gottman et al., 1997, p. 177). The terrain of expanding one's

social repertoire requires that one successfully navigate through the difficulties of

being teased, gaining acceptance by peers, and avoiding embarrassment. The skills a

child learned from their emotion-coaching parents, however, are not directly useful for navigating the challenges of middle childhood relationships. During middle childhood, labeling and talking about one's feelings to peers can increase one's odds of being rejected by social groups. What is needed to be successful in the middle school social environment is to be a "good observer, somewhat wary, cool and emotionally unflappable" (Gottman et al., 1997, p. 177). Gottman's data on children of emotion-coaching parents of children at age five revealed that their teachers rated them as more socially competent at age eight. These socially competent children are not simply transferring the skills they learned from emotion-coaching. Rather, these socially competent children use their self-awareness of emotions to better regulate themselves when they are upset; they respond appropriately to social interactions and attend to crucial cues in challenging social situations. In contrast, children of fathers who humiliated and demonstrated non-supportive behavior towards their children were observed at age eight to act aggressively towards their friends (Gottman et al., 1997, p. 172).

A weak correlation was found between parental meta-emotion and the child's demonstration of negative affect. It was found, however, that parents who scored higher in the dimension of derogation were more likely to have children who demonstrated negative affect. In contrast, parents who scored high in scaffolding/praise were less likely to demonstrate negative affect. The dimensions of derogation and scaffolding/praise resulted in no statistical significant correlation with physical illness in the child at age eight. A correlation was found between meta-emotion variables and the occurrences of the child becoming ill. Parental awareness

of their own and their child's sadness and anger were negatively correlated with the child's illness (Gottman et al., 1997).

Some unexpected findings emerged from the data collected by Gottman et al., (1997, pp. 180–181). Parental awareness of the child's emotions was predictive of negative ratings for child affect (sum of 3 scales: mother's child behavior check list, teacher rating for the Cowen Adaptive Behavior Inventory, and mother's rating on the Differential Emotions Scale) and the child's peer relationship (sum of 3 teacher rating scales: Cowen Adaptive Behavior Inventory, Negative Peer Scale, and Dodge Peer Aggression scale).

Gottman et al. (1997) suggested two explanations for the unexpected outcomes. The first is that parental attunement to a child's negative emotion encourages the expression of negative affect, which is observed by a teacher and rated negatively. Statistical models did not support the first explanation.  A second possible explanation is that parents of these children might be similar to laissez-faire parents who accept negative emotions but don't emotion-coach their children's emotions. As a result, the children might not learn to regulate their emotions. Gottman reports that there was some statistical support for this hypothesis. Gottman's team also presented another explanation suggesting that this linkage exists because "parental awareness of the child's negative emotions predicts adults' ratings of child negatively via pre-dominantly samples of child-adult interaction rather than child-child interactions" (Gottman et al., 1997, p. 181). Gottman suggests a final possibility: a parent attending to a child's negative emotions conditions the child to be more likely to express negative emotions to adults.

In keeping with Ginott's (2003) theories, it's important to note that parental anger was not related to any negative child outcomes. Ginott (2003) emphasized that parental anger is not a problem as long as the parent does not communicate global criticisms (rather than specific criticism), contempt, or name-calling during emotional interactions. According to Gottman et al. (1997), the Kahen Coding Systems used were designed to measure a cluster of negative parenting attributes identified by Ginott. These negative parenting attributes are not related to the type of anger parents would express toward their children. No correlation was found between the Kahen coding system for parental anger with parental negativity, meta-emotions coding, or negative child outcomes (Gottman et al., 1997, p. 183). It is also important to note that positive child outcomes were not simply related to warmth between parent and child (Gottman et al., 1997, p. 183). Gottman's positive parenting codes were selected to tap a mixture of positive parenting structuring, responsiveness, engagement, and maternal (not paternal) affection/excitement.

**Marital Quality and Parenting**

Meta-emotion is thought to not only reflect parenting style but also a couple's marital philosophy and the "fabric of the emotional life of the family" (Gottman et al., 1997, p. 190).  It was found that couples who follow an emotion-coaching meta-emotion philosophy were more likely to "be validating and affectionate during marital conflict, they are less disgusted (toward their partner), belligerent, and contemptuous during marital conflict, and the husbands are less likely to stonewall" (Gottman et al., 1997, p. 210).

Awareness of emotions appears to have a positive impact on marriage quality. Qualitative data from Gottman's research revealed that fathers who were aware of their own sadness were more likely to "express fondness for his wife, to talk about the importance of we-ness or a companionate philosophy of marriage, and the couple were more likely to say that it is important to discuss emotional issues" (Gottman et al., 1997, p. 206). The data also found that mothers who were more aware of their sadness correlated with the couple feeling "less chaotic and out of control of their lives" (Gottman et al., 1997, p. 207). The mother's awareness of the child's sadness was correlated with greater feelings of fondness expressed to her by her husband and an increase in we-ness as evident in the results of responses in the MEI. The mother's coaching of her child's sadness was associated with both mother's and father's expression of we-ness. The father's awareness of his anger was also associated with greater expressions of fondness toward his wife and expressions of we-ness in both the mother and father. Paternal awareness of the child's anger was related to increased demonstrations of fondness towards the wife and an increase in expressions of we-ness from both the mother and father. Interestingly, paternal awareness of the child's anger was also indicative of reduced avoidance of conflict between the mother and father. This was unexpected, given that the father's awareness of the child's anger did not lead to positive outcomes for the child.

Paternal coaching of the child through the emotion of anger was correlated with increased expressions of fondness from the father to the mother, the mother and father's expression of we-ness sentiments, the couple's likelihood of talking

about emotional issues, and the perception that marital conflict is worth the struggle (Gottman et al., 1997, p. 208).

Maternal awareness of her own anger was correlated with increased expressions of fondness towards her husband. Awareness of the child's anger on the part of the mother was correlated with a decrease of expressed negativity from the father about the marriage and the likelihood of his seeing marital conflict as being worth the struggle. Maternal coaching of the child's anger was correlated with paternal expressions of fondness towards the mother. Paternal coaching of the child's anger was negatively correlated with the overall negativity expressed by both partners in the MEI (Gottman et al., 1997, p. 209).

Gottman and colleagues' (1997) data on fathers' meta-emotion found that fathers who were more aware of their sadness and coached their children's sadness were more affectionate towards their partners and less defensive; their wives were less defensive and more affectionate. It was also found that fathers who coach their children through anger were more affectionate and less contemptuous towards their partners. An unexpected finding emerged: husbands who were aware of their own anger and their child's anger were found to be more defensive of their wives (Gottman et al., 1997, p. 209).

Mothers who were more aware of their own sadness have husbands who are "less contemptuous and belligerent" (Gottman et al., 1997, p. 198). Mothers who were more aware of their own sadness and their child's sadness and coached their children through sadness were more likely to have husbands that were less disgusted and contemptuous. Another unexpected finding emerged regarding

parental awareness and anger.  Mothers who were more aware of their children's

anger were less affectionate but less contemptuous toward their husbands. Mothers

who coached their children through their emotion of anger had husbands who were

less disgusted.

MEI qualitative data that indicated when a discrepancy in meta-emotion

philosophy existed between partners, their relationship was more likely to be

problematic and the likelihood of divorce increased (Gottman et al., 1997) Gottman

and colleagues hypothesized that couples with conflicting meta-emotion

philosophies were likely to have marriages characterized by feelings of

disappointment and increases in degree of criticism, negativity, contempt,

defensiveness, and emotional withdrawal (Gottman et al., 1997).

The data obtained by Gottman (Gottman et al., 1997) found that parental

awareness of the child's emotion could act as a buffer against the harmful effects of

marital conflict on the child's academic achievement. Emotion-coaching the child

was found to buffer the child's observed negative affect, physical health, and

academic performance from martial conflict. Gottman suggests that implementation

of interventions that aim to increase parental awareness, increase parental ability to

understand and coach the child's emotions, and increase positive parent-child

interactions may be able to reduce the negative impact of martial conflict and

divorce on the child.

**Gender**

Gottman's research did not have enough statistical power to compare

mothers and fathers separately for boys and girls (Gottman et al., 1997, p. 230).

Inferences could be made, however. Gottman and colleagues hypothesize that fathers are more likely to be aware of and emotion-coach their sons' anger than their sadness. In contrast, mothers tend to be more aware of their children's sadness and are more apt to emotion-coach this emotion than fathers. Mothers are also more apt to emotion-coach their children's sadness than their children's anger, especially when relating to their daughters.

**When Parents Feel Emotionally Flooded**

Gottman applies the term *flooding* to describe when someone is dysregulated by an emotional state (Gottman et al., 1997, p. 242). Gottman's data found that paternal experiences of being flooded by anger or sadness are related to their acting "belligerent, contemptuous, and stonewalling in martial interactions" (p. 258) as well as acting more critical towards the child. Maternal experiences of being flooded by sadness are associated with an increase in mothers who emotion-coach their children in the emotions of sadness and anger. Gottman suggests that by buffering the child from the negative effects of marital conflict, the mother may be engaging in compensatory behavior in response to a failing marriage. Mothers flooded by anger experienced more sadness and anger during marital interactions. These women were more likely to be unhappily married and leave the marriage. Mothers' flooded by anger, however, were not likely to act negatively towards their children; however, these mothers were more likely to attribute their children's sadness to a difficult temperament rather than situational factors.

**Emotion-Coaching and Culture**

Gottman et al. (1997) suggested that parents could have successful child outcomes with an emotion-coaching approach, regardless of cultural background. Culture may influence how parents talk to their children about emotions, but such differences should not negate the positive effect of emotion-coaching (Gottman et al., 1997, p. 265). Social class may influence some aspects of meta-emotion structure. For example, a father's coaching of his son's anger was positively related to his education level, and his awareness of his child's anger was positively related to his wife's education level.  No other relationship between meta-emotion structure and social class was found. Gottman does, however, cite research that has found that strict authoritarian parenting practices are more likely to be related to working class families (Gottman et al., 1997).

Gottman's position that the benefits of emotion-coaching are independent of culture and social class is promising (Gottman et al., 1997).  However, the sample of Gottman's study (Gottman et al., 1997) consisted of a small sample size of 56 couples, and Gottman provided no information regarding cultural identity or ethnicity of the sample population that participated in the study. More research using a diverse population is needed before drawing definitive conclusions regarding how emotion-coaching is influenced by culture and social class.

**Emotion-Coaching and Parenting**

Ginott emphasized that when "it comes to emotions, process is everything" (as cited in Gottman et al., 1997, p. 265). Children learn and internalize values not by concrete rules but rather by the examples set by their parents. Gottman's data

demonstrated that parents who emotion-coach their children are more likely to see their children's struggles as moments for intimacy and opportunities to teach their children about the world of emotions. Emotion-coaching parents are more likely to be more aware of their own emotions and value the information that emotions provide. Emotion-coaching is a process that helps children learn about their emotions and encourages parents to be responsive to their children's emotions and use scaffolding and praising as a way to teach their children (Gottman et al., 1997, p. 275). These families have parent-child interactions that are characterized by a value for intimacy and a respect for emotions.

The five steps of emotion-coaching are derived from Ginott's (2003) theories and the empirical data obtained by Gottman and colleagues (Gottman et al., 1997, p. 280).  John Gottman and his partner Julie Gottman developed a parent education training program to teach parents the five steps to emotion-coaching (Gottman et al., 1997, p. 280). The parent group was run for six sessions, each session lasting approximately 90 minutes. During the first session parents reflected their own childhood emotional experiences and current meta-emotion structures for sadness, anger, and fear. During subsequent sessions, parents were asked to record one emotional conversation with their child, between sessions, and bring it the next session. Each session also included role-plays between parents, based on these recorded emotional conversations. Parents would briefly write down a description of the situation they had recorded. Parents would then exchange cards and replay the incident twice. The first time the incident was replayed, the parent responded to the situation the way a dismissing parent would respond. The second time, the

parent would respond with emotion-coaching. The sessions also included

information regarding times that an emotion-coaching response would be

inappropriate, such as when parents were setting limits, feeling angry, or finding

themselves running late, perhaps under pressure to get the kids ready to leave for

school.

The parent workshop by John and Julie Gottman contained "narcissistic

motivations" to get parents to try a different parenting approach (Gottman et al.,

1997, p. 281).  In contrast to other parenting approaches that emphasize what

parents "should" do "because it's right" (Gottman et al., 1997, p. 281), Gottman's

parenting program teaches parents to become aware of their own emotions in

response to their child's emotions. Ginott (2003) believed that healthy parents are

aware of their own emotions, and Gottman's data demonstrates a strong link

between parents' own emotional awareness in relation to their children's emotional

experiences. Gottman observed that fathers were able to discuss more "vulnerable

emotions" such as sadness, empathy, and fear after participating in the group

(Gottman et al., 1997, p. 281). I have observed similar patterns when running the

HTK parenting workshop. I have observed that after parents participated in the HTK

workshop, many reported that communication patterns between parents improved

during the six-week program. In addition, I have assigned the companion book of

the HTK program, *How to Talk So Kids Will Listen* (Faber & Mazlish, 2004) to

alexythymic men who have children. I have done this with the intention of helping

the client increase emotional awareness through parent-child interactions. While no

official data has been collected, I have found anecdotal evidence that these men

became more aware of their own emotions, their partner's emotions, and their child's emotions.

The key principle to convey in meta-emotion training is for parents to recognize that their child experiencing negative emotions provides an opportunity for an emotional connection between parent and child, followed by opportunities to teach the child about emotions and problem solving strategies (Gottman et al., 1997, p. 281). The emotional connection between parent and child needs to occur frequently and at low levels of emotional intensity. When parents fail to make an emotional connection with their child at low-level of emotional intensity the child is then likely to escalate the intensity of emotion to gain parental emotional connection (Gottman et al., 1997, p. 282.) Some axis II personality disorders such as borderline personality disorder, are characterized by challenges with regulating intense negative emotions. Research indicates that these individuals often grew up in dismissing and/or invalidating environments. Many of these individuals learned that the only way to obtain an emotional connection with parental figures was to escalate their emotions to the point where they could no longer be ignored. This pattern of emotional escalation is often learned and carried out during adulthood (Linehan, 1993). The HTK program teaches parents the skills necessary to respond to their child's emotional needs frequently and consistently and before negative emotions escalate.

Parents may see the demonstration of negative emotions as manipulation and a demand to fix a problem (Gottman et al., 1997). Ginott (2003) emphasized that overtly fixing the problem is not what the child needs; what is needed is create

an empathetic emotional connection, without trying to change anything. It is only

when negative emotions are perceived as demanding that they become problematic.

The HTK program teaches parents to empathize with their child's negative emotions

rather than directly fixing the child's problem.

Gottman presented potential limits to parental meta-emotion training

(Gottman et al., 1997). Gottman's data suggests that marital stability and parental

meta-emotion structure may be related; however, directionality or causation is

unknown. In some cases the marriage may need to be improved before parental

meta-emotion training is effective. It is also suggested that in some cases a child's

peer relationships may have to be addressed for meta-emotion training to be

effective.

**Criticisms of Gottman**

Gottman et al. (1997) was a preliminary exploratory study with a small

sample size of 56 parents. While this line of research provided valuable data about

the role of emotion in parenting, extrapolating definitive conclusions could not be

accomplished. Eisenberg (1996) provides a critique of potential limitation of

Gottman et al.'s (1997) meta-emotion study (Gottman et al., 1996, 1997). The

concept of meta-emotion was based on the sum of 11 scales that also included

parenting behavior. Eisenberg argues that rather than finding a relationship

between meta-emotion philosophy and positive child outcomes, what might have

been found is that emotion-related parenting (emotion-coaching) was a predictor of

whether parents would use a derogatory or scaffolding/praise parenting approach.

In addition the parents in the study reported on their own coaching, which could be

more of a description of parenting behavior rather than holding a particular

parenting philosophy (Eisenberg, 1996).

Eisenberg (1996) also stated that it is unknown if emotion-coaching parents

teach their children to use positive cognitive restructuring to cope with negative

emotions. Cognitive restructuring to cope with negative affect does not involve

actively engaging in problem solving and could be classified as a dismissive

philosophy according to Gottman et al.'s definition of dismissive parenting style

(Eisenberg, 1996). Gottman and colleagues (1996) argued the position that the

child's temperament was not influencing the individual differences between

parental coaching and "parenting variables, regulation, and child outcomes"

(Eisenberg, 1996, p, 273). Gottman and colleagues' (1996) argument is "based on

the finding that a measure of temperament (the Differential Emotions Scale) was

unrelated to coaching" (Eisenberg, 1996, p. 273). Eisenberg points out that it is

possible that parental reports of temperament may not be objective and could be a

representation of a socially desirable response or the parent's *perceptions* of their

child's temperament (p. 274). In addition, Eisenberg (1996, p. 274) refers to another

line of research (Eisenberg & Fabes, 1994) that indicated a significant relationship

between maternal perception of children's temperament and maternal "reports of

their reactions to children's negative emotions" (Eisenberg, 1996, p. 274).

Furthermore, Eisenberg's (1996) research indicated that maternal

minimizing/punishing and maternal distress were significantly related to maternal

"perceptions of frequency and intensity of children's negative emotions (p. 274).

Gottman et al. (1996) did not assess for intensity, only frequency when collecting

data. Eisenberg et al. (1997) found a positive relationship between mother's perception of girl's negative emotions and the mother's minimizing their daughter's negative emotions. These mothers were less likely to help their daughters look for solutions to what caused the problem.

Gottman et al. (1996, 1997) did not provide any data on the effects of gender on meta-emotion. The data did indicate that maternal meta-emotion philosophy had a direct impact on the child's functioning, but for fathers the link between meta-emotion philosophy and the child's functioning was mediated by the quality of the marriage. Cowen (1996) suggests that future research examine the effect of meta-emotion philosophy between mothers and daughters, mothers and sons, fathers and daughters, and fathers and sons.

How parental meta-emotion philosophy impacts the larger family system is also unknown. Cowen (1996) suggested examining how meta-emotion philosophy affects emotion regulation patterns among grandparents, parents, and children; parental social network and work environment; and emotion regulation between siblings. Gottman et al. (1997) didn't report how family or origin (FOO) influences the development of parental meta-emotion. It's unknown what aspects of the meta-emotion philosophy of the parents in Gottman et al. came from their FOO and which aspects of meta-emotion philosophy evolved within the context of the parent's relationship. Cowen points out that while Gottman et al. suggest that positive changes in parental meta-emotion philosophy could result in positive child outcomes, no causal data was collected.

**Special Populations**

It is unknown what happens in a home where one parent takes an emotion-coaching parenting approach and another parent takes a contradicting parenting approach. Does one parent's approach override the other parent's approach? Do children in these homes experience confusion? Some research indicates a child receiving emotion-coaching from one parent might be helpful. It has been found that an emotion-coaching meta-emotion philosophy from one parent can buffer children against the negative effects of martial distress, divorce, and domestic violence (Katz & Gottman, 1997). Katz and Windecker-Nelson (2004) examined a community sample of homes with a history of low levels of frequency and severity of domestic violence (DV). It was found in the sample that DV does not generally interfere with parental ability to emotion-coach the child. It was found, however, that when fathers in this sample were the victims, they were less likely to coach their child around the emotion of fear. When mothers were the victims, they were slightly less likely to coach their child around the emotions of fear and anger. Mothers of the study who scored high in emotion-coaching found no relationship between DV and behavioral problems; mothers who scored low in emotion-coaching were found to have children with higher levels of behavioral problems. These effects were seen after controlling for martial satisfaction. These results suggest that emotion-coaching buffers children from negative outcomes in the presence of actual marital physical aggression, not just against general martial distress. It was also found that maternal emotion-coaching buffered children exposed to DV from depression and anxiety-related disorders.

In another study Katz and Windecker-Nelson (2004) explored the meta-emotion philosophy of parents of children with conduct problems (CP). It was found that parents of behaviorally disruptive 1st graders demonstrated low levels of warmth and high levels of physical aggression. These parents were also inconsistent in their discipline, had challenges with monitoring their children, and experienced higher frequencies of negative parent-child interactions. Mothers of children with CP had more difficulty being self-aware of their own emotional states, understanding emotions, identifying the cause of their emotions, and distinguishing one emotion from another. These parents did not know how to cope with their children's emotions, nor did they know how to teach them strategies for coping with negative emotions. The mothers in the sample who were more aware of their own and their children's emotions had children who had lower frequency of negative peer interactions than mothers who were less aware of their emotions. The authors of the study suggested that an appropriate intervention might be to teach mothers of children with CP how to become aware of their own emotions.

It is unknown if some children in special populations can benefit from emotion-coaching. Specifically, these are children that fall into the category of *callous-unemotional* (CU) (Frick, Cornell, Barry, Bodin, & Dane, 2003; Katz & Windecker-Nelson, 2004; Kimonis et al., 2006). Frick et al. (2003) identified a subgroup of children who demonstrate conduct problems before puberty and are characterized by "more aggression, more cognitive and neuropsychological disturbances, greater impulsivity, greater social alienation, and more dysfunctional family backgrounds" when compared to children who demonstrate adolescent onset

of conduct problems (pp. 457–458). Children that demonstrate pre-pubescent conduct disordered behavior and possess CU traits have been found to have problems with inhibiting behaviors, lacking guilt, constraining demonstration of affect, lacking empathy, and using others for personal gain (Frick et al., 2003).

Frick et al. (2003) examined a sample of 98 children from grades three, four, six, and seven. It was found at a one-year follow up that CU traits and conduct problems in children were predictive of more severe and aggressive behavior. Callous-unemotional traits and conduct problems were predictive of engaging in more violent delinquent behavior than children with conduct problems only. Callous-unemotional children were also found to engage in more proactive aggression. In contrast, children with conduct problems but lacking CU traits were found to demonstrate reactive-aggressive behavior but not proactive aggressive behavior.

It may be possible that children with deficits in behavioral inhibition are less attuned to the distress experienced by others and the ensuing negative consequences of their problematic social behavior (Kimonis et al., 2006). Kimonis et al. suggested that parenting empirically supported parenting programs such as Parent-Child Interaction Training (PCIT); such programs might be particularly beneficial for parents to foster the development of empathy in the child. The HTK workshop contains components that teach empathy to children. However, since the HTK workshop currently lacks any rigorous empirical support, it is unknown whether or not children with CU traits would benefit from emotion-coaching.

**Summary of Limitations of Parent Treatment Research**

Most parent-training programs that have strong empirical support are behaviorally based, address externalizing diagnosis such CD, ODD, and ADHD, emphasize compliance from the child, and use behavioral approaches to change problematic behavior (Brinkmeyer & Eyberg, 2003; Kazdin, 2003; Sanders et al., 2000; Webster-Stratton & Reid, 2003). A focus on achieving compliance from the child and reducing externalizing behavior before addressing the emotional underpinning of the problematic behavior may be why, when an intervention is removed, the problematic behavior often returns to baseline levels (Barkely, 1997). Overlooking or under-emphasizing the emotional dynamics between parent and child in parent-training is to dismiss a large body of research that demonstrates negative parental perception of children's negative emotions can negatively influence the parent-child relationship (Dix, 1991; Eisenberg, 1996; Eisenberg & Fabes, 1995; Eisenberg et al., 1997; Fabes et al., 2001; Gottman, 1997). A relationship between parental rejection of children's negative emotions and increased aggression in children has been found (Boyum & Parke, 1995; Denham et al., 1994; Greenberg et al., 1999; Hooven et al., 1995), as well as difficulties regulating emotions, poor school performance, and more occurrences of illness (Gottman, 1997) and emotional overeating (Topham et al., 2011). One meta-analysis of parenting programs found that positive parent-child interaction and emotional communication skills have the largest effect size, while teaching parents problem solving skills to increase academic, cognitive, and social skills in children have the smallest effect (Kaminski et al., 2008).

The HTK approach to parenting can be distinguished from other parenting approaches by the focus HTK places on emotion in the parent-child relationships. The HTK program aims to make changes between parent and child by emphasizing change in the way in which parents perceive their child's negative emotions in order to improve parent child interactions and improve emotional communication in the home. The HTK approach is based on the concept that if emotion is first addressed in parent-child conflict, compliance and problematic behavior will be easier to correct and the child will have a personal investment in the changing their behavior (Faber & Mazlish, 2004; Ginott, 2003; Gottman 1997).

Unfortunately, the HTK program is lacking evidence regarding its efficacy with both normal populations and special populations. It is unknown if the HTK can change parental perception of children's negative emotions or make any substantial positive change in the parent-child relationship. While one study (Fetsch & Gebeke, 1995) found the HTK parent workshop to have been superior to five other parenting programs in improving family communication and functioning, the study did not examine whether or not there was any change in parental perception of children's negative emotions. More studies of the HTK parent-training program are needed to determine if the HTK parenting approach can change parental perspective of children's negative emotions.

Multiple reasons may help explain the lack of research for the HTK workshop. A possible explanation is that Faber and Mazlish, creators of the HTK parenting training program, do not hold advanced degrees in the social sciences or claim to have any formal training in psychology. Faber and Mazlish learned the techniques

taught in the HTK while they were Hiam Ginott's students in his parenting group

(Faber & Mazlish, 2004). Faber and Mazlish's lack of formal training in psychology

and affiliation with a research institution did not allow them to have access to

resources to conduct extensive research of the HTK parenting workshop.

Another possible reason for the lack of empirical evidence for the HTK

workshop is that the HTK workshop is not specifically designed to address

problems tied to any specific childhood diagnosis (e.g., ODD, CD, ADHD).  The lack of

addressing a specific diagnosis in the HTK parent-training program may contribute

to the lack of research of the efficacy of the HTK program. Although Gottman

provided empirical evidence of the value of emotion-coaching, which reflects

Ginott's parenting philosophy (Gottman, 1997), his research doesn't provide details

as to how to implement an emotion-coaching program, nor does his research make

any claims that emotion-coaching is appropriate for specific populations with

challenges like ODD, CD, and ADHD.

Another possible reason for the lack of research of the HTK program is that it

is difficult to measure emotional experiences in a quantitative manner;

consequently, very few quantitative measures exist. The CCNES is one of the few

measures available that provides quantitative data regarding parental perception of

children's negative emotions (Fabes et al., 2002). Furthermore, human emotional

experiences, to be measured and fully understood, may require qualitative data. For

example, the MEI (Gottman, 1997), which provides rich detail of the experience of

emotions, requires a great deal of coding to provide quantitative data. Conducting

in-depth interviews of individual perceptions of emotions and coding qualitative

data is an expensive and time consuming endeavor and may contribute to the lack of

studies regarding parental perspective of emotions.

**Methods**

**Mixed Methods Approach**

The current study explored whether or not parental perception of children's

negative emotion changes after participating in the HTK parenting program. The

exploratory nature of this study, a small sample (N = 9), and no control group led to

selecting a quasi-experimental approach (Creswell, 2003). A mixed method design

was used to obtain quantitative data in the form of descriptive statistics and

qualitative data from observations made by the author of the study and from

unstructured interviews with participants of the HTK workshop. A sequential

explanatory strategy allowed for the qualitative data collected to help interpret and

explain the qualitative results (Creswell, 2003).

**Participants**

Participants were parents of children aged 5–11 years old.  Participants were

recruited via a flyer distributed in the waiting room at a child and family

psychological group practice located in a suburb of Seattle, WA. The author of this

study is a practicing therapist and a member of the group practice where the study

was conducted. Flyers were also distributed to all practicing therapists in the group

practice. A total of 10 individual parents (5 female, 5 male) of 9 children aged 5–11

years old were recruited to participate in the study. The data from 9 parent

participants was analyzed (5 female, 4 male). One participant's data was excluded

due to this participant having missed three workshop sessions. All participants

identified themselves as Caucasian and reported either middle- or upper-middle-

class socio-economic status ($75,000 and higher annual income).  All participants in

the study were parents of children experiencing symptoms of anxiety and/or depression and had at least one child currently in therapy for anxiety and/or depression. Children of parents or parents who had been diagnosed with a major psychiatric disorder or neuro-developmental disorder were excluded from the study. The data from parents who missed more than one session was excluded.

Parents interested in participating in the study contacted the author of the study to set up a time to conduct a phone interview during which I explained the purpose of the study and the requirements for participating in the study; I also offered to answer questions. Individuals who agreed to participate in the study after the phone interview were mailed the following: a consent form approved (see appendix B) by the Antioch University-Seattle Institutional Review Board (IRB) to sign, the Coping with Children's Negative Emotions Scale (Fabes et al., 2002), and an anonymous form asking for ethnic background, gender, and annual income to complete prior to the first parent workshop sessions. Participants were given the option to participate in either a morning or evening workshop. Two participants selected the morning workshop and seven participants selected the evening workshop. All participants in the current study were assigned a number that corresponded with their name on a separate master list kept in a locked filing cabinet. Any individual identifying information was removed and was not part of any official data or final written work.  The data collected from the CCNES (Fabes et al., 2002) contained only responses and a number to identify the participant.

**Measure**

      All participants were given the CCNES (Fabes et al., 2002) twice, once prior to the first HTK workshop session and again during the second-to-last HTK workshop session. All participants were given a copy of *How to Talk so Kids Will Listen, and Listen so Kids Will Talk,* (Faber & Mazlish, 2004), *How to Talk So Kids Will Listen, and Listen So Kids Will Talk-Participant Workbook* (Faber & Mazlish, 2002), and *Liberated Parents, Liberated Children* (Faber & Mazlish, 2013).

      **Coping with Children's Negative Emotions Scale (CCNES).** The CCNES (Fabes et al., 2002) is a 12-item, Likert-scale, self-report instrument for examining parental response to children's negative emotions of sadness and anger. Parents were presented with 12 common hypothetical situations where their child is either sad or angry; they are asked to rate the likelihood of responding in any of six ways. The six possible ways of responding to their child's negative emotions corresponded to six subscales. The six ways of responding and subscales were as follows:

- distressed reactions (DR): the degree of parental distress experienced from the child's negative affect;
- punitive reactions (PR): the degree to which the parent responds to the child's negative emotions that reduce parental exposure to the negative emotion,
- minimization reactions (MR): the degree to which the parent minimizes or devalues the child's negative emotions or the situation causing negative emotions;

- expressive encouragement (EE): the degree to which the parent validates

  and/or encourages the child to express negative affect;

- emotion-focused reactions (EFR): the degree to which the parent

  attempts to make the child feel better; and

- problem-focused reactions (PFR): the degree to which the parent helps

  the child solve the problem that caused the distress.

The six subscales of the CCNES include parental distress, responding to the

child's emotions by minimizing or punishing, minimizing the parent's negative

emotional reaction, providing comfort to the child, encouraging the child to express

emotions, and helping the child find solutions to the problem. Eisenberg, co-author

of the CCNES, reported that the CCNES "are very similar to Gottman et al.'s coaching

measures . . . Eisenberg and Fabes scales (CCNES) formed groupings that were

consistent with Gottman et al.'s dismissing versus coaching index" (Eisenberg,

1996).

Due to the sparse availability of measures examining parental perception of

children's negative emotions, the data provided by Fabes et al. (2002) is particularly

valuable. The results of Fabes et al.'s study demonstrate that the CCNES has reliable

and valid psychometric properties regarding parental response to children's

negative emotions. From a population sample of 101, mostly mothers, the internal

reliability of the CCNES for the six subscales are DR = .70, PR = .69, MR = .78,

EE = .85, EF = .80, PF = .78 (Fabes et al., 2002, p. 29). The test-retest reliability for 35

participants who completed the CCNES twice (four month delay) revealed that

responses were significant (p < .01) correlated from Time 1 to Time 2 (DR = .62, PR = .83, MR = .77, EE = .56, EF = .57, PF = .77) (Fabes et al., 2002, p. 13).

**Materials**

*How to Talk  So Kids Will Listen* **(Faber & Mazlish, 2004).**  *How to Talk So Kids Will Listen and Listen So Kids Will Talk* (Faber & Mazlish, 2004) was the main text used in the HTK parenting program and was provided to each participant.  All participants were asked to complete each week's assigned reading prior to attending each workshop session (see Appendix A).

*How to Talk So Kids Will Listen-Video Series Participant's Workbook* **(Faber & Mazlish, 2006).**  Each participant was given a workbook to be used during each HTK workshop session; it was used for completing homework assignments between workshop sessions.

*Liberated Parents Liberated Children* **(Faber & Mazlish, 2013).**  *Liberated Parents, Liberated Children* was the secondary text used in the HTK parenting program. Each participant was given a copy of the secondary text to accompany assigned readings in the HTK parenting program (see Appendix A).

**Treatment Procedure**

At the first workshop meeting, the consent form and CCNES (Fabes et al., 2002) was collected from each participant, and all participants were given a photocopy of their consent form. Participants were provided with a copy of *How to Talk So Kids Will Listen, and Listen So Kids Will Talk,* (Faber & Mazlish, 2004), *How to Talk So Kids Will Listen, and Listen So Kids Will Talk-Participant Workbook* (Faber & Mazlish, 2002), and *Liberated Parents, Liberated Children* (Faber & Mazlish, 2013).

At the second-to-last session of the HTK workshop, participants were given the

CCNES to complete and return at the last HTK workshop session.  After collecting

the consent form, the CCNES, and passing out all text books and workbooks, the

author began the workshop, following the protocol outlined in the HTK manual. The

workshop met for six consecutive weeks, and each meeting was 70–90 minutes in

length. The author took observational notes on the participants as well as quotes

from semi-structured interviews with participants or quotes from conversations

that emerged during the HTK workshop session. See Appendix A for a detailed

description of each workshop session.

**Results**

As predicted, results suggested that participating in the HTK workshop changes parental perception of children's negative emotions (as assessed using the CCNES). It was predicted that scores would be lower on the CCNES subscales of distressed reactions (DR), punitive reactions (PR), and minimizing reactions (MR) at post-test. It was also predicted that scores would be higher on the CCNES subscales of expressive encouragement (EE), problem-focused reactions (PFR), and emotion-focused reactions (EFR) at post-test. All hypotheses were supported by the data, with the exception of the EFR subscale (with lower scores at post-test, rather than higher).

The largest difference in pre and post scores for parental perception of children's negative emotions occurred within the Expressive Encouragement subscale. This subscale reflects the degree to which parents encourage children to express negative affect or the degree to which they validate child's negative emotional states using Likert scale of 1-7 where 1 is very unlikely and 7 is very likely. See Table 1 for quantitative data for the Expressive Encouragement subscale. Differences in mean scores from pre-test to post-test for this subscale revealed an increase of 0.86 (see Figure 1).

Table 1

*Expressive Encouragement: Quantitative Data for Pre-Test and Post-Test*

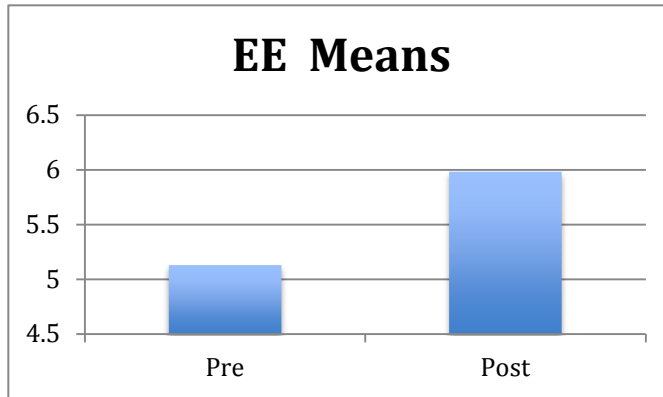|  | Mean | Standard Deviation | Range | Min | Max |
|---|---|---|---|---|---|
| Pre-test | 5.12 | 0.74 | 2.08 | 3.83 | 5.91 |
| Post-test | 5.98 | 0.48 | 1.41 | 5.33 | 6.75 |
| Difference in Means | 0.86 |  |  |  |  |

*Figure 1.* Pre-test and post-test mean scores for expressive encouragement.

The second largest difference in pre and post scores was found in two subscales: minimizing reactions (with a mean decrease in score of 0.68; see Figure 2) and distress reactions (also with a mean decrease in score of 0.68; see Figure 3). The minimizing reactions subscale reflects the degree to which parents minimize the seriousness of the situation or devalue the child's problem or distressful reaction using a Likert scale of 1-7 where 1 is very unlikely and 7 is very likely. See Table 2 for quantitative data for the minimizing reactions subscale. The distress reactions subscale reflects the degree to which parents experience distress when children express negative affect using a Likert scale of 1-7 where 1 is very unlikely and 7 is very likely. See Table 3 for quantitative data for the distress reactions subscale.

Table 2

*Minimizing Reactions: Quantitative Data for Pre-Test and Post-Test*

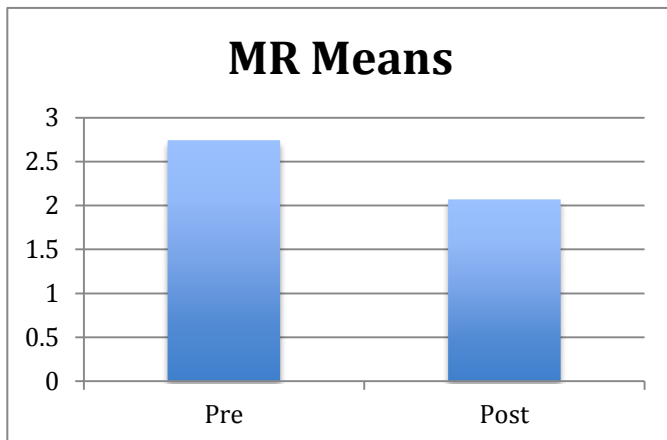|  | Mean | Standard Deviation | Range | Min | Max |
|---|---|---|---|---|---|
| Pre-test | 2.74 | 1.06 | 3 | 1.58 | 4.58 |
| Post-test | 2.06 | .065 | 2.08 | 1 | 3.08 |
| Difference in Means | 0.68 | | | | |

*Figure 2.* Pre-test and post-test mean scores for minimizing reactions.

Table 3

*Distress Reactions: Quantitative Data for Pre-Test and Post-Test*

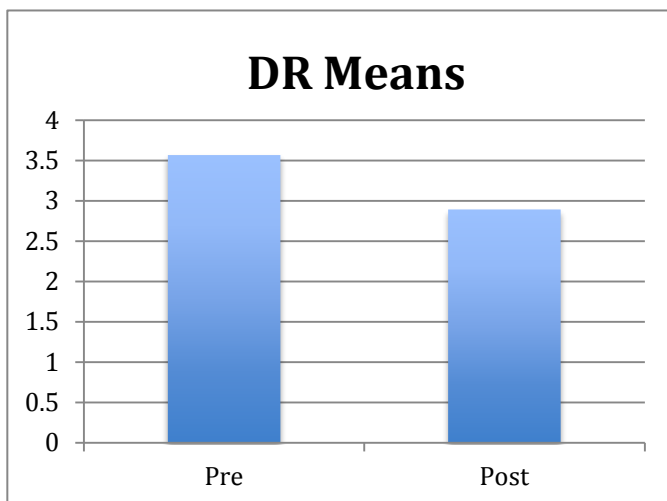|  | Mean | Standard Deviation | Range | Min | Max |
|---|---|---|---|---|---|
| Pre-test | 3.56 | 0.60 | 1.91 | 2.58 | 4.5 |
| Post-test | 2.88 | 0.58 | 2 | 1.66 | 3.66 |
| Difference in Means | 0.68 |  |  |  |  |



*Figure 3.* Pre-test and post-test mean scores for distress reactions.

The third largest difference in pre and post scores occurred within the emotion-focused reactions subscale. This subscale reflects the degree to which parents respond with strategies that are designed to help the child feel better using a Likert scale of 1-7 where 1 is very unlikely and 7 is very likely. See Table 4 for quantitative data for the emotion-focused reactions subscale. Difference in mean scores from pre-test to post-test for this subscale revealed a decrease of 0.62 (see Figure 4). As stated previously, this finding was contrary to the current study hypothesis that scores for the emotion-focused reactions would increase.

Table 4

*Emotion-Focused Reactions: Quantitative Data for Pre-Test and Post-Test*

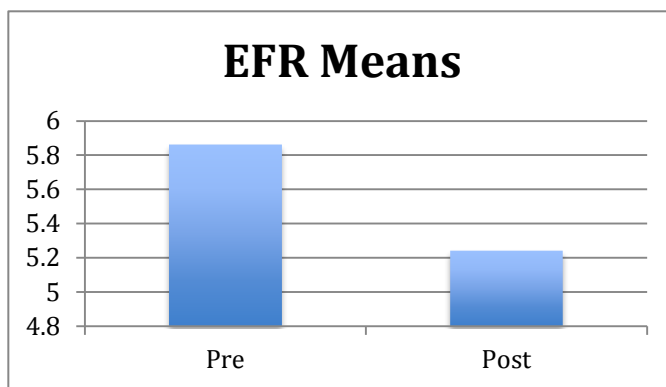|  | Mean | Standard Deviation | Range | Min | Max |
|---|---|---|---|---|---|
| Pre-test | 5.86 | 0.60 | 1.75 | 4.91 | 6.66 |
| Post-test | 5.24 | 1.01 | 2.91 | 3.75 | 6.66 |
| Difference in Means | 0.62 | | | | |



*Figure 4.* Pre-test and post-test mean scores for emotion-focused reactions.

The fourth largest difference in pre and post scores occurred within the problem-focused reactions subscale. This subscale reflects the degree to which parents help

the child solve the problem that caused the child's distress using a Likert scale of 1-7 where 1 is very unlikely and 7 is very likely. See Table 5 for quantitative data for the problem-focused reactions subscale. Differences in mean scores from pre-test to post-test for this subscale revealed an increase of 0.44 (see Figure 5).

Table 5

*Problem-Focused Reactions: Quantitative Data for Pre-Test and Post-Test*

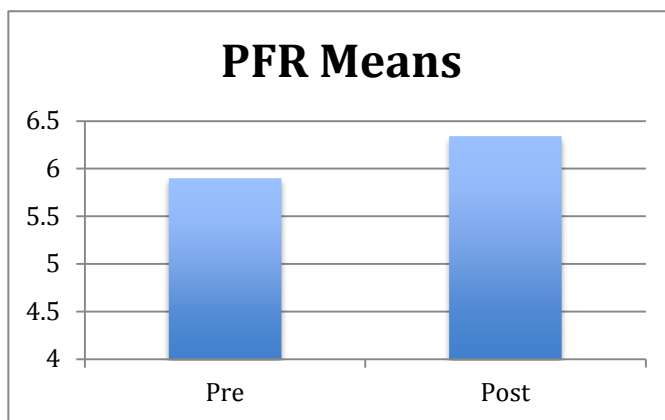|  | Mean | Standard Deviation | Range | Min | Max |
|---|---|---|---|---|---|
| Pre-test | 5.89 | 0.45 | 1.58 | 4.83 | 6.41 |
| Post-test | 6.33 | 0.43 | 1.25 | 5.66 | 6.91 |
| Difference in Means | 0.44 | | | | |



*Figure 5*. Pre-test and post-test mean scores for problem-focused reactions.

The smallest difference in pre and post scores was found within the punitive reactions subscale. This subscale reflects the degree to which parents respond with punitive reactions that decrease their exposure to the negative emotions of their children using a Likert scale of 1–7 where 1 is very unlikely and 7 is very likely.  See Table 6 for quantitative data for the punitive reactions subscale. Differences in mean

scores from pre-test to post-test for this subscale revealed a decrease of 0.3 (see Figure 6).

Table 6

*Punitive Reactions: Quantitative Data for Pre-Test and Post-Test*

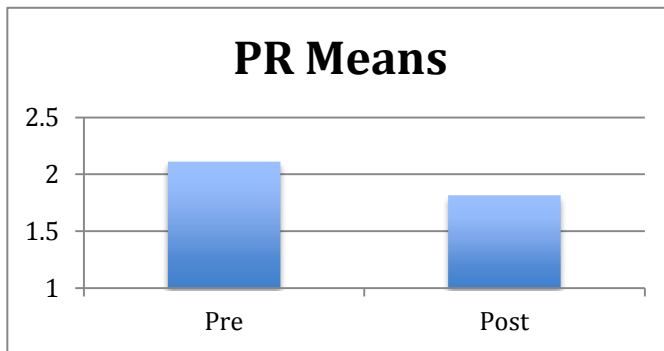|  | Mean | Standard Deviation | Range | Min | Max |
|---|---|---|---|---|---|
| Pre-test | 2.11 | 0.41 | 1.33 | 1.33 | 2.66 |
| Post-test | 1.81 | 0.44 | 1.58 | 1.16 | 2.41 |
| Difference in Means | 0.3 | | | | |



*Figure 6.* Pre-test and post-test mean scores for punitive reactions.

**Discussion and Qualitative Data**

The current study hypothesized that after parents participated in the HTK workshop they would experience a change in perceptions of children's negative emotions. Specifically, these changes would be confirmed by a decrease in scores obtained by the Coping with Children's Negative Emotion Scale (CCNES) scores of distressed reactions (DR), punitive reactions (PR), and minimizing reactions (MR), and an increase in expressive encouragement (EE), problem-focused reactions (PFR), and emotion-focused reactions (EFR). Distressed reactions (DR), punitive reactions (PR), and minimizing reactions (MR) decreased as predicted. Expressive encouragement (EE) and problem-focused reactions increased as predicted. Contrary to prediction, EFR scores decreased. Individual scores revealed that the EFR scores for two participants increased post workshop; one participant's EFR scores remained the same at post workshop. The remaining six participants demonstrated a decrease in EFR scores. At pre workshop, both EFR and PFR scores were nearly equal (PFR = 5.89; EFR = 5.86). At post workshop, PFR scores increased while EFR scores decreased (PFR = 6.33; EFR = 5.24).

Examining each of the questions that corresponded with the EFR scale in the context of the philosophical underpinnings of the HTK workshop may help explain the decrease in EFR scores. According to Fabes et al. (2002), the PFR and EFR scales represent two ways of coping with stress. Problem-focused reactions are ideal when the source causing the distress can be addressed. In contrast, EFR scale represents ways of coping when the source causing distress can't be addressed and must be tolerated. Some of the questions in the CCNES that corresponded to the EFR scale

contained phrases such as "distract my child" or help their child "forget" what

caused the problem (Fabes et al., 2002). It is possible that the use of the words

*distract* and *forget* were perceived by the parents in this sample as dismissing and

trivializing their child's emotional experience. According to the philosophical

underpinnings of the HTK workshop (Faber & Mazlish, 2002, 2004, 2006; Ginott,

2003; Gottman, 1997; Gottman et al., 1997), distracting or encouraging the child to

forget what caused the distress is viewed as dismissing or trivializing the child's

negative emotions in certain circumstances. The HTK program emphasizes that not

addressing the child's emotional needs can leave the child feeling confused and

unable to regulate their emotions effectively. This perspective of the HTK program

is echoed by Dix (1991) who found that "parenting that consistently emphasizes

immediate reduction of negative emotion will leave important long-term needs of

children unaddressed to make cooperative, compatible interaction difficult to

achieve" (p. 14).

The HTK program does not overtly use distraction or cognitive restructuring

as a way of coping with negative emotions or situations that can't be controlled.

From the perspective of the HTK program, coping with negative emotions by

distraction may be a way to cope but only after one's painful emotions have been

accepted and processed. The HTK approach emphasizes the need for parents to

identify, accept, and empathize with their children's negative emotions rather than

employ cognitive restructuring strategies (Faber & Mazlish, 2002, 2004, 2006;

Ginott, 2003). Once the negative emotions have been processed, one can effectively

generate solutions to cope or make a better choice in the future.

The closest the HTK program comes to distracting or helping the child forget what caused the distress is the suggestion to grant the child's wish in fantasy. For example, a child on a long car ride is thirsty and wants a cold glass of water. The parent may reply, "I hear you're really thirsty and there's no place to stop for a cold glass of water right now.  I sure wish we had an ice cold water fountain in the car right now!" The child might then reply, "Forget the water fountain, how about a soda machine! How much longer until we get home?" The parent in this example gave the child empathy and the fantasy of an immediate solution to the problem at hand. Providing empathy and validation informs children that they are heard, understood, and taken seriously, which, in turn, allows children to better cope with the situation until, in this case, the child arrives home or at a rest stop where thirst may be quenched (Faber & Mazlish, 2002, 2004, 2006). The child is likely to know that there is no place to stop for a cold glass of water at that moment, but now the child feels heard and validated by having the wish granted in a fantasy. When children feel heard and validated, they can better regulate their emotions, accept the limits of the situation, and then redirect to find a way of coping (Faber & Mazlish, 2002, 2004, 2006; Ginott, 2003; Gottman 1997).  At no point in the above example does the parent attempt to help the child forget or overtly distract the child. Instead, the parent does the opposite: acknowledge and validate the child's distress and help the child regulate negative emotions. While the CCNES (Fabes et al., 2002) is one of the few valid measures available that examine parental perception of children's negative emotions, wording of some the CCNES questions (Fabes et al., 2002) may have limited the knowledge gained in this study.

It is not likely that the decrease in EFR scores indicates a decrease of parental empathy or avoidance of negative emotions. The increase in EE scale scores, which corresponds with providing empathy and validating the child's negative affect (Faber, 2002), suggests that the parents in this sample are more likely to listen, accept, and provide empathy and validation to a child's negative affect after participating in the HTK workshop. The increase in post-HTK workshop PFR scores suggests that the parents in the sample were also more likely to engage with their child and assist the child in finding a solution to problems. Taken together, the decrease in DR score and the increase in both PFR and EE responses suggest that the parents in this sample are less distressed by their child's negative emotions and more likely to engage with their child to help the child express and label negative emotions and find a solution to the problem causing the distress after participating in the HTK parenting program. An increase in PFR and EE scores may indicate an increase in likelihood of using emotion-coaching strategies. These two scales contain the steps of emotion-coaching: labeling the negative affect, validating the negative effects, and then working with the child to find solutions (Gottman, 1997; Gottman, Fainsilber-Katz, & Hooven, 1996; Gottman et al., 1997).

The decrease in EFR may also demonstrate that the parents in this sample are generally more comfortable with their child's negative affect post workshop. The parental urge to make the child feel better might be an indication of the parent's own discomfort and avoidance of their child's negative emotions and their desire to distract the child from expressing and dwelling on negative emotions. The increase in EE scores suggests that the parents in this sample were more likely to encourage

their child to emotionally express her/himself and may not be as avoidant or as distressed by their child's emotions at post workshop. The decrease in DR scores suggests that parents in this sample experienced less subjective distress from their child's negative emotions at post-workshop. It might be possible that parents in this study are better able to tolerate the distress tied to the child's negative emotions, which then allows the parent to become more engaged in coaching their child to cope with negative emotions.

Qualitative data obtained from the parents in this sample supports the above observations. For example, one parent stated, "I never really thought about how my reactions to their (children's) emotions can make the situation worse." Another parent revealed, "I sometimes think the problem is my reaction to my child and not how my child is reacting to their own emotions." These two insightful comments suggest that these parents better understood how their own distressful reactions to their child's negative emotions worsen negative affective states in their child. Parents in this sample were surprised that their past assumptions were challenged by the HTK workshop. Parents made comments such as "I have to unlearn everything I know"; "This is actually really hard!"; "I didn't know just talking to my kids would require so much thought"; "I have to unlearn a lot of my previous ways of acting and learn these new techniques." One couple stated after the Alternative to Praise session, "On the way here tonight, we thought about taking advantage of having a baby sitter and going to dinner instead of coming to the workshop. We thought 'praising is easy, what else is there to learn? We have this nailed!' Wow, this was a lot more complicated and more helpful than we ever imagined! We have a lot

to work on!" While this qualitative input from parents demonstrates the aspects of the program that they found most helpful, the current study does explore how and why these aspects were found to be particularly helpful. This is discussed further in the Limitations, Delimitations, and Future Research section.

Parent observation and self-report suggested that parents left each session feeling energized and ready to apply the new material they had learned. At the beginning of each session during the homework check-in, the parents in the sample were consistently involved and freely offered their experience of using the techniques between sessions. After each workshop session, the parents in this study would linger, talking to each other, comparing notes, strategies, stories, and laughing.

While the video demonstrations in the HTK workshop were over 20 years old and were outdated by contemporary standards, the parents in this study found the videos to be very helpful in learning the new material. One parent stated, "I first thought 'these videos and the music is really cheesy and dated,' but after a while I started to really like the actors in the video and really felt the situations demonstrated captured the struggles I have with my child. I learned much more than I thought I would."

Most of the participants in this sample worked full time in a professional setting, and all of the parents in the evening group were coming straight from work and had to arrange for child care. Attending a six-week parenting workshop was not an easy task for the busy parents in this sample; however, this group of parents appeared to have recognized the value of the HTK workshop as reflected in the low

attrition rate (only one participant's data was excluded for missing three sessions, and only two participants missed one session). The demographics of the participants highlighted many advantages. All participants were middle to upper middle class (household income of $75,000 or more per year), college educated, not of single parents status, and without maternal psychopathology. These demographic factors have been found to be associated with better outcomes in parenting programs (Altan-Aytun et al., 2013; Kaminski et al., 2008; Reyno & McGrath, 2006). Additionally, all parents in this study were Caucasian. This is important to note, considering research that suggests that there are important ethnic and cultural considerations that need to be taken into consideration when evaluating the effects of different parenting styles. For example, numerous researchers have found a correlation between negative behavioral outcomes in children and authoritarian parenting style for Caucasian samples but not for African American samples (Baumrind, 1972; Deater-Deckerd, Dodge, Bates, & Pettit, 1986; McLeod, Kruttschnitt, & Dornfield, 1994). All parents in this study had a child in psychotherapy for internalizing disorders (anxiety and depression) and were referred to the workshop by their child's psychotherapist. According to Reyno and McGrath, parents who are not self-referred are more likely to have poorer outcomes compared to those who are self-referred. However, all of the parents were self-referred for finding an individual therapist for their child and actively involved in their child's treatment. The children of the participants were not diagnosed with any externalizing disorders. Taken together, the participants in this study contained

more strengths than challenges associated with positive parenting outcomes (Altan-Aytun et al., 2013; Kaminski et al., 2008; Reyno & McGrath, 2006).

Initially, some participants expressed hesitation in participating in the workshop and made statements such as "I'll give this workshop a try and see what happens . . . I'm coming straight from work so it might be tough" and "I'll try to make every session, but I am very busy and can't make any promises." One parent said at the end of the second-to-last workshop session, "At first we thought, 'attending this workshop for six weeks after work is going to be really tough.' I wondered if we were going to be able to make all the sessions; now we only have one more session left after tonight, and I don't want this workshop to end!"

**Limitations, Delimitations, and Future Research**

The homogenous nature of the sample (100% Caucasian and 100% middle to upper middle class) is a limitation. This group of participants had strengths (high SES, no single parent status) that have been demonstrated in previous research to correlate with positive parent and child outcomes (Kaminski et al., 2008; Reyno & McGrath, 2006). For those who are economically disadvantaged, attending a six week parent workshop could be difficult due to factors such as having to taking time off work or arranging for child care. Some research has found that for those who are facing economic hardship, receiving parent-training at the individual level results in better outcomes (Reyno & McGrath, 2006). In light of the body of research that suggests important ethnic and cultural considerations in the effects of various parenting styles and techniques (Baumrind, 1972; Deater-Deckerd et al., 1986; McLeod et al., 1994), the ethnically homogenous nature of the sample (100%

Caucasian) is also an important limitation. Future research examining group versus individual delivery of the HTK program with a more ethnically and economically diverse sample is recommended. These recommendations may reveal any additional benefits (both short-term and long-term) of the HTK program for parents and children, but it may also further enable the program to be tailored and studied with diverse populations.

A major delimitation of the current exploratory study is the one-group study design, which does not allow for the results to be interpretable. The specific values, attitudes, and beliefs expressed in the HTK workshop were clearly presented in the HTK workshop and by the author of this paper while leading the HTK workshop. It is possible that the positive results reported by the participants in this study were influenced by the participants wanting to provide positive results for the author and not contradict the values expressed in the HTK workshop. The low attrition rate suggests that the parents in this sample also invested a lot of time and energy into participating in the HTK workshop. The amount of time and energy the participants in this study put forth might have contributed to the development of a positive bias towards the HTK workshop. The author observed no actual parent-child interactions this study and the results of this study were based on a self-report measure. A discrepancy between what reactions to children's negative emotions parents report and what reactions they actually experience may exist. Future research studies of the HTK workshop will want to observe actual parent-child interaction to provide objective data to the degree to which the HTK workshop changes parental perception of children's negative emotions.

Another valuable source of data for future studies of the HTK workshop comes in the form of narrative-style qualitative data, wherein parents provide detailed accounts of instances in which the techniques are being used, what the perceived effects are for parent and child, and how this may differ from similar situations that occurred prior to the workshop.

The current exploratory study demonstrated promising results that warrant further research. The current study lacked enough participants to run inferential statistical analysis of data or have a control group. Future research should examine enough participants to run such analysis as well as a control group. The participants in the study were all parents of children experiencing symptoms of anxiety and/or depression. Future research with samples of clinical and non-clinical populations is recommended. While parents of children diagnosed with behavioral disorders face unique challenges and may find the HTK workshop particularly helpful to maintain a positive relationship with their child, there are no studies that indicate whether or not the HTK program is effective when dealing with externalizing disorders. The world of emotions is complex, and qualitative data can add depth to understanding complex issues that quantitative data may overlook. Future studies investigating the HTK program that contain an expanded qualitative component may provide rich data to further understanding of parental perception of children's negative emotions. Future studies examining the HTK program that obtain qualitative data using the MEI (Gottman et al., 1997) may be particularly helpful in obtaining a richer description of parental perception of children's negative emotions. Obtaining qualitative data exploring each parent's family of origin (FOO) experiences with

negative emotions could provide additional valuable data on the origins or parental perception of negative emotions.

The current study did not examine whether or not the gains made by the parents were maintained over time. It is recommended that future studies include follow-up measures or a more longitudinal design. This study also did not examine child outcomes. While the results of this study show promising results for the parents, it is unknown whether positive parent gains result in positive child outcomes. Future research should also investigate whether not positive child outcomes are obtained and whether or not any positive child outcomes are maintained over time.

# References

Abidin, R. R. (1995). *Parenting Stress Index: Professional manual* (3rd ed.). Odessa, FL: Psychological Assessment Resources.

Altan-Aytun, O., Yagmurlu, B., & Yavuz, H. M. (2013). Turkish mothers' coping with children's negative emotions: A brief report. *Journal of Child and Family Studies*, *22*(3), 437–443. doi:10.1007/s10826-012-9597-x

American Academy of Pediatrics (AAP). (2011). ADHD: Clinical practice guidelines for the diagnosis, evaluation, and treatment of attention deficit/hyperactivity disorder in children and adolescents. *Pediatrics*, *128*(5), 1007–1022. doi:10.1542/peds.2011-2654

Arkan, B., Ustun, B., & Guvenir, T. (2013). An analysis of two evidence-based parent training programs and determination of the characteristics for a new program model. *Journal of Psychiatric and Mental Health Nursing*, *20*, 176–185. doi:10.1111/j.1365-2850.2012.01876.x

Arnold, D. S., O'Leary, S. G., Wolff, L. S., & Acker, M. M. (1993). The Parenting Scale: A measure of dysfunctional parenting in discipline situations. *Psychological Assessment, 5*(2)*,* 137–144. doi: 10.1037//1040-3590.5.2.137

Aron, A., Aron, E. N., & Smollan, D. (1992). Inclusion of other in the self scale and the structure of interpersonal closeness. *Journal of Personality and Social Psychology, 63*, 596–612. doi:10.1037/0022-3514.63.4.596

Barkley, R. A. (1997). *Defiant children: A clinician's manual for assessment and parent training*. New York, NY: The Guildford Press.

Baumrind, D. (1972). An exploratory study of socialization effects on black children: Some black-white comparisons. *Child Development, 43*(1), 261–267. doi:10.2307/1127891

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence, 11*, 56–95. doi:10.1177/0272431691111004

Baumrind, D., Larzelere, R. E., & Owens, E. B. (2010). Effects of preschool parents' power assertive patterns and practices on adolescent development. *Parenting Science and Practice, 10*, 157–201. doi:10.1080/15295190903290790

Berscheid, E., Snyder, M., & Omoto, A. M. (1989). The relationship closeness inventory: Assessing the closeness of interpersonal relationships. *Journal of Personality and Social Psychology, 57*(5), 792–807. doi:10.1037/0022-3514.57.5.792

Boyum, L. A., & Parke, R. D. (1995). The role of family emotional expressiveness in the development of children's social competence. *Journal of Marriage and Family*, *57*(3), 593–608. doi:10.2307/353915

Brinkmeyer, M. Y., & Eyberg, S. M. (2003). Parent-child interaction therapy for oppositional children. In A. E. Kazdin  & J. R. Weisz (Eds.), *Evidence-bases psychotherapies for children and adolescents* (pp. 204–223). New York, NY: The Guildford Press.

Carper, J. L., Fisher, J. O., & Birch, L. L. (2000). Young girls' emerging dietary restraint and disinhibition are related to parental control in child feeding. *Appetite*, *35*(2), 121–129. doi:10.1006/appe.2000.0343

Centers for Disease Control and Prevention (CDC). (2013, May). *Morbidity and mortality weekly report.* Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm

Conners, N., Edwards, & M. C., Grant, A. (2007). An evaluation of a parenting class curriculum for parents of young children: Parenting the strong-willed child. *Journal of Child and Family* Studies, *16*(3), 321–330. doi:10.1007/s10826-006-9088-z

Cowen, P. A. (1996). Meta-thoughts on the role of meta-emotion in children's development: Comment on Gottman et al. (1996). *Journal of Family Psychology, 10*(3), 277–283. doi:10.1037//0893-3200.10.3.277

Creswell, J. W.  (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.) Thousand Oaks, CA: Sage.

Deater-Deckerd, K., Dodge, K., Bates, J. E., & Pettit, G. S. (1986). Physical discipline among African-American and European American mothers: Links to children's externalizing behaviors. *Developmental Psychology, 32*(6), 1065 – 1072. doi: 10.1037//0012-1649.32.6.1065

Denham, S. A., Mitchell-Copeland, J., Strandberg, K., Auerbach, S., & Blair, K. (1997). Parental contributions to preschoolers' emotional competence: Direct and indirect effects*. Motivation and Emotion, 21*(1), 65–86. doi: 10.1023/a:1024426431247

Dix, T. (1991). The affective organization of parenting: Adaptive and maladaptive process. *Psychological Bulletin, 110*(1), 3–25. doi:10.1037//0033-2909.110.1.3

Dodge, K. A., & Coie, J. D. (1987). Social-information-processing factors in reactive and proactive aggression in children's peer group. *Journal of Personality and Social Psychology, 53*(6), 1146–1158. doi:10.1037/0022-3514.53.6.1146

Eisenberg, N. (1996). Meta-emotion and socialization in the family-a topic whose time has come: Comment on Gottman et al. (1996). *Journal of Family Psychology, 10*(3), 269–276. doi:10.1037/0893-3200.10.3.269

Eisenberg, N., & Fabes, R. A. (1994). Mothers' reactions to children's negative emotions: Relations to children's temperament and anger behavior. *Merril-Palmer Quarterly, 40*, 138–156.

Eisenberg, N., & Fabes, R. (1995). The relationship of young children's vicarious emotional responding to social competence, regulation, and emotionality. *Cognition and Emotion, 9*, 203–228. doi:10.1080/02699939508409009

Eisenberg, N., Fabes, R., & Murphy, B. (1997). Parent's reactions to children's negative emotions: Relations to children's social competence and comforting behavior. *Child Development, 45*, 1112–1123. doi:10.1111/j.1467-8624.1996.tb01854.x

Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster family assessment device. *Journal of Marital and Family Therapy, 9*, 171–180.

Eyberg, S. M., & Pincus, (1999). *Eyberg child behavior inventory: Professional manual.* Odessa, FL: Psychological Assessment Resources.

Faber, A., & Mazlish, E. (2002). *How to talk to kids so kids will listen and listen so kids will talk-video series* [Participant's workbook]. New York, NY: Faber/Mazlish Workshops.

Faber, A., & Mazlish, E. (2004). *How to talk to kids so kids will listen and listen so kids will talk.* New York, NY: Perennial Currents.

Faber, A., & Mazlish, E. (2006). *How to talk to kids so kids will listen and listen so kids will talk-video series* [Participant's workbook]. Louisville, KY: The Kentucky Network.

Faber A., & Mazlish, E. (2013). *Liberated parents, liberated children: Your guide to a happier family.* London, England: Piccadilly Press.

Fabes, R. A., Eisenberg, N., & Bernzweig, J. (1990). *Coping with children's negative emotions scale (CCNES): Descriptions and scoring.* Tempe: Arizona State University.

Fabes, R. A., Leonard, S. A., Kupanoff, K., & Martin, C. L. (2001). Parents coping with children's negative emotions: Relations with children's emotional and social responding. *Child Development, 72*(3), 907–920. doi:10.1111/1467-8624.00323

Fabes, R. A., Poulin, R. E., Eisenberg, N., & Madden-Derdich, D. A. (2002). The Coping with Children's Negative Emotions Scale (CCNES): Psychometric properties and relations with children's emotional competence. *Marriage & Family Review*, *34*(3–4), 285–310. doi:10.1300/j002v34n03_05

Fetsch, R. J., & Gebeke, D. (1995). Colorado and North Dakota strengthening marriage and family programs increase positive family functioning levels. *Journal of Extension, 33*(1). Retrieved from http://www.joe.org/joe/1995february/a4.php

Frick , P. J., Cornell, A. H., Barry, C. T., Bodin, S. D., & Dane, H. E. (2003). Callous-unemotional traits and conduct problems in prediction of conduct problem severity, aggression, and self-report of delinquency. *Journal of Abnormal Child Psychology, 31*(4), 457–470. doi:10.1037/0012-1649.39.2.246

Ginott, H. G. (2003). *Between parent and child.* New York, NY: Three Rivers Press.

Gottman, J. (1997). *Raising an emotionally intelligent child: The heart of parenting.* New York, NY: Simon and Schuster Paperbacks.

Gottman, J., Fainsilber-Katz, L., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology, 10,* 243–268. doi:10.1037/0893-3200.10.3.243

Gottman, J., Fainsilber-Katz, L. F., & Hooven, C. (1997). *Meta-emotion: How families communicate emotionally.* Mahwah, NJ: Lawrence Erlbaum.

Greenberg, M. T., Lengua, L. J., Coie, J. D., Pinderhughes, E. E., & The Conduct Problems Prevention Research Group. (1999). Predicting developmental outcomes at school entry using a multiple-risk model: Four American communities. *Developmental Psychology, 35*(2)*,* 403–417. doi:10.1037//0012-1649.35.2.403

Halberstadt, A. G. (1986).  Family socialization of emotional expression and nonverbal communication styles and skills. *Journal of Personality and Social Psychology, 51*(4)*,* 827–836.  doi:10.1037//0022-3514.51.4.827

Halford, K., Nicholson, J., & Sanders, M. R. (2007). Couple communication in step families. *Family Process, 46*(4)*,* 471–483. doi:10.1111/j.1545-5300.2007.00226.x

Harlaar, N., Santtila, P., Bjorklund, J., Alanko, K., Jern, P., Varjonen, M., & Sandnabba, K. (2008). Retrospective reports of parental physical affection and parenting style: A study of Finnish twins. *Journal of Family Psychology*, *22*(4), 605–613. doi:10.1037/0893-3200.22.3.605

Hooven, C., Gottman, J. M., & Katz, L. F. (1995). Parental meta-emotion structure predicts family and child outcomes. *Cognition and Emotion, 9*(2–3), 229–264. doi:10.1016/j.cpr.2013.07.006

Kabacoff, R. I., Miller, I. W., Bishop, D. S., Epstein, N. B., & Keitner, G. I. (1990). A psychometric study of the McMaster Family Assessment Device in psychiatric, medical, and nonclinical samples. *Journal of Family Psychology, 3*, 431–439. doi:10.1037/h0080547

Kaminski, J. W., Valle L. A., Filene, J. H., & Boyle, C. L. (2008). A meta-analytic review of components associated with parent training program effectiveness. *Journal of Abnormal Child Psychology*, *36*(4), 567–589. doi:10.1007/s10802-007-9201-9

Katz, L. F., & Gottman, J. M. (1997). Buffering children from marital conflict and dissolution. *Journal of Clinical and Child Psychology, 26*(2), 157–171. doi:10.1207/s15374424jccp2602_4

Katz, L. F., & Windecker-Nelson, B. (2004). Parental meta-emotion philosophy in families with conduct-problem children: Links with peer relations. *Journal of Abnormal Child Psychology, 32*(4), 385–398. doi:10.1023/b:jacp.0000030292.36168.30

Kazdin, A. E. (2003).  Problem-solving skills training and parent management training for conduct disorder. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-bases psychotherapies for children and adolescents* (pp. 241–262). New York, NY: The Guildford Press.

Kazdin, A. E. (2005). *Parent management training*. New York, NY: Oxford University Press.

Kazdin, A. E., & Wassell, G. (2000). Predictors of barriers to treatment and therapeutic change in outpatient therapy for antisocial children and their families. *Mental Health Services Research, 2*(1)*,* 27–40. doi:10.1023/a:1010191807861

Kimonis, E. A., Frick, P. J., Boris, N. W., Smyke, A. T., Cornell, A. H., Farrell, J. M., & Zeanah C. H. (2006).  Callous-unemotional features, behavioral inhibition and parenting: Independent predictors of aggression in high-risk preschool sample.  *Journal of Child and Family Studies, 15*(6)*,* 745–756. doi:10.1007/s10826-006-9047-8

Lineham, M. M. (1993).  *Cognitive-behavioral treatment of borderline personality disorder.*  New York, NY: The Guilford Press.

McLeod, J. D., Kruttschnitt, C., & Dornfield, M. (1994). Does parenting explain the effects of structural conditions on children's antisocial behavior? A comparison of Blacks and Whites. *Social Forces, 73*(2), 575–604. doi:10.1093/sf/73.2.575

Menting, A. T. A., Orobio de Castro, B., & Matthys, W. (2013). Effectiveness of the Incredible Years parent training to modify disruptive and prosocial child behavior: A meta-analytic review. *Child Psychology Review, 33*(8)*,* 901–903. doi:10.1016/j.cpr.2013.07.006

Morawska, A., & Sanders, M. R. (2006). A review of parental engagement in parenting interventions and strategies to promote it. *Journal of Children's Services, 1*(1)*,* 29–40. doi: 10.1108/17466660200600004

National Institute for Health and Care Excellence (2009). *Attention deficit hyperactivity disorder: Diagnosis and management of ADHD in children, young people, and adults.* Retreived from http://www.nice.org.uk/guidance/cg72/resources/guidance-attention-deficit-hyperactivity-disorder-pdf

Paterson G., & Sanson, A. (1999). The association of behavioral adjustment to temperament, parenting and family characteristics among 5-year-old children. *Social Development, 8*(3)*,* 293–309. doi:10.1111/1467-9507.00097

Perry, N. B., Calkins, S. D., Nelson, J. A., Leerkes, E. M., & Marcovitch, S. (2012). Mothers' responses to children's negative emotions and child emotion regulation: The moderating role of vagal suppression. *Developmental Psychobiology, 54*(5), 503–513. doi:10.1002/dev.20608

Perry, N. B., Cavanaugh, A. M., Dunbar, A. S., & Leerkes, E. M. (2015). Maternal punitive reactions to children's negative emotions and young adult trait

anger: Effect of gender and emotional closeness. *Marriage and Family Review, 51*(3), 229–245. doi:10.1080/01494929.2015.1031421

Pinderhughes, E. E., Dodge, K. A., Bates, J. E., Pettit, G. S., & Zelli, A. (2000). Discipline responses: Influences of parents' socioeconomic status, ethnicity, and beliefs about parenting, stress, and cognitive-emotional processes. *Journal of Family Psychology, 14*(3)*,* 380–400. doi:10.1037/0893-3200.14.3.380

Porter, C. L., Hart, C. H., Yang, C., Robinson, C. C., Olsen, S. F., Zeng, Q., . . . Shenghua, J. (2005). A comparative study in child temperament and parenting in Beijing, China and the western United States. *International Journal of Behavioral Development, 29*(6)*,* 541–551. doi:10.1080/01650250500147402

Prior, M., Sanson, A., & Oberklaid, F. (1989). The Australian Temperament Project. In G. A. Kohnstamm, J. E. Bates, & M. K. Rothbard (Eds.), *Temperament in childhood* (pp. 537–556). New York, NY: Wiley.

Radloff, L. S. (1977). The CED-D scale: A self-report depression scale for research in the general population*. Applied Psychological Measurement, 1*(3), 385–401. doi:10.1177/014662167700100306

Ramsden, S. R., & Hubbard, J. A. (2002). Family expressiveness and parental emotion-coaching: Their role in children's emotion regulation and aggression. *Journal of Abnormal Child Psychology, 30*(6), 657–667.

Reyno, S. M., & McGrath, P. J. (2006). Predictors of parent training efficacy for child externalizing behavior problems: A meta-analytic review. *Journal of Child Psychology and Psychiatry, 47*(1), 99–111. doi:10.1111/j.1469-7610.2005.01544.x

Robinson, C. C., Mandleco, B., Olsen, S. F., & Hart, C. H. (2001). *The Parenting Styles and Dimensions Questionnaire (PSDQ).* In B. F. Perlmutter, J. Touliatos, & G. W. Holden (Eds.), Handbook of family measurement techniques (2nd ed.) (pp. 319–321). Thousand Oaks, CA: Sage.

Sanders, M. R., Markie-Dadds C., Tully L. A., & Bor, W. (2000). The Triple P-Positive Parenting Program: A comparison of enhanced, standard, and self-directed behavioral family intervention for parents of children with early onset conduct problems. *Journal of Consulting and Clinical Psychology, 68*(4), 624–640. doi:10.1037/0022-006x.68.4.624

Sanders, M. R., Markie-Dadds, C., & Turner, K. M. T. (2003). Theoretical, scientific and clinical foundations of the Triple P-Positive Parenting Program: A population approach to the promotion of parenting competence. *Parenting Research and Practice Monograph, 1*, 1–21.

Sanders, M. R., Ralph, A., Sofronoff, K., Gardiner, P. A., Thompson, R., & Dwyer, S. (2008). Every family: A population approach to reducing behavioral and emotional problems in children making the transition to school. *The Journal of Primary Prevention, 29*(3)*,* 197–222. doi:10.1007/s10935-008-0139-7

Sanders, M. R., & Turner K. M. T. (2005). Reflections on the challenges of effective dissemination of behavioral family intervention: Our experience with the Triple P-Positive Parenting Program. *Child and Adolescent Mental Health, 10,*(4) 158–169. doi:10.1111/j.1475-3588.2005.00367.x

Sanders, M. R., Turner, K. M. T. & Markie-Dadds, C. (2002). The development and dissemination of the Triple P-Positive Parenting Program: A multilevel, evidence-based system of parenting and family support. *Prevention Science, 3,* 173–189.

Scott, S., & Dadds, M. R. (2009). Practitioner Review: When parent training doesn't work: theory-driven clinical strategies. *The Journal of Child Psychology and Psychiatry*, *50*(12), 1441–1450. doi:10.1111/j.1469-7610.2009.02161.x

Shields A., & Cicchetti, D. (1997). Emotion regulation among school-age children: The development and validation of a new criterion Q-sort scale. *Developmental Psychology, 33*(6), 906–916. doi:10.1037//0012-1649.33.6.906

Spielberger, C. D. (1988). *State-trait anger expression inventory professional manual.* Odessa, FL: Psychological Assessment Resources.

Spitzer, A., Webster-Stratton, C., & Hollinsworth, R. (1991). Coping with conduct-problem children: Parents gaining knowledge and control*. Journal of Clinical Child Psychology, 20*(4), 413–427. doi:10.1207/s15374424jccp2004_10

Tajima, E. A., Herrenkohl, T. I., Huang, B., & Whitney, S. D. (2004). Measuring child maltreatment: A comparison of prospective parent reports and retrospective adolescent reports. *American Journal of Orthopsychiatry, 74*(4), 424–435. doi:10.1037/0002-9432.74.4.424

Topham, G. L., Hubbs-Tait, L., Rutledge, J. M., Page, M. C., Kennedy, T. S., Shriver, L. H., & Harrist A. W. (2011). Parenting styles, parental response to child emotion, and family emotional responsiveness are related to child emotional eating. *Appetite, 56*(2), 261–264. doi:10.1016/j.appet.2011.01.007

van Strien, T., Frijters, J., Bergers, G., & Defares, P. (1986). The Dutch Behavioral Questionnaire (DEBQ) for assessment of restrained, emotional, and external eating behavior. *International Journal of Eating Disorders, 5*(2), 295–315. doi: 10.1002/1098-108x(198602)5:2<295::aid-eat2260050209>3.0.co;2-t

Webster-Stratton, C. (2004). Quality training, supervision, ongoing monitoring, and agency support: Key ingredients to implementing the Incredible Years Programs with fidelity. *Treatment Description*, University of Washington. Retrieved from incredibleyears.com/download/.../quality-key-ingredients-fidelity-04.pdf

Webster-Stratton C. (2005). The Incredible Years parents, teachers, and children training series: Early intervention and prevention programs for young children. *Treatment Description*, University of Washington. Retrieved from Incredibleyears.com

Webster-Stratton C, & Hammond, M. (1988). Maternal depression and its relationship to life stress, perceptions of child behavior problems, parenting behaviors, and child conduct problems. *Journal of Abnormal Child Psychology*, *16*, 299–315.  doi.org/10.1007/bf00913802

Webster-Stratton, C., & Reid, M. J. (2003).  The incredible years parents, teachers, and children training series: A multifaceted treatment approach for young children with conduct problems. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-based psychotherapies for children and adolescents* (pp. 224–240). New York, NY: The Guildford Press.

Webster-Stratton C., & Reid, J. M. (2005). Working with families who are involved in the child welfare system. *Treatment Description*, University of Washington. Retrieved from Incredibleyears.com

Appendix A

Components of the HTK Program

The HTK program teaches parents the skills needed to become successful emotion-coaching parents. Each week, participants are given specific reading and homework assignments to practice the skills learned in the workshop. In every session, parents are provided opportunities to look inward at their own emotional and behavioral reactions to their child and the assumptions that accompany their reactions. Each session contains video demonstrations, role-playing between participants, and writing exercises. The following is description of each topic presented in the HTK program:

**Week 1: Dealing with Children's Feelings:**

The first session is dedicated to helping parents learn to empathize with their children's negative emotions. Through video demonstrations, role-play activity between participants, and writing exercises, parents are put in hypothetical situations of experiencing what it's like to have one's emotional experience denied. Parents learn how their reactions to negative emotions can disrupt positive parent-child communication patterns and are taught skills of how to empathetically acknowledge and accept their child's emotions. Parents were instructed to acknowledge their child's feelings at least once prior to the next session and write the experience in their participant workbook. Parents were assigned to read chapter 2 in *How to Talk so Kids Will Listen, and Listen so Kids Will Talk* (Faber and Mazlish, 2004) and chapters 1-4 in the *Liberated Parents, Liberated Children,* (2013) and to be prepared to discuss their reactions to the readings and validating their child's feelings the following week.

**Week 2: Engaging Cooperation**

The second week is spent examining the common methods parents use to obtain compliance from their children. Parents learn through a 25-minute video demonstrations why these methods are actually counter-productive and can lower their child's self-esteem. Parents are then taught six specific methods of engaging cooperation from their children that helps the child assume responsibility and at the same time increase their self-esteem. Parents were instructed to use one of the skills learned to engage cooperation with their child and write about the experience in their participant workbook. Parents were assigned to read part II of Engaging Cooperation (pg. 75-88), in *How to Talk so Kids Will Listen, and Listen so Kids Will Talk* (Faber and Mazlish, 2004) and chapter 8 in *Liberated Parents, Liberated Children* (Faber and Mazlish, 2013) and to be prepared to discuss their experience of using at least one skill to engage cooperation and one interesting or helpful segment from the readings.

**Week 3: Alternative to Punishment**

Week 3 helps parents understand the difference between punishment and discipline. The harmful effects of punishment are presented in a 25-minute video and parents learn specific problem solving skills that allow them to express disapproval of problematic behavior from their children. Parents are taught a problem solving format that contain the same elements of Gottman's emotion-coaching steps (Gottman, Fainsilber-Katz, & Hooven, 1997). Parents are also taught how to apply these skills in various settings and asked to team up with another

group member for a practice role play using the techniques learned in the session. Parents were asked to use at least one of the alternatives to punishment learned in the workshop session and to write down the experience in the participant workbook.  Parents were assigned to read part II of Chapter 3 in *How to Talk so Kids Will Listen, and Listen so Kids Will Talk* (Faber and Mazlish, 2004) and chapters 9-12 in *Liberated Parents/Liberated Children* (Faber and Mazlish, 2013) and be prepared to share the result of using one of the skills learned and one interesting or helpful segment from the readings.

**Week 4: Encouraging Autonomy**

Parents are taught in the 4th week the skills to help their children become self-reliant adults. The parents are taught through a 25 minute video demonstration how to recognize that sometimes their well-meaning intentions can actually undermine their child's development of autonomy.  The negative effects of spanking are also covered in the 4th week.  Parents were instructed to use at least two of the skills learned that encourage the child to be a separate, confident, self-reliant person and write about their experience in the participant's workbook. Parents were assigned to read part II in chapter 4 in *How to Talk so Kids Will Listen, and Listen so Kids Will Talk* (Faber and Mazlish, 2004) and chapter 5 in *Liberated Parents/Liberated Children* (Faber and Mazlish, 2013) and to share at least one idea from the reading that was helpful or interesting the following week.

**Week 5: New Ways to Praise**

The 5th week teaches parents how to descriptively and specifically praise their children.  Parents learn through a video demonstration the difference between

helpful and unhelpful praise and how to create an environment where children look internally to praise themselves rather than from outside sources.  Parents were assigned to use descriptive praise at least once the following week and write their experience in the participant's workbook.  Parents were assigned to read part II in of chapter 5 in *How to Talk so Kids Will Listen, and Listen so Kids Will Talk* (Faber and Mazlish, 2004) and chapter 6 in *Liberated Parents, Liberated Children* (Faber and Mazlish, 2013)

### Week 6: Freeing Children from Playing Roles

The negative effects of casting a child in both a positive and negative role are explored. Through group exercises, parents are provided the opportunity to reflect back to the roles they were cast into during childhood. Parents are taught the importance of modeling acceptable behavior and ways to help the child see them self in a positive manner. No homework or reading was assigned at the last session.

Appendix B

Consent Form

ANTIOCH
UNIVERSITY

SEATTLE

Project Title: Parental Response to Participating in the How to Talk to Kids So Kids Will
Listen workshop

Project Investigator: Eric LaBass, MA, LMHCA

Dissertation Chair: Mark Russell, PhD, ABPP

1. I understand that this study is of a research nature.  It may offer no direct benefit to me.
2. Participation in this study is voluntary.  I may refuse to enter it or may withdraw at any time without creating any harmful consequences to myself.  I understand also that the investigator may drop me at any time from the study.
3. No personal identifying information will be used in this study.
4. All digital audio recordings will be encrypted and password protected.
5. The purpose of this study is to research parental response to the How to Talk to Kids So Kids Will Listen workshop.
6. As a participant in the study, I will be asked to take part in the following procedures:
   a. Attend an individual orientation and interview pre and post workshop
   b. Complete a brief survey pre and post workshop
   c. Attend 6 workshop sessions (once a week approximately 1.5-2 hours)

   Participantion in the study will take 15 hours of my time and will take place at The Fremont Building at 3417 Fremont Ave N, Seattle, WA 98103.

7. All personal identifying information given in the study will be kept confidential. There are some rare exceptions that would require that I break confidentiality. The following are legal exceptions to your right to confidentiality. You would be informed at any time when these exceptions will have to be put into effect.

   a. If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I may also contact the police and ask them to protect your intended victim.

    b. If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protective Services within 48 hours and Adult Protective Services immediately.

    c. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and call the police or the county crisis team.

8. The risks, discomforts and inconveniences of the above procedures might be:
    a. Participants will be asked to reflect upon their family of origin and how their parents emotionally related to them.
    b. Participants will be asked to reflect upon how they current relate to others (children, partner, and friend) and how others relate to them.
    c. The process of emotional reflection may potentially be mildly distressing to some.
    d. It is possible to experience frustration if you do not receive support when attempting to try new parenting techniques learned in the How To Talk To Kids So Kids Will Listen workshop. (For example, two parents are raising a child and only one parent agrees to try the parenting approaches learned in the workshop)

9. The possible benefits of participating in this study might be:
    a. Direct benefits to me:
        i. Improved ability to cope with your child's negative feelings
        ii. Obtain willing cooperation from you child
        iii. Learn to discipline without hurting or alienating
        iv. Foster a family atmosphere of love and respect
        v. Resolve conflicts peacefully
    b. Benefits to others:
        i. Your child can learn effective ways to deal with their feelings
        ii. Your child can learn better ways to build and maintain friendships
        iii. Your child can learn skills to become an autonomous adult
        iv. Learn to praise your child in a way that helps them build a positive and realistic self-image

10. Information about the study was discussed with me by Eric LaBass. If I have further questions, I can call him/her at xxxx or email at xxxxx.

11. Though the purpose of this study is primarily to fulfill my requirement to complete a formal research project as a dissertation at Antioch University, I also intend to include the data and results of the study in future scholarly publications and presentations. Our confidentiality agreement, as articulated above, will be effective in all cases of data sharing"

**If you have any questions about the study, you may contact XXXXXX.**

**If you have any questions about your rights as a research participant, you may contact the Dissertation Chair: Dr. Mark Russell PhD, Dissertation Chair XXXXXX or Chair of the Antioch University Seattle IRB, XXXXX.**

Date:_____     Signed:_____