The Emotion Regulation Process in Parents: Responding to the Call for Emotion Regulation Skills in Parenting Interventions

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THE EMOTION REGULATION PROCESS IN PARENTS:
RESPONDING TO THE CALL FOR EMOTION REGULATION SKILLS IN PARENTING INTERVENTIONS

By

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certifies that the dissertation has been approved in accordance with university requirements.
This work is dedicated to my aunt and uncle, Sandra and Merle Heimer, who offered their encouragement and support throughout this entire process. This study is also dedicated to the loving families that made this work possible. Thank you.
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ABSTRACT

Approximately 20% of children in the United States meet criteria for an emotional or behavioral disorder, including internalizing symptoms such as anxiety and depression, and externalizing symptoms such as conduct and oppositional defiance disorders (Ogundele, 2018). Evidence-based parenting interventions are one avenue of treatment designed to reduce symptoms of child emotional and behavioral disorders by promoting positive parenting practices that reduce risk for negative child outcomes. Additional research in the last decade of parenting interventions has also shown that parent psychosocial health (e.g., self-esteem, self-efficacy, anxiety) improved as a result of parent participation in these interventions. These positive, yet unexpected parent outcomes have generated a new body of research focused on the processes (i.e., internal emotions, beliefs) through which these positive changes to parent mental health occurred. Further, parenting intervention researchers have also begun to test core elements of the intervention in order to determine whether behavior-based skills or emotion-focused skills led to these positive parent outcomes. What remains unclear, however, is how these changes occurred.

Researchers propose that emotion regulation (ER) skills (e.g., awareness of reactivity; capacity to manage internal distress) may be associated with changes to symptoms of parent mental health challenges. However, most parenting programs do not include ER content. Shifting parenting programs to include ER content has the potential to improve parent mental health and reduce symptoms of child emotional and behavioral problems. This is important because parenting interventions are not traditionally designed to address the individual mental health challenges of parents with children in which problematic behavior occurs. Including content in ER may bolster intervention effectiveness because it can treat both parent and child mental health symptoms simultaneously (Sanders & Mazzuchelli, 2013). Only one previous qualitative
study (Holtrop, Parra-Cardona & Forgatch, 2014) has examined parent’s process of change via shifts in behavior-focused parenting skills after an intervention. Additional research is needed to determine parents’ perceptions of an intervention promoting ER skills and the unique role of emotions in reducing mental health symptoms and improving child outcomes. This is important because understanding parent preferences as a consumer of the intervention helps researchers to discern which content is meaningful and useful to the parent, thereby increasing their motivation to implement the skills learned (Maliken & Fainsilber Katz, 2013). The purpose of this study, therefore, was to assess parent’s perceptions of the utility of ER skills, as well as examine the skill-building process of implementing an ER task in order to derive implications for ER content inclusion in parenting interventions. Project aims were accomplished through the following research questions: (1) How do parents describe their own emotion regulation process? and, (2) How do parents perceive and process the ER implementation task? The term “process” in the context of this study includes close examination of parents’ in-depth experiences, perceptions, and actions taken to implement the ER task. Qualitative data were collected from 17 parents (8 fathers and 9 mothers) with 100% of participants completing the pre and post-implementation interviews (34 total interviews). Data were analyzed using grounded theory analysis via open, axial and selective coding. Findings illustrated that parents navigated three phases amid describing their existing understanding of ER, and developed greater awareness of their own and their child’s ER as they applied the implementation task. Parent reflections and responses to ER content were grouped into three main phases, across pre-implementation and post-implementation contexts: (1) A Priori Knowledge of ER, (2) “It’s Definitely Not Common Practice”: The ER Learning Process, and (3) “Stop and Think”: Developing Awareness and Insight. Across these phases, parents emphasized the importance of ER skills in their own lives,
and the meaningful progress acquiring ER skills made to improve parent-child interactions. Additionally, parents emphasized the cognitive effort in which they engaged in order to attempt regulation (e.g., focused attention, self-monitoring). Results of this study provide additional insight into the utility of ER skills in parenting interventions, and encourage researchers to consider ER skills as a potential mechanism of change.
CHAPTER 1
INTRODUCTION

Significance and Background

Parenting a child with emotional and/or behavioral problems can be a complex and stressful challenge. In fact, recent estimates on the prevalence of children living with mental health problems report that child emotional (e.g., anxiety, depression) and behavioral disorders (e.g., conduct, oppositional defiance) are of growing concern, with approximately 1 in every 5 U.S. children meeting criteria for a diagnosable mental health disorder in a given year (Ogundele, 2018; Perou et al., 2013). These negative child outcomes can adversely impact parenting efforts and parent-child interaction patterns, and can lead parents to feel limited in their attempt to mitigate the effects of child symptoms (Higgins, Kirchner, Rickets, & Marcum, 2011). For example, a child with behavioral issues (e.g., frequent tantrums) may make it difficult for the parent to remain self-controlled and responsive amid the intensity of the child’s outburst. As the behavioral problems continue, parental stress may intensify and challenge the parents’ ability to effectively manage difficult behavior. In turn, parents may experience internal distress, such as negative emotions and beliefs about their parenting abilities that challenge parenting efforts (see Gottman, Fainsilber Katz, & Hooven, 1996). Fortunately, evidence-based parenting interventions are designed to support parents through skills-training (e.g., limit setting, consequences) to improve parenting practices (de Graaf, Speetjens, Smit, de Wolff, & Tavecchio, 2008), as well as reduce symptoms of child emotional and/or behavioral disorders (Menting de Castro, & Matthys, 2013). Researchers have also discovered that parenting interventions promote positive parent psychosocial health, such as improved self-efficacy, self-esteem and competence as a result of intervention participation (Barlow, Coren, & Stewart-Brown, 2009). What remains less known,
however, is what parts of the intervention content and skill-building process accounted for improvements to parent psychosocial health outcomes.

Parenting intervention researchers have begun to address process factors associated with positive changes to parent psychosocial health associated with intervention participation. For example, Sanders and Mazzuchelli (2013) proposed that emotion regulation (ER) skills (i.e., reduced reactivity) may account for positive changes in parent psychosocial health and child outcomes. Additional research on the use of ER skills also demonstrated that parents who are able to manage stressful emotions during conflict with their child may reduce the potential for harsh parenting (Morris, Silk, Steinberg, Myers, & Robinson, 2007), as well as demonstrate coping strategies to reduce symptoms associated with their own mental health challenges (Maliken & Fainsilber Katz, 2013). Saritas and colleagues (2013) found that mothers who had marked difficulties in managing their own emotions adopted harsher parenting practices (e.g., hostile/rejecting) that, in turn, had negative consequences on adolescent ER development. Other research suggests parent ER is critical to understanding how parenting behavior and child outcomes (Fainsilber Katz, Maliken, & Stettler, 2012). Taken together, we know that parent ER is important for individual mental health, child outcomes and parenting practices, but we do not know how ER works or what parents think about it’s usefulness in the moment of a stressful child behavioral challenge. Therefore, the purpose of this study was to assess parent’s perceptions on the utility of ER skills, as well as examine the skill-building process of implementing an ER task in order to derive implications for ER content inclusion in parenting interventions. Project aims were accomplished through the following research questions: (1) How do parents describe their own emotion regulation process? and, (2) How do parents perceive and process the ER implementation task?
Parenting Interventions

Traditional approaches. Several evidence-based parenting programs (EBPs), or known-to-work parenting interventions in particular, have devoted decades of research to the treatment and prevention of child emotional or behavioral disorders, including anxiety, depression, and conduct disorder (Menting et al., 2013; Patterson, Forgatch & DeGarmo, 2010). Traditional EBPs are designed to improve parenting practices through skills-building in several core content areas, including positive parent-child communication, limit setting, non-coercive discipline practices (e.g., time-out) and follow-through. For instance, the Generation Parent Management Training—Oregon Model (PMTO) has been known to reduce symptoms of child behavioral disorders several years post-intervention (Patterson et al., 2010), and primarily focuses on a behavior-based theory of change in order to promote positive outcomes and reduce harsh parenting practices. However, recent EBPs are increasingly designed after emotion-focused theories of change. For example, the Tuning into Kids (TIK) parenting intervention is designed to address child problem behavior through parent training in emotion management and emotion socialization skills in their children (see Havighurst, Wilson, Harley, Kehoe, Efron, & Prior, 2013). Although both parenting intervention approaches—whether behavioral or emotion-focused—have demonstrated effectiveness in the reduction of child problem behaviors, less is known regarding the process of change through which these improvements occurred.

Hidden intervention effects and the call for process research. Empirical investigations on the effectiveness of EBPs have discovered unintended, additional intervention effects as a result of parent participation in the interventions (see Barlow, Coren, & Stewart-Brown, 2009). For example, although parenting interventions control for parental mental health symptoms, such as anxiety and depression, programmatic outcomes include improvements in parent factors, such
as improved self-efficacy (Jones & Prinz, 2005), and reduced rates of maternal depressive symptoms (see Patterson et al., 2010). In addition, traditional EBPs are theoretically based on the principles of behavioral management and child compliance to reduce symptoms, while less emphasis has been made to identify the parents’ experiences throughout intervention participation. Understanding parent experiences throughout intervention participation may shed light on the process of change that led to improvements in parent mental health and positive child outcomes. Understanding which functional components of an entire intervention may support researchers in discerning content that is more effective than others (Leijten, Dishion, Thomaes, Raaijmakers, de Castro, & Matthys, 2015), thereby reducing the associated time and cost of the intervention, and increasing parent motivation to utilize the skills. Only one study has been conducted in the parenting intervention literature that examined the process of change in mothers who participated in the GenerationPMTO intervention (Holtrop, Parra-Cardona, & Forgatch, 2014). However, this qualitative investigation focused on the behavioral—rather than emotional—application of change, and thus, additional process research is necessary to identify possible mechanisms of change that centers on the emotional experiences of parents participating in a parenting intervention in order to understand how ER skills may contribute to reduced parental mental health challenges.

**Emotion regulation as a potential mechanism of change.** A parallel, yet equally important conversation in the parenting literature involves the identification of specific core components within an overall intervention package that may contribute to the outcomes seen in positive parent mental health outcomes (Loop & Roskam, 2016). For example, some EBPs, including the Triple-P, Positive Parenting Program (Sanders, Kirby, & Day, 2014) as well as the Tuning Into Kids (TIK) Program (Havighurst et al., 2013), theorize that the acquisition and use
of parent emotion regulation skills are central to the reduction of symptoms for both parent and child mental health challenges (Sanders & Mazzucchelli, 2013). Emotion regulation skills include parents’ awareness of their own internal distress, and an ability to actively regulate through distress using a variety of coping skills, including deep breathing, taking a break, or engaging in self-control strategies (Fainsilber Katz et al., 2012). In fact, a recent micro-trial study was conducted by Loop and Roskam (2016) in which the researchers sought to test the effectiveness of a single core element of TIK known as emotion coaching skills from parent to child, integrating the parental meta-emotion philosophy (PMEP) as the foundation of their research aims. PMEP was originally constructed in order to target the underlying thoughts and feelings that parents’ have regarding their child’s own emotions, while taking the stance that parents must first regulate their own emotions in order to effectively model regulation to their children (Fainsilber Katz et al., 2012). While the Loop and Roskam (2016) study found that the parent emotion coaching skills reduced in-the-moment child behavioral issues (e.g., frustration), this study was quantitative in design, and did not intend to obtain the perception and feedback of parents implementing the emotion coaching skills directly. Further, their study focused primarily on the parent’s attempt to emotionally coach their child, rather than exploring the parent’s own internal, emotional reactions and responses occurring within them. Understanding how ER skills uniquely reduce parent mental health challenges (e.g., associated stresses of parenting a child with clinical conditions) is important in the context of parenting interventions, as these interventions may be treating both the parent and child mental health needs simultaneously. While this is not an intended outcome of traditional parenting interventions, understanding how ER reduces stressors associated for both the parent and child may provide valuable insight into strategies to improve intervention effectiveness.
Researchers have emphasized the stressful, internal experiences of parents when trying to parent a child with emotional or behavioral disorders, and how stress may impact emotion regulation. For example, Maliken and Fainsilber Katz (2013) recognized that in clinical populations of parents with anxiety and depression, symptoms associated with these disorders may limit a parent’s ability to regulate their own internal distress amid child problem behavior. For example, a parent living with anxious symptoms may have stressful thoughts about themselves during attempts to parent child behavior challenges (e.g., “Why can’t I do this? How can I make this stop?”). In turn, stressful parenting moments can impact the symptom expression of the child’s emotional and behavioral challenges as well. For example, when a parent’s own stress rises, children also experience this stress, and may also become stressed in the process (Keyser, Ahn, & Unick, 2017). Indeed, parents who experience frequent distress when parenting a child with an emotional or behavioral condition may have less physiological, emotional and cognitive capabilities to remain calm in the moment and regulate themselves (Keyser et al., 2017). This stress-cycle is reinforced by repeatedly difficult moments of child problem behavior, and may include a cyclical process whereby negative parent-child interaction patterns develop. Not surprisingly, as parental stress increases and is expressed in the family system, child internalizing and externalizing symptoms may also persist as the child develops overtime (see Neece, Green, & Baker, 2012). Understanding the emotional distress and needs of the parent in the moment may also translate to supporting effective child emotion regulation strategies and reduce child and youth negative outcomes.

Within the context of parenting intervention research, there has only been one qualitative study examining parents’ process of change that led to improved parent-child interactions throughout intervention participation. However, while Holtrop and colleagues (2014) focused on
a behavioral application of change, a small section of the findings also revealed the importance of emotion regulation skills throughout the intervention process. For example, parents’ described the importance of ER skills as supportive to their self-control process when addressing difficult child behavioral problems. In addition, parents emphasized the importance, as well as difficulty in addressing their own internal distress prior to engagement in the behavior management skills necessary for their child. However, less is known regarding how these parents, among others who have received training in ER skills—describe their in-depth experience with the acquisition of this skillset apart from the behavioral components of the intervention. While there is growing support for the inclusion of ER skills in parenting interventions (see Maliken & Fainsilber Katz, 2013), further research is needed in order to investigate the unique role that emotions play in parent ER practices and specifically, the role of emotion in parenting behavior that impact child outcomes. Understanding the importance of ER skills from the parents’ point of view may provide researchers with information regarding the preferred elements of an intervention in which parents find effective in supporting their own mental health needs.

Theoretical Background

The social interaction learning (SIL) theory. The social interaction learning theory is a behavior-based theory empirically tested in evidence-based parenting interventions, most notably the GenerationPMTO model (Patterson et al., 2010). Broadly speaking, the SIL accounts for a theoretical basis of behavioral change in which early stressful life contexts, such as living through poverty or divorce, adversely challenge parenting efforts that directly impact child behavior (Patterson et al., 2010). Drawing from reinforcement and contingency models of behavioral change, the SIL posits that child problem behavior can be reduced by training the parent to reinforce positive, prosocial behaviors (e.g., obeying the parent, compliance with time-
out), and limit attention and reinforcement of negative child behaviors through limit-setting and redirection. Traditionally, several evidence-based parenting interventions focus largely on behavior management skills to enact change processes in parenting practices and child problem behavior. The SIL, among other behavior-based theories of change, act as a complement to emerging research on the role of emotion in parenting behavior, as parents who are able to address problematic behaviors may also need a specific skillset to regulate their own internal distress in order to effectively implement these skills necessary for change.

The parental meta-emotion philosophy (PMEP). The parental meta-emotion philosophy (PMEP) offers a unique focus on the role of emotion in effective parenting. Gottman and colleagues (1996) first developed the PMEP to illustrate and empirically test for the role of emotion in parenting practices. For example, PMEP posits that parents have thoughts about their own thoughts (e.g., meta-cognition) and feelings about their own feelings (e.g., meta-emotion). The parental meta-emotion philosophy encompasses a combination of meta-cognition and meta-emotion. For example, parents may have thoughts about their own feelings (e.g., I am angry that I was angry with my child) as well as the emotions of their child (e.g., They are angry with me) that impact parenting behavior. Empirical evidence in PMEP indicated that parents’ meta-emotions significantly impact child outcomes (e.g., Fainsilber Katz et al., 2012). For example, Brajsa-Zganec (2013) illustrated that mothers and fathers who were aware of their own emotions and able to regulate through them were effectively able to emotionally coach their own children. Further, awareness and regulation of stressful emotions were negatively associated with child externalization problems (e.g., aggression), suggesting that parents are a mechanism through which ER skills are modeled from parent to child.
In addition, PMEP is the only existing theory that includes parent-focused ER skills and its central application to parenting interventions (e.g., Havighurst et al., 2013). However, gaps remain in the literature, as the PMEP philosophy has largely been tested in the context of child-focused outcomes (i.e., internalizing and externalizing symptoms) (e.g., Brajsa-Zganec, 2013). Additional research is needed to investigate the influence of PMEP to parent ER skills that include the parent’s perspectives, perceptions, and processes related to ER implementation in order to derive implications for its utility in parenting interventions. Understanding the parent’s preferred content in a parenting intervention may improve intervention effectiveness, and contribute to both parent and child positive outcomes.

**Purpose of the Current Study**

This project examined parent perceptions and use of an ER task in order to determine if including them in parenting interventions may enhance intervention effectiveness. In the study, parents learned a brief ER task to practice for one week, and participated in semi-structured pre and post interviews to gain an in-depth understanding of the implementation process and their perception of ER skills. The term “process” in the context of this study included close examination of parent in-depth experiences, perceptions, and actions taken to implement the ER task. Qualitative pre and post-implementation data were collected from a sample of 17 parents in participants’ homes. Parents participated in both pre and post-implementation interviews, with 34 total interviews conducted.

This study employed a grounded theory analysis in order to examine the underlying assumptions of the parental meta-emotion philosophy (PMEP), as well as expand theory to consider parent processes associated with ER implementation. The use of grounded theory analysis was selected for a few key reasons. First, at present, there is a call for emotion
regulation skills to be incorporated throughout parenting intervention content, as they are deemed useful in the reduction of a host of parent and child mental health challenges (e.g., Sanders & Mazzucchelli, 2013). However, less is known about what parents think about ER skills, and whether they find them useful to reduce parental stress associated with child problem behavior. Understanding parental needs as consumers of the intervention is important to improving intervention effectiveness (Maliken & Fainsilber Katz, 2013), and addressing the findings associated with positive psychosocial parent outcomes from parenting intervention research (Sandler et al., 2011).

Second, content in parenting intervention research is not always empirically tested one at a time, or in discrete, single units (see Leijten et al., 2015). The use of grounded theory analysis may support greater understanding of the perceptions and processes of parents who implement ER skills, in order to identify specific elements of the skill that parents find useful to reduce stress associated with child problem behavior. For instance, understanding which forms of ER skill may be most useful (e.g., distinguishing meta-cognitive vs. meta-emotional processes), may importantly inform content design and inclusion of particular features of ER in parenting interventions.

Third and finally, when ER content is included in a parenting intervention, outcomes are primarily focused on the child’s ER abilities and the parents’ emotion coaching strategies, thus remaining child-centered (e.g., Loop & Roskham, 2016). Understanding the parents’ own ER process is important because it provides an in-depth lens on the parents’ experience implementing skills that support their own ER needs rather than just focusing on emotionally coaching their child. Grounded theory analysis provides an in-depth exploration of a single discrete unit (e.g., ER) in which the parents’ own ER process is the primary focus, rather than remaining focused on the child outcomes.
Analyses consisted of in-depth interpretation of the interviews to gain an understanding of the implementation process via a sequential process of open, axial and selective coding of transcribed interviews (Strauss & Corbin, 1998). With this analytic approach, there were no generated hypotheses prior to data analysis (Strauss & Corbin, 1998). Rather, analytic procedures were utilized in order to reach a hypothesis and resulting theoretical framework of ER through first-hand narration and the context of participant experiences. This project aimed to expand current knowledge on the role of parent ER by a) evaluating the utility of ER skills from the point of view of parents, and b) demonstrating a possible need for ER skills to reduce parental associated stressors with problematic child behavior, and finally, (c) derive implications for content inclusion in parenting interventions.

Research Questions

The purpose of this study was to assess parents’ perceptions on the utility of ER skills, as well as examine the skill-building process of implementing an ER task in order to derive implications for ER content inclusion in parenting interventions. Project aims were accomplished through the following research questions: (1) *How do parents describe their own emotion regulation process?* and, (2) *How do parents perceive and process the ER implementation task?* The term “process” in the context of this study included close examination of parent in-depth experiences, perceptions, and actions taken to implement the ER task. The first research question was broadly designed to facilitate interview discussion on parental awareness of their own emotion regulation strategies, and corresponds with the core assumptions underlying the PMEP, which suggests that parents must first be able to regulate their own emotions before supporting child regulation (see Gottman et al., 1996). However, grounded theory analysis is used given that it is unknown what parent’s think about ER skills and whether they find them useful in the
reduction of their own parental stress associated with parenting a child with problem behavior. The second research question was designed to illuminate the skill-building process and subsequent parent experiences of implementing an ER task, in order to derive implications for ER content inclusion in parenting intervention research. Through semi-structured pre and post interviews, as well as education on the parent ER packet (see Appendices A and B), the investigator analyzed resulting data via a grounded theory analysis, and generated an expanded theory of the PMEP to include parent processes and perceptions of the parent ER implementation task.

**Examining Parent ER from a Qualitative Lens**

Evidence-based parenting interventions consistently demonstrate effectiveness in reducing harsh parenting practices and improved child outcomes (e.g., Pearl, 2009; Seabra-Santos et al., 2016); however, we do not know how these changes occurred. Understanding which functional components of an intervention contributed to reduced harsh parenting and positive child outcomes may improve intervention effectiveness (Leijten et al., 2015). In addition, a host of new parent outcomes have been detected in the parenting intervention literature, including a reduction in maternal psychosocial health problems (e.g., stress, anxiety) for example (see Barlow et al., 2009). These additional intervention effects have led researchers to examine better analytic methods for understanding the change process (e.g., Sandler, Schoenfelder, Wolchik, & Mackinnon, 2011). For example, Holtrop and colleagues (2014) conducted a qualitative investigation of the process of change in 20 parents after completing the GenerationPMTO parenting intervention. The study primarily focused on a behavioral application of change; that is, parents use of child behavior management skills like time-out through trial and error. However, a unique result of the study revealed that parents were able to
attempt and apply child behavior management skills with the assistance and facilitation of parent ER skills. For example, parents were able to maintain minimal amounts of emotional reactivity as a prerequisite to trying a new behavior technique with their children (e.g., stay calm first, then introduce time-out). In other words, the parents’ use of ER skills may have allowed for an understanding and application of the subsequent behavioral skills taught in the intervention. Additional qualitative research is necessary to understand the in-depth process in which parents applied both emotion and behavior-focused components of the intervention, in order to derive implications for ER effectiveness in a parenting intervention.

The Generation PMTO is one evidence-based intervention that offers parent ER skills-training focused on parent internal emotional states (e.g., reactivity) and active ways to regulate emotions through coping (e.g., taking a break from conflict with child, remain neutral, deep breathing). However, the process through which parents perceived ER skill-building is less known. Qualitative data analysis is a methodological approach well-suited for understanding the in-depth process of change. Although there are several empirical studies evidencing parenting interventions as effective, a gap in the literature remains as to how parent ER skills would be useful from the parents’ point of view.

A qualitative approach to understanding parents’ experiences can generate rich information regarding the utility of ER skills and its potential widespread application to parenting intervention research. Further, understanding parent preferences as a consumer of the parenting intervention may improve program retention rates (Axford, Lehtonen, Tobin, & Berry, 2012; Maliken & Fainsilber Katz, 2013). For example, parents found that ER skills in Generation PMTO intervention supported additional skills acquisition throughout participation in the program (Holtrop et al., 2014). Similarly, this proposed study intended to offer a parent ER task
in-home, which has been shown to improve outreach to the community and meet parents where they are at in their natural environment (Axford et al., 2012). For example, studies on the cost-effectiveness of parenting interventions demonstrate that more parents can be reached when flexible study contexts are offered (e.g., providing the intervention at home) (Forgatch & Kjobli, 2016; Olchowski, Foster, & Webster-Stratton, 2007). Making adjustments to meet the needs of families have implications for improved retention rates and reduced cost for widespread implementation. Finally, in-home delivery formats may provide valuable insight into the reduction of child problematic behavior and improve parenting practices through skill-training in the family’s natural home setting.
CHAPTER 2
LITERATURE REVIEW

Overview

This chapter focused on the study of emotion regulation in the parenting intervention literature, and the unique role emotions play in the context of parenting behavior. This review specifically focused on the prevalence of child emotional and behavioral disorders, and the potential for emotion regulation skills to support a reduction in symptoms associated with these disorders. Further, the purpose of this review is to focus on the proximal influence of parents, their own emotional regulation needs, and the role of emotion in parenting behavior. This is important because the parenting literature has demonstrated the known association between child emotional and behavioral problems on level of parenting stress associated with symptom expression. Thus, ER skills may support parents in lifting perceived stress related to difficult child problem behavior.

Theoretical applications included traditional parenting intervention theories based on a behavioral application of change, along with the advent of new empirical research on the parental meta-emotion philosophy (PMEP), which is designed to address parent and child emotional regulation in order to improve parenting practices and child outcomes (see Gottman et al., 1996). Importantly, this chapter demonstrates the need for further research on parent emotion regulation, and the potential for ER content inclusion in parenting interventions.

Significance and background. Mental health professionals are often tasked with supporting parents through difficult child problem behavior that adversely impacts family functioning. In children, the prevalence of mental health challenges such as conduct disorder and depression is of growing concern, with estimates of 1 in every 5 U.S. children who have a
diagnosable mental health disorder in a given year (Ogundele, 2018; Perou et al., 2013). In addition, an epidemiological review of the prevalence of mental health disorders of U.S. adolescents reported that 1 in every 4 youth are living with a diagnosable mental health issue, including symptoms associated with mood, anxiety, depression and substance use (Merikangas et al., 2010). Child and youth internalizing and externalizing symptoms have also been shown to be stressful for parents, as symptoms may exacerbate problematic child behavior, making parenting a stressful challenge (Keyser et al., 2017). For example, Stone, Mares, Otten, Engels and Janssens (2016) demonstrated the bi-directional, co-occurring influence of negative child internalizing and externalizing symptoms on level of parenting stress, explaining that when parent’s stress level rises, child/youth stress levels also rise. In other words, as parenting stress increases due to the difficulty of child problem behavior, the child’s behavior also worsens as both parent and child experience more distress. This cyclical pattern of stressful parent-child interaction patterns also have consequences on the family environment, including the potential for conflict, difficulties in parenting efforts, and use of harsher parenting practices (Van Loon, Van de Ven, Van Doesum, Wittman, & Hosman, 2014). Taken together, the impact of child internalizing and externalizing symptoms in the family system poses a challenge to family functioning across individual, parent-child and systemic levels, as well as within parenting contexts (e.g., use of harsh parenting practices).

Empirical investigations have proposed that parents who utilize emotion regulation (ER) skills demonstrate less parenting stress and fewer mental health issues (Maliken & Fainsilber Katz, 2013), reduced harsh parenting practices (Deater-Deckard, Wang, Chen, & Bell, 2012) improved child outcomes (Morelen, Shaffer, & Suveg, 2016) and improved overall family functioning (Morris et al., 2007). The application of parent ER skills includes the management of
intense, reactive emotions such as anger during parent-child conflict that model emotion management directly to the child (Morris et al., 2007). Parent ER skills have been conceptualized as a complex internal and external process whereby a parent engages in internal dialogue (e.g., weighs options in how to respond to their child, choice of words, tone of voice, self-control strategies) that are thought to contribute to the parents’ capacity to manage family conflict and respond effectively to their child (Deater-Deckard et al., 2012; Morris et al., 2007).

**Parenting intervention effects and process research.** Evidence-based parenting interventions have consistently demonstrated effectiveness in parent training to reduce disruptive child behavior and associated symptoms of child mental health through behavior-based skills training (e.g., time-out, limit setting) known to improve parenting practices (de Graaf et al., 2013). However, evidence-based parenting interventions have largely focused on reducing symptoms of child emotional and behavioral disorders, and are not designed to directly address parent outcomes, such as parent reactions and responses to ER skills. In addition, parenting interventions have not included content in parent ER, with the exception of the GenerationPMTO model, which offers one core session on managing emotional reactions that occur during stressful parent-child interactions (Patterson et al., 2010). However, a large meta-analytic review conducted by Barlow and colleagues (2009) found that a variety of evidence-based parenting interventions positively contributed to a reduction in parenting stress, anxiety and negative emotions (e.g., self-criticism, low self-esteem).

These positive, yet unintended interventions effects (e.g., improved self-efficacy, reduced anxiety) have sparked interest among researchers because it is unknown how the parenting intervention contributed to these unanticipated effects on parent psychosocial health. For example, Sandler and colleagues (2011) conducted an influential review of 46 research studies of
several parenting interventions in order to examine the hidden processes that occurred as a result of parent participation. Findings evidenced unintended improvements in various forms of maternal psychosocial health, including improved self-esteem and maternal self-efficacy, even though these interventions were designed to treat child, rather than parent outcomes. Importantly, the review emphasized the potential transmission of these parent psychosocial improvements to long-term benefits in child and adolescent outcomes, suggesting that parenting interventions may be a mechanism of change.

**Process research and ER.** Parenting intervention researchers have also emphasized the need for additional research methods that capture the change process (e.g., the in-depth experience) that occurred for parents after participation in the intervention (e.g., Holtrop et al., 2014). Researchers are also interested in evaluating how various content in a parenting intervention contributed to a reduction in symptoms of parent psychosocial health issues (Barlow et al., 2009). A growing number of parenting intervention researchers have also proposed that inclusion of emotion regulation skills in parenting programs may support parent and child outcomes simultaneously (see Sanders & Mazzucchelli, 2013). For example, Maliken and Fainsilber Katz (2013), as well as Sanders and Mazzucchelli (2013) both proposed that emotion regulation skills are commonly used to treat a variety of parent mental health disorders, such as anxiety, depression, and post-traumatic stress disorder. In turn, children of parents who effectively regulate their emotions are less likely to be exposed to the use of harsh parenting practices (Sanders & Mazzucchelli, 2013). What is less clear, however, is how the promotion of parent ER skills supports a reduction in parenting stress associated with child emotional and behavioral problems, and whether parents find these skills useful to improve parent-child interactions.
One such method to examine the process of implementation of parent ER skills is through qualitative analysis in order to evaluate parents’ perception of ER skills to improve daily parent-child interactions. Only one previous qualitative examination in the parenting intervention literature evaluated the behavioral change process in parents after participation in the intervention (Holtrop et al., 2014). Holtrop and colleagues (2014) found that central to the change process was the fact that parents utilized ER skills as an important step in the acquisition process of behavior skills throughout the intervention. In other words, parents described an active process of regulating stressful emotions (e.g., staying calm) while also implementing behavior-based skills (e.g., time-out). What is less known, however, is how ER skills were implemented by the parent throughout the training process and whether these skills are an identified mechanism of change in the reduction of symptoms of child emotional and behavioral problems.

**Traditional parenting interventions.** A discrepancy exists within the parenting intervention literature, as the pendulum for content inclusion in a given intervention has shifted to consider the role of emotion in parenting behavior and its impact on child outcomes (e.g., emotion coaching; Havighurst et al., 2013). Traditionally however, interventionists have focused on behavior-based skills training (e.g., time-out, limit setting) to reduce child disruptive behavior, and do not integrate theoretical models specifically focusing on the role of emotion amid parent training. Much of this research is grounded in a behavioral-application of change, drawing from behavior contingency and modification theories to explain the development of poor child outcomes (see Patterson, 1982; Patterson, DeBaryshe, & Ramsey, 1990). Conversely, recent evidence-based parenting interventions have shifted the focus from a behavioral application of change to content design that includes the role of emotion in parenting behavior as
a mechanism through which negative child outcomes are reduced (see Havighurst et al., 2013). Although both intervention approaches evidence improvements in the reduction of negative child outcomes, there exists a theoretical divide regarding how various content, whether behaviorally or emotionally-focused, led to additional intervention effects in psychosocial health outcomes.

Researchers have attempted to respond to these separate fields of study through the promotion of parent ER skills to behavior-based parenting interventions (e.g., Sanders & Mazzucchelli, 2013), highlighting that parent ER skills may be effective in the reduction of stress and psychosocial health factors associated with difficult child emotional and behavioral disorders (Maliken & Fainsilber Katz, 2013). However, it is unknown how parent ER skills impact parents in the context of parenting interventions, and whether these skills should be a focus of for content design to improve treatment outcomes. Therefore, further examination of the impact of parent ER skills on parent and child outcomes in the context of parenting intervention research is necessary to examine its proposed utility in parenting interventions. Explicit focus on parent ER skills to parenting intervention research has the potential to shed valuable insight into the preferred needs of families through firsthand parent experiences in order to improve family functioning as well as inform content inclusion in parenting interventions.

**Conceptual model for the proposed study.** The purpose of this study was to assess parents’ perceptions on the utility of ER skills, as well as illuminate the skill-building process of implementing an ER task in order to derive implications for ER content inclusion in parenting interventions. Project aims were accomplished through the following research questions:

1. How do parents describe their own emotion regulation process? and, 2. How do parents perceive and process the ER implementation task? The term “process” in the context of this study included close examination of parent in-depth experiences, perceptions, and actions taken.
to implement the ER task. Study aims also included deriving implications for theory expansion and inclusion of ER in content design. Figure 1 below is a visual depiction of how this study aligned with research aims, and specifically how the examination of parent ER skills served as a potential mechanism of change across individual, parent-child and intervention contexts.

Figure 1. Conceptual model

**Theoretical Background**

**The social interaction learning (SIL) theory.** Since the start of the early 1960’s, the Generation PMTO intervention generated empirical support for the social interaction learning theory (SIL), which emphasized the role of parent behavior in stressful family contexts (e.g., poor parent-child interactions; harsh parenting practices) that model ineffective social interaction patterns that are transmitted to children (Patterson, 1982; Patterson et al., 1990). The SIL theory posits that over time, early experiences with negative social modeling from parent to child is reinforced and thought to explain the later development of child and adolescent internalization (e.g., depression) and externalization (e.g., delinquency) behaviors (Patterson et al., 2010).

Further, the interactions that occur between parent and child and the later development of child problem behavior are the central focus of the SIL theory, and act as a driving force behind content designed to address child problem behavior through skills training in parenting interventions (Patterson et al., 2010). However, GenerationPMTO is one particular intervention
that places a small, but complementary emphasis on skills training in parent emotion regulation (ER). For example, parent ER skills are taught in order to assist in the overall acquisition of behavior modification skills outlined in SIL, as it trains parents to manage stressful internal reactions (e.g., feelings of anger or distress) throughout engagement in child behavior training (e.g., performing a time-out) (Holtrop et al., 2014). However, further research is necessary in order to understand how behavior skills training is associated with and assists in the process of parent ER in the context of the SIL theory. Broadly, parenting interventions may not integrate parent emotion and ER skills into their theoretical constructs, despite acknowledgement in the literature that ER skills are effective in the reduction of symptoms of parent psychosocial health concerns, such as low-self esteem and low self-efficacy (Barlow et al., 2009). Therefore, examining the relationship between the SIL theory and parent ER was warranted in order to understand the role of emotion amid parenting efforts, and its subsequent impact on parent perceptions of ER during difficult parent-child interactions.

**Core assumptions underlying the SIL theory.** SIL theory draws from a combination of developmental and behavior contingency theories examining the proximal influence of parents and parenting behavior on later child mental health outcomes (Patterson et al., 1990). SIL emphasizes that parents are the most proximal influence on child compliance and later effective prosocial behavior, and that when harsh parenting is employed amid stressful interactions (e.g., frequent yelling, physical discipline), children may develop symptoms of later mental health challenges including depression and/or anxiety, as well as engage in peer deviancy (DeGarmo & Forgatch, 2005; Patterson et al., 1990). Further, ineffective interaction patterns between parent and child manifest in the form of harsh parenting practices (e.g., verbal hostility, physical
discipline) that are exacerbated by family contextual stressors, such as a recent divorce or financial stress (Forgatch, Beldavs, Patterson, & DeGarmo, 2008).

For example, parents may experience heightened stress when attempting to parent a child with emotional or behavioral difficulties (e.g., tantrums/outbursts), causing distress to be experienced through parent-child interactions. In turn, SIL posits that the influence of parental stress, may exacerbate the level of family stress in the home, causing harsh parenting practices and ineffective parent-child interactions to develop. Thus, without an effective intervention process (e.g., counseling, parenting intervention), these stressful interactions are reinforced throughout childhood and adolescence, which in turn, have been shown to lead to a host of negative child mental health outcomes including delinquency, substance abuse and engagement in juvenile crime (Forgatch et al., 2008).

Researchers who employ the SIL theory have identified through decades of parenting intervention research that targeting parenting practices as a mediator in the known association between parenting stress and later child outcomes reduces harsh parenting practices and encourages positive child adjustment (Patterson et al., 2010). Through parent skills training to reduce harsh discipline, researchers have demonstrated a significant reduction in risk for later child mental health outcomes (Forgatch et al., 2009).

**SIL and the current study.** The social interaction learning theory assists in the conceptual framework outlined for this study in a few key ways. First, SIL is distinct from earlier theoretical constructs on social learning theory by emphasizing the unique contribution of parent-child interaction patterns. For example, SIL builds off general social learning theory by highlighting the interactions that occur between parent and child via parenting practices utilized. For instance, when less effective parenting practices are utilized (e.g., verbal aggression), the stress from the
parent in a moment of frustration may lead to experienced stress of the child. As this cyclical stress pattern continues between parent and child, the SIL posits that distal outcomes of later child internalization (e.g., development of depression) and externalization behaviors (e.g., delinquency, conduct problems) may develop.

This emphasis on parent-child interaction patterns matches treatment aims outlined in parenting interventions by providing behavior modification techniques that promote positive interaction patterns through skills-training in parenting practices. Thus, the identification of interaction patterns that occur between parent and child account for the external and interactive component of parent-child interaction patterns that complement the internal ER strategies used by parents as a target for intervention in this study. Thus, the consideration for parent-child interaction patterns, coupled with parent ER skills, offers an expanded view of the interactive process that occurs in families and assists researchers in understanding the role of both parent behavior and emotion in supporting parent-child interactions.

**The Parental Meta-Emotion Philosophy (PMEP)**

**Overview.** The study of meta-emotion (e.g., awareness of feelings about one’s own emotions) has been of interest to the fields of developmental and family psychology for several decades, given that the role of emotion in family life serves as a frame for investigating symptom development in parent and child mental health outcomes (Mendonca, 2013). During moments of difficult child behavior problems, the emotional experiences of parents may be unique given the interactive nature in which feelings, and thoughts about feelings are expressed between parent and child in order to reduce stress associated with the behavior. Gottman and colleagues (1996) developed the parental meta-emotion philosophy (PMEP) in response to the need for a parent-specific theory in which meta-emotions and their subsequent impact on child development are
empirically tested. The PMEP also serves as an equally important theory to behavior-based parenting interventions because of its unique focus on the role of emotion in parenting, parenting behavior and child outcomes. Further, the PMEP also serves as a frame through which family contextual stressors (e.g., parenting stress; harsh parenting practices) are addressed through direct skills training in parent ER to reduce symptoms of both parent and child outcomes. Therefore, the PMEP acts as a complementary and equally important theoretical component to the SIL because of its emphasis on the role of emotion in shaping parenting behavior and parent-child interactions.

**Core assumptions underlying the PMEP.** The parental meta-emotion philosophy takes into account the unique experience of parental meta-emotion (e.g., emotion about emotions in the context of parenting practices) as well as parental meta-cognition (e.g., thoughts about thoughts during parenting moments) as a parsimonious internal experience that occurs for parents amid stressful interactions with their child. The PMEP explains that parents have a complex internal experience in which thoughts about one’s own emotions as well as their child’s emotions are present during daily interactions between parent and child. For example, parents are often tasked with managing stressful interactions with their child, including developmentally expected behavioral escalations (e.g., tantrums) that may lead to conflict in the home. During this moment of conflict, the parent may experience intense, stressful internal reactions including thoughts about their own feelings (e.g., *I am upset with myself for becoming angry*) as well as perceived thoughts about their child’s emotions (e.g., *my child is angry with me because I reacted harshly*).

Similar to the SIL theory, PMEP posits that parents are the most proximal influence on child behavior. However, PMEP emphasizes the importance of how the parent models emotion and emotion management that are thought to transmit directly to the child. In other words,
parents who have decreased awareness of their own meta-emotions may react harshly to their child amid stressful interactions that, in turn, lead to poor emotion modeling from parent to child. Parents who consistently model poor emotion management reinforce these patterns overtime, which are then transmitted to the child (see Hurrell, Houwing & Hudson, 2017). Therefore, PMEP outlines that parent emotion-coaching skills are imperative to the development of positive emotion management skills in children, which are thought to reduce symptoms of child mental health and behavioral problems (Fainsilber Katz et al., 2012). Revealingly, PMEP is the only known theory to date that outlines the importance of parent awareness of their own thoughts and feelings as a central factor in the parents’ subsequent ability to then regulate their own emotions as well as emotionally coach their child through difficult feelings simultaneously (Fainsilber Katz et al., 2012).

Core subcomponents of the PMEP and child mental health outcomes. Early empirical evidence conducted by Gottman and colleagues (1996) revealed that parents have a variety of thoughts and feelings about their own emotions, as well as a unique perceptual philosophy of the role of emotions in parenting experience. For example, early qualitative analyses revealed that parents have a range of viewpoints on the emotion of anger (e.g., anger is from the ‘devil’; or that it should be minimized to reduce conflict), as well as sadness (e.g., minimization of the impact of sadness—“I can’t be sad,” and either dismissing or ignoring sadness in their children). On the other hand, parents who were (a) aware of their own feelings, (b) able to name, express and accept their emotions openly, and who (c) coached their children through their own affect, promoted effective emotion management to their children (Gottman et al., 1996).

In fact, parents who display these three essential components to effective emotion management (e.g., awareness of internal emotions, acceptance of own emotions/emotions of the
child, and ability to coach child through emotions) demonstrate reduced child internalization and externalization behaviors in empirical research on the PMEP (Brajsa-Zganec, 2013; Fainsilber Katz et al., 2012). For example, a recent path analysis conducted by Brajsa-Zganec (2013) found that among 506 parents and their preschool children, parents who demonstrated awareness of their own emotions as well as acceptance of their child’s emotions (via warmth, inhibitory control of intense feelings) demonstrated a reduction in child internalization and externalization behaviors. Conversely, parents who demonstrated significant limitations in awareness of their own emotions, and who also dismissed child emotions, demonstrated significant elevations in child internalizing and externalizing behaviors.

Further, Hurrell and colleagues (2017) empirically tested the PMEP in a sample of 109 parents and their children, of which 74 children were identified as having clinical anxiety. Using a complex multi-methodological design, the researchers compared the emotional awareness and emotion coaching abilities of parents in two groups: parents of children diagnosed with anxiety disorder against parents of children who did not present with symptoms of anxiety. Study findings confirmed that parents of children diagnosed with anxiety disorder were significantly less aware of their own emotions, as well as the emotions of their child. In turn, children diagnosed with anxiety disorder had significantly more trouble regulating their own emotions, indicating that the PMEP—specifically parents’ awareness of their own emotions—may serve as a strong predictor of later youth difficulties in their own emotion regulation development. Understanding the depth of parental awareness of emotion and emotion regulation ability amid stressful parent-child interactions was therefore the primary purpose of this study, due to the potential of ER skills-training to promote positive child outcomes.
Parent Emotion Regulation (ER) Skills as a Mechanism of Change: Basic Research

Defining parent ER. Support for the implementation of skills-training in emotion regulation is mounting, with evidence to suggest that parents and children experience a reduction in symptoms of mental health when effective regulation strategies are used by parents in the home (Morris et al., 2007). However, skills training in ER may require an entirely different set of implementation strategies within a parenting context as opposed to ER skills in other contexts. In other words, researchers advocate that emotion regulation skills (e.g., awareness of reactivity, deep breathing) support symptom reduction in major mental health disorders such as parental depression and anxiety (Barlow et al., 2009), but have not taken into consideration the unique stressors associated with parenting that may compromise regulation ability. Further, parent management of intense emotions amid stressful interactions with their child may pose additional contextual barriers that make ER implementation more challenging. For example, the interactive nature and the distinctive demands of parenting (e.g., regulating oneself as well as the child in the moment, meeting the emotional needs of the family) may pose an entirely separate set of ER skills that are unique to the parenting population. Therefore, defining parent-specific ER skills is necessary in order to examine their proposed use in parenting intervention research (Lorber, Del Vecchio, Feder, & Slep, 2017; Sanders & Mazzucchelli, 2013).

Basic empirical studies (e.g., without an intervention) have attempted to evaluate ER strategies in the parenting population by rigorously testing new ER measures designed to expand current knowledge in the parenting literature (Lorber et al., 2017). For example, Lorber and colleagues (2017) evaluated the psychometric properties of the Parent Emotion Regulation Inventory (PERI) (Gross & Thompson, 2007) in order to examine regulation strategies utilized by parents during discipline practices with their children. The study demonstrated support for the
PERI by illustrating its ability to differentiate between parents with high versus low levels of regulation management (e.g., parents who are warm/nonreactive versus parents that overreact/respond harshly). Study implications suggested that parents who scored higher on the PERI demonstrated ER skills thought to assist in the reduction of emotional reactivity that may lead to harsh parenting practices (e.g., yelling, physical punishment). Similar investigations also demonstrate that strong parent ER skills effectively reduce harsh parenting practices and negative child outcomes and that use of a range of related ER measures (e.g., examination of executive functions) may assist in understanding parent ER abilities (Deater-Deckard et al., 2012).

Although these study findings are promising, given their implications for further use in parenting intervention research, much of the basic research in parent ER is focused on reducing parent distress without consideration for how the inclusion of ER skills would fit with the behavioral content frequently taught in parenting interventions. In other words, it is unclear how parent ER skills, as well as their measures, account for the potentially complex interplay between content focused on affective skills (e.g., parent ER) and child behavior modification strategies (e.g., limit setting, time-out) in parenting intervention research. Therefore, this study served as a bridge between basic empirical research on parent ER and child outcomes and applied parenting intervention research via the in-depth examination of the utility of ER skills from the parent’s point of view.

**ER and parenting.** Parents challenged by frequent child problem behaviors (e.g., tantrums) present unique emotional stressors that can challenge parenting efforts. For example, parents that attempt to mitigate child behavioral escalations may experience self-critical thoughts (e.g., *I am not good enough; I can’t do this right*) that can shape thoughts regarding parenting
ability and regulation strategies (e.g., *I am not a good enough parent; I can't manage my child*) (Michl, Handley, Rogosch, Cicchetti, & Toth, 2015). Similarly, symptoms of anxiety may cause a parent to feel easily overwhelmed during a stressful interaction with their child, resulting in parent behaviors that are over-reactive and/or dismissive of child regulation needs (Deater-Deckard et al., 2012). In clinical populations, Maliken and Fainsilber Katz (2013) proposed that symptoms of parent mental health issues compromise a parents’ ability to develop awareness of emotions and effectively regulate them amid balancing the emotional needs of their child. In turn, parents who continually experience difficulty in managing their own symptoms of mental health may also model less effective emotion regulation strategies to their child. In fact, Maliken and Fainsilber Katz (2013) note that symptoms of a variety of mental health issues are often accompanied by difficulties in ER, and that overtime parents may unintentionally transmit ineffective modeling of regulation strategies to the child, which may be on such factor to explain the onset of negative child mental health outcomes. Thus, parenting intervention research would benefit from moving beyond simply controlling for parent mental health issues during their screening process, and intentionally include content in parent ER in order to treat parent and child mental health needs simultaneously (Maliken & Fainsilber Katz, 2013).

**Parent ER and child and adolescent mental health outcomes.** Several researchers have demonstrated through basic empirical studies that emotion regulation skills not only improve parenting stress and anxiety (e.g., Morris et al., 2007), but they also act as an agent of change to reduce harsh parenting and later negative child and adolescent outcomes (Crandall, Ghazarian, Day, & Riley, 2016; Morelen et al., 2016). For example, Deater-Deckard and colleagues (2012) examined the emotion regulation ability (e.g., maternal executive function) in the known association between harsh parenting practices and child conduct problems in 147
mothers and their 3 to 7 year-old children. Through analyses of parent interviews and questionnaires, the study revealed that child conduct problems were predicted by lower levels of maternal executive control and regulation ability, which predicted higher use of harsh parenting practices in the home. Findings suggest that mothers who demonstrated lower levels of executive control utilized harsh parenting practices that adversely impacted child outcomes.

Additionally, the study examined family factors including household chaos in order to understand the role of external stressors on maternal regulation ability. For those families living in stressful environments, maternal use of executive control and regulation strategies were further compromised and harsh parenting practices were utilized more often as a method of discipline. However, a limitation to this study included the fact that there was little differentiation on measures of parent ER skills and that of executive control. Further, basic empirical research often does not distinguish between terms used to describe parent emotion regulation in the context of additional cognitive abilities, such as executive control (e.g., Bridgett, Kanya, Rutherford, & Mayes, 2017).

Recent evidence in parent ER and child outcomes also suggest that ineffective parent ER may contribute to poor child ER abilities beginning early in life (Bridgett et al., 2017; Morelen et al., 2016), with lasting consequences into adolescence (Crandall et al., 2016). For example, Saritas and colleagues (2013) examined the role of harsh parenting practices (warm versus hostile/rejecting) in the association between maternal emotion regulation and later adolescent ER abilities in 365 mothers and their teens. The study found that mothers who used harsh (hostile/rejecting) practices mediated the relationship between maternal ER and the development of adolescent negative ER. A notable strength of this study is that it considered the role of harsh parenting as a mediator in the understudied relation between maternal and adolescent ER,
indicating that parent ER abilities may be one such mechanism to reduce harsh parenting practices as well as model effective regulation skills to their adolescent offspring. In addition, longitudinal analyses of the impact of parent ER on adolescent outcomes (e.g., aggression, prosocial behavior) demonstrates that poor maternal ER coupled with additional family contextual stressors (e.g., poor family functioning, strained parent-child relationships) have adverse consequences on adolescent development that may contribute to a cyclical pattern of poor ER within the family system. Taken together, the impact of parent ER on subsequent child and adolescent mental health outcomes in basic empirical research continues to stress the need for regulation skills in order to reduce family risk for ongoing mental health problems. However, there is much research to be done, including a closer examination of the definition and use of parent ER skills in relationship to parenting practices in order to understand how ER skills fit into applied, parenting intervention research.

**Parent ER and Applied Parenting Intervention Research**

Although there is mounting evidence to suggest that parent ER skills may be an important mechanism of change in the reduction of parenting stress and negative child outcomes, it is less clear how content in parent ER translates to parenting intervention research. Applied research (e.g., involving a parenting intervention) seeks to examine changes in pre and post intervention outcomes (e.g., parenting practices) through parent skills-training to reduce child behavior problems. In fact, several basic research studies have suggested that parenting interventions may be one such mechanism of change to reduce harsh parenting practices and improve parent-child interactions by incorporating ER skills into content design (e.g., Crandall et al., 2016; Morelen et al., 2016). In fact, leading parenting intervention researchers have also proposed that augmenting traditional, behavior-based interventions to include parent ER would improve a multitude of
family mental health needs, including a reduction of parent mental health issues, child and adolescent behavior problems and increased family functioning (e.g., Sanders & Mazzucchelli, 2013).

Further, the promotion of parent ER skills to parenting intervention research has implications for a cost-effective treatment process in which parents and children benefit from ER skills simultaneously. For example, in clinical populations, it has been suggested that the incorporation of parent ER skills to parenting interventions may reduce symptoms of a variety of parent mental health diagnoses, including depression, anxiety and post-traumatic stress disorder (e.g., Maliken & Fainsilber Katz, 2013). Although these disorders are not the same in origin or symptom presentation, parents who present with these diagnoses may benefit from ER skills regardless of the type of diagnosis they may have. In other words, treating parent mental health through ER skills may involve a “one size fits most” mentality in which parents benefit from ER specific skills regardless of diagnostic background. For example, a parent living with depression may experience frequent feelings of being overwhelmed during conflict with their child. Learning parent ER skills may effectively regulate symptoms of mental health (e.g., deep breathing, coping skills) that are then modeled directly to the child. Further, children of parents who are trained in ER skills benefit from parents who incorporate these skills into the home, and have been shown to transmit to later child and adolescent ER skills (e.g., Crandall et al., 2016).

Researchers interested in parent emotion regulation processes have also specifically focused on defining parent emotion regulation, along with its’ salient features in the context of parenting demands (Rutherford, Wallace, Laurent, & Mayes, 2015). For example, Rutherford and colleagues (2015) noted that parents experience a unique set of emotional regulation demands, and argue that the unique role of parenting and the subsequent needs of their child
across different stages of development call for emotion regulation skills that differ from non-parent adults. For example, parents of infants must regulate their own internal emotions amid the infant crying in the middle of the night. Similarly, parents of young children regulate through potentially stressful interactions with their child (e.g., child tantrums) in order to emotionally soothe and socialize their child (Rutherford et al., 2015).

Conceptually, parent emotion regulation has also been categorized as having four overall inter-related subsystems of internal experience in order to effectively regulate (see Morris et al., 2007; Rutherford et al., 2015). For example, parents must a) be aware of their emotions (see the PMEP; Gottman et al., 1996), this includes self-monitoring of emotional and cognitive stimuli (see Rutherford et al., 2015), b), regulate or modulate these internal stimuli through behavioral activities (e.g., deep breathing) (Morris et al., 2007), and c), engage in physiologically soothing activities such as counting to 10 in order to physically regulate the body (e.g., noticing bodily reactions such as chest tightening). Taken together, the first three components of parent ER are necessary in order to emotionally coach their child’s subsequent regulation needs (see Gottman et al., 1996). In this study, the parent ER intervention packet was designed after the empirical support of parent ER skills described above, and was used to evaluate parents’ perceived utility of ER skills with their children (see Appendix B to review the parent packet).

Additionally, further research is warranted in order to consider the in-depth experiences of parents throughout the skill-building process of ER, and whether content in ER fits with the original behavior-based training taught in evidence-based parenting interventions. Therefore, before interventions adopt parent ER skills into their content design, they must first consider the potential role parent ER skills play in the context of parenting intervention research, and whether augmentation of parent ER skills to the intervention is necessary. An illustration of this process
includes consideration for the additional intervention effects that have been found as a result of parent participation in an intervention. Additionally, Barlow and colleagues (2009) reviewed the intervention effects of several parenting interventions, and found similar findings involving the reduction of symptoms of parent anxiety, and improved self-efficacy and self-worth.

However, much of this research attributes the parents’ process of change to the parenting skills taught to improve the parent-child interaction patterns in the home, and did not consider the potential impact of changes in parent emotional experiences as a factor in long-term reductions seen in symptoms of parent psychosocial health. Thus, the current state of knowledge demonstrates that parenting interventions work to improve parent needs even though it was not designed to target parent outcomes, however, we do not know how these interventions led to improvement over time. While there is some evidence of research designs focused on examining a single element of a parenting intervention—most notably parent emotional coaching skills (see Havighurst et al., 2013)—these studies remain focused on child outcomes rather than understanding parent perceptions of ER. The purpose of this study, therefore, was to assess parents’ perceptions on the utility of ER skills, as well as illuminate the skill-building process of implementing an ER task in order to derive implications for ER content inclusion in parenting interventions.
CHAPTER 3

METHODS

Overview of the Study

This study assessed parent’s perceptions on the utility of ER skills, as well as illuminated the skill-building process of implementing an ER task using a grounded theory analysis. The ER task was intended to improve parent-child interactions by training parents to recognize and manage their own internal emotions during disruptive child behaviors (e.g., tantrums). In addition, study aims included an in-depth exploration of tenants outlined in the parental meta-emotion philosophy (PMEP) utilizing qualitative analysis. Pre and post interviews occurred in parents’ homes, with the first interview including education on the parent ER task. The first half of the pre-implementation interview included Phase 1, which asked broad questions about parent emotion regulation processes during child problematic behavior. Phase 2 occurred during the second half of the first interview, which included a transition to learning the parent ER task. These skills included four regulatory components necessary for effective parent ER (see Appendix B for the full content of the parent packet as well as its design justification in Chapter 2). The post-implementation interview, or phase 3, occurred one week later in which parents were asked about their perceptions and process of implementing ER skills with their children.

The purpose of this study was to assess parents’ perceptions on the utility of ER skills, as well as illuminate the skill-building process of implementing an ER task in order to derive implications for ER content inclusion in parenting interventions. Project aims were accomplished through the following research questions: (1) How do parents describe their own emotion regulation process? and, (2) How do parents perceive and process the ER implementation task? The term “process” in the context of this study included close examination of parent in-depth
experiences, perceptions, and actions taken to implement the ER task. Study aims included development of a working hypothesis and explanatory theory of parent ER in order to expand current conceptualization of parent ER, as well as to derive implications for its proposed content inclusion in parenting interventions.

**A qualitative approach.** Qualitative methodology has a rich history rooted in the pursuit among researchers to describe complex social phenomena embedded in outcomes derived from statistical modeling in the quantitative literature (Creswell, 1998; Glaser & Strauss, 1967). Qualitative researchers are invested in the utility of an inductive approach in order to test, challenge and substantiate claims made to existing theoretical frameworks in which quantitative outcomes are derived (Glaser & Strauss, 1967). A key feature and goal of a qualitative analysis is to achieve an in-depth understanding of complex social phenomena embedded in the larger sociological and cultural contexts in which personal experiences are shaped (Charmaz, 2006). In a grounded theory study—a specific approach in qualitative research—analyses are conducted using a complex and systematic process of iterative data interpretation in which emerging categories, concepts and an overall theory are explained by the data (Glaser & Strauss, 1967). This method therefore assumes an inductive, rather than deductive methodological process in which hypotheses are not generated.

Specifically, this study employed a qualitative, grounded theory analysis, given the fact that less is known regarding what parents think about the use of ER skills to reduce challenging child problem behaviors. The research questions in this study were designed to illuminate the in-depth experiences of parents implementing ER skills, and their perceptions of this process, rather than seeking to reduce parenting stress or measuring long-term outcomes from a quantitative standpoint. For example, Denzin and Lincoln (2011) note that the selection of the appropriate
methodology should be driven by the nature of the research questions, and not in the reverse direction. Further, qualitative analyses assist in the illumination of human processes, perceptions and experiences, which is a proximal (i.e., in the moment) examination of study findings rather than distal (i.e., long-term) outcomes in quantitative studies (Leijten, Dishion, Thomaes, Raaijmakers, de Castro, & Matthys, 2015). Therefore, because the current study examined parent perceptions and processes of implementing an ER task—rather than quantitative verification of parent outcomes (e.g., improvement in parenting stress), a qualitative analysis was the most appropriate analytic strategy through which the underlying assumptions of the parental meta-emotion philosophy (PMEP) could be systematically tested.

Grounded theory analysis (GTA). Grounded theory analysis was selected to examine the in-depth process of participants’ experiences through a systematic and highly strategic method of observation of social processes (Charmaz, 2006). In a grounded theory analysis, the researcher attempts to inductively generate hypotheses of specific social phenomena in which a) empirical theory development is necessary, and b) findings from the data illuminate social processes through which more rigorous quantitative methodologies are based (Charmaz, 2006). A GTA, in other words, does not adhere to linear progression of the scientific method (i.e., research questions and hypotheses are generated prior to analysis), but rather, seeks to determine a theory of the phenomena under examination from the start of data collection to the final stages of analysis (Glaser & Strauss, 1967). A resulting hypotheses and representative theoretical framework, therefore, is the product of an in-depth grounded theory analysis. In this study, for example, a GTA was used to examine and expand the existing assumptions underlying the parental meta-emotion philosophy (PMEP) by examining the process of implementing an ER task in the parent’s home. Justification for a GTA was based on the identified need for further
research on the PMEP. Specifically, a review of the PMEP by Fainsilber-Katz and colleagues (2012) noted that the “…next step is to translate basic research on PMEP into parenting interventions” (p. 421). Further, while they demonstrated growing evidence in the quantitative literature to support the underlying assumptions of PMEP, less is known regarding how parents perceive ER skill implementation, or whether this skill is useful to parent coping strategies amid difficult parent-child interactions and disruptive child behavior.

**From PMEP to grounded theory analysis.** Traditional grounded theory researchers caution against the use of a GTA when ample research and an accompanying theory of a particular social phenomenon already exists (Creswell, 1998). In other words, it may raise questions if a researcher considers the application of GTA for investigations in which a well-known or empirically tested theory (e.g., social learning theory) is already substantiated in the literature. Although the PMEP has gained empirical support in the outcome literature (e.g., Fainsilber Katz et al., 2012), researchers interested in the promotion of ER skills do not know what parents think about the utility of ER skills, and whether inclusion of content in ER is effective in parenting interventions. In addition, current empirical studies testing the PMEP remain focused on child outcomes rather than parent needs (e.g., Brajsa-Zsanec, 2013). Understanding parent perceptions of ER skill implementation may shed light on the utility of these skills in the context of parenting interventions that offer a range of additional behavioral skills that may complement work in parent ER. Therefore, researchers interested in the role of emotion in parenting behavior and the subsequent impact on child outcomes must first understand whether parents find a subset of skills in ER useful and important to parent-child interactions.
Gottman and colleagues (1996) made significant progress addressing this need by highlighting the importance of interviewing parents on their philosophy of emotion and the role emotions play in parenting behavior when first developing the PMEP. While further testing in PMEP yielded promise for reduced child emotional challenges (e.g., Loop & Roskam, 2016), much of the research on PMEP remains focused on child outcomes. In this study, a grounded theory analysis was used to examine how parents perceived the ER task, as well as its potential usefulness to their own coping and subsequent interactions with their child. To date, there is no known study in the parenting intervention literature that examines a single element out of many core elements of a packaged parenting intervention from a qualitative lens. Therefore, this study attempted to utilize the highly systematic process of GTA in order to examine and expand the existing assumptions underlying the PMEP.

For example, LaRossa (2005) noted that a GTA offers a rich, in-depth analysis of existing social processes in which a theory attempts to explain. When there are unknown elements or processes (e.g., applying a theory to a new population), a GTA may be warranted to provide further explanation for a new study context. In other words, a GTA bolsters an existing theory by narrowing in on one or two specific elements of a given theory in order to provide additional features, dimensions and depth to a given population. This process, according to LaRossa (2005), is known as a “microanalysis” of a given phenomenon in which the methods of a GTA support (p. 838). Similar to LaRossa’s (2005) notion of utilizing a GTA to promote the construction of theory, Glaser and Strauss (1967) argued that the development for GTA is rooted in an ongoing and concerted effort to close “…the embarrassing gap between theory and empirical research,” by using GTA to promote theory development beyond substantiation for data verification procedures in quantitative methodology (p. vii). Rather, GTA in the context of the proposed
study has the potential to further PMEP theory by illuminating salient features of the ER task from the parents’ point of view. This approach therefore promotes a complex evaluation of an emerging framework (the PMEP) in order to generate additional dimensions, propositions and depth to the parent ER experiences associated in the concepts underlying the PMEP.

**Microtrials, PMEP, and the current study design.** This qualitative investigation included a combination of an inductive, operationalized method of analysis in grounded theory, embedded in a parent education task and a follow-up interview in parents’ homes. The basis for this study design was rooted in a growing body of literature interested in the examination of one discrete “intervention element” (e.g., time-out) of a parenting intervention package rather than long-term outcomes that result from studies investigating the entire intervention package (e.g., Leijten et al., 2015, p. 47; Loop & Roskam, 2016). Leijten and colleagues (2015) noted that while parenting interventions demonstrate continued effectiveness in the reduction of child behavioral outcomes, at the same time, there exists a challenge in how the entire intervention package (i.e., combined content in discipline, communication, time-out and so on) are systematically evaluated when the individual merit of each intervention element may not be empirically tested at the individual or discrete level. In other words, the authors argue that each element selected for inclusion in a given parenting intervention package, “…tend to be based on expert clinical judgment and is rarely tested empirically” (p. 48). Although the authors acknowledge that some intervention elements have been empirically and rigorously tested (e.g., time-out), other intervention elements have not (e.g., emotion coaching; Loop & Roskam, 2016) and warrant further empirical testing. Leijten and colleagues (2015) proposed a new methodological approach known as “randomized microtrials” or MCTs, to examine discrete elements of an intervention package. Below, Leijten and colleagues (2015) described the
The overarching goal of an MCT, as compared to traditional methods in a randomized control trial (RCT):

The goal of microtrials is to test the effects of a discrete parenting intervention element (i.e., training a specific parenting technique) on proximal child behavior (i.e., change in the behavior targeted by the parenting technique). Research questions are centered around the efficacy of discrete parenting program elements to improve child behavior. The intervention (i.e., manipulation) in a microtrial is teaching parents to use a specific parenting technique, rather than a comprehensive whole of parenting strategies (p. 49).

This alternative methodological approach is an important step for the next wave of parenting intervention research, as MCTs have the potential to shed valuable insight into which core elements are efficacious and whether removal of others may reduce cost and improve outcomes for skills in which parents utilize to effectively manage child behavior. For example, Loop and Roskam (2016) designed a randomized micro-trial in which 58 parents and their preschool children (4 to 5 years old) participated in parent education and implementation of an emotion coaching task over the course of one 15-minute lab session. Results suggested that parents who were exposed to the 15-minute educational video on emotion coaching strategies—as compared to the control group—were significantly more likely to be emotionally attuned and empathically coach their child through distress during a simulated frustration task. Further, results were confirmed through mediation analyses, suggesting that parents who were exposed to the emotion coaching educational video effectively coached children through distressing moments of interrupted play, which in turn, reduced proximal outcomes in negative child behaviors (e.g., irritability, non-compliance).
Study findings highlight the potential for MCTs to provide empirical support for an individual element of a given parenting package in order to illuminate factors that may contribute to overall intervention effectiveness. In the context of the current study, parents were trained in the parent ER task, which was designed to reflect regulation strategies shown to be effective in reducing child emotional challenges (see Fainsilber Katz et al., 2012). In addition, the current study included a qualitative examination of parent perceptions and processes involved in applying the parent ER task, which expanded current knowledge in MCTs to consider the in-depth experiences with ER skill-implementation in relationship to core assumptions outlined in the PMEP literature.

A qualitative microtrial to advance theory. Although randomized MCTs represent the potential to improve program effectiveness through testing one intervention element at a time, current methodological considerations remain embedded in the quantitative literature. In fact, Leijten and colleagues (2015) acknowledged that examination of discrete intervention elements promoted “…knowledge about the efficacy of these elements,” which “…can inform parent-child interaction and intervention theory” (p. 48). However, the focus for optimizing intervention effectiveness relied on a quantitative methodological design that illuminated discrete element effectiveness without proposing how this new approach promoted empirical theory.

Further, Leijten and colleagues (2015) proposed a reciprocal theoretical framework in which theory development supports the “identification of program elements” which can lead to “micro-trials on element effectiveness,” which ultimately loops back to “program adaptation” and “program effectiveness trials” (p. 52). However, a limitation to MCTs is that they are not designed to account for the process through which empirical theory development is better understood. Qualitative methodological designs are well equipped to examine parent processes
associated with learning and implementing parenting techniques taught in parenting interventions, such as emotion regulation. In addition, research on theory development and program implementation based on the underlying assumptions of the PMEP is still in its’ infancy (Fainsilber Katz et al., 2012). Therefore, the current study utilized a grounded theory analysis in order to examine the process of implementing a discrete intervention element (i.e., emotion regulation) as well as to model the proposed methodological framework of an MCT from a qualitative standpoint. To illustrate this point, Table 1 below offers additional insight into the utility of a qualitative study design modeled after the concepts proposed by Leijten and colleagues (2015) in order to develop a better understanding of the embedded parent processes through which quantitative outcomes are derived.

Table 1. Comparing a quantitative MCT to a qualitative MCT

<table>
<thead>
<tr>
<th>Study Elements</th>
<th>Quantitative MCTs</th>
<th>Qualitative Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal/Purpose</strong></td>
<td>Determine efficacy of a discrete intervention element via randomized format (treatment and control group)</td>
<td>Determine parent perceptions and processes of implementing a discrete intervention element via qualitative interviewing (i.e., emotion regulation)</td>
</tr>
<tr>
<td></td>
<td>Reduce negative child outcomes</td>
<td>Promote empirical theory development</td>
</tr>
<tr>
<td><strong>Research Questions</strong></td>
<td>Outcome-focused: “…to what extent simulating parents’ emotion regulation practices improves preschoolers’ behavioral outcomes” (Loop &amp; Roskam, 2016, p. 2225).</td>
<td>Process-focused: <em>How</em> do parents describe their experience and process of implementing an ER task?</td>
</tr>
<tr>
<td><strong>Intervention Setting</strong></td>
<td>Laboratory</td>
<td>Participant Homes</td>
</tr>
</tbody>
</table>
Participants

**Study population.** Parents often seek parenting interventions for child behavior problems. Specifically, parenting interventions are designed to improve child outcomes (e.g., behavioral and emotional issues) for children ranging from ages 3 to 12 years old. The sampling frame for the current study resembled the population of parents who indicate clinical elevations in child behavior problems (per parent report on the ECBI) and whom also indicated an expressed need for improved parenting efforts. To be eligible for this study, participants must have met these basic requirements: (a) was a parent of at least one child ranging from ages 3-12 years old, (b) indicated clinical cutoffs (T-scores reported on Table 3) for child behavior problems via parent report on the Eyberg Child Behavior Inventory (ECBI), and (c) was at least 18 years of age. Parents were also required to be available for a pre and post qualitative interview in order to examine the process of implementing a parent ER task.

The parent ER task was offered to both mothers and fathers, which added to the literature on the regulation strategies used by both genders. Participants who indicated that they were married and that their spouse also wanted to participate were interviewed in the home together. However, interview questions were asked individually to each parent to ensure standardization of the interview guide and to maintain a single unit of analysis. Parents of children younger than age 3 or youth older than age 12 were excluded from this study, given that these developmental ages are not a primary target in most evidence-based parenting interventions because of the differences in developmental needs and relationship dynamics with parents. Children with severe developmental disorders (e.g., autism spectrum disorder) were excluded from this study, as the developmental needs and relationship experiences between children with autism and their parents are a specialized population in need of unique treatment services.
**Purposeful sampling.** Justification for the above inclusion criteria was based on multiple qualitative guidelines unique to a grounded theory analysis (see Creswell, 1998; Patton, 2002). For example, in a GTA, the prescribed sampling strategy is “theory-based,” meaning that the study must include a homogenous group of participants who share common experiences and characteristics embedded in the proposed theory (i.e., the PMEP) (p. 118). Inclusion of a homogenous group of participants has also been argued to “…maximize efficiency and validity” of a qualitative study (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2015, p. 2). In this study, for example, parents who indicated clinical elevations of child problem behavior were not only selected for inclusion, but represented a specific group of individuals who may share common needs in learning the parent ER task. Additionally, the purpose of including parents of children with problem behaviors also supported the study aim of exploring the PMEP to consider parent perceptions and processes of the ER task. In doing so, the study met the prescribed rationale for theoretical sampling, as described by Creswell (1998): “The rationale ... is to confirm or disconfirm the conditions, both contextual and intervening, under which the model holds” [i.e., the PMEP] (p. 119).

**Recruitment strategies and sites.** University IRB approval was obtained and can be reviewed in Appendix D. Participants were recruited through a variety of organizations and community centers in the surrounding county areas. First, a recruitment flyer was distributed to various organizations through word of mouth as well as through the researcher’s personal contact with directors from various social service agencies, daycares and clinics in the surrounding area. In addition, flyers were distributed with information regarding the purpose of study, and the researcher’s phone number in order to determine eligibility for participation. Flyers were also
distributed at the campus clinic, church communities and daycare programs. Participants were notified that study involvement was voluntary via informed consent procedures.

**Participant characteristics.** A total of 17 parents participated in the study. All parents that were interviewed also completed the parent report on the ECBI. Parents who called to request participation in the study were mothers, and asked if their spouse could also participate. While only one parent was asked to completed the ECBI over the phone, both parents were asked to verify responses together in person during the first interview and before ER skills-training begun. Discrepancies between responses to each item on the ECBI were handled by encouraging the couple to talk together to reach an agreement about which number to select on the scales. Only one couple disagreed on one item of the ECBI, and reached an agreement that still met inclusion for participation in the study. Parent reports that met cut-off requirements of at least a T-score of 50 or greater in clinical elevations of child problem behavior were included in the study. Of the sample, 47% were fathers and 53% were mothers, and the entire sample participated in both the pre and post-implementation interviews. Parents who expressed interest in the study were also asked whether they were married and living in the same home as their spouse. Couples that elected to participate in the study comprised of 94% of the sample (8 couples and 1 single-parent, \( n = 17 \) parents interviewed). Only one parent indicated a marital status of single (6%). Parents’ ages ranged from 22 – 50 years old, with 71% of parents between the ages of 34 and 50 years old. Of the sample, the majority indicating their race as White or Caucasian (82%), 6% Asian, 6% Black, and 6% Hispanic. In terms of highest level of education, this sample represented those who have advantaged educational backgrounds. Of the sample, 35% indicated having obtained a high school diploma, 47% held either an Associate’s or Bachelor’s degree, and 18% held a Master’s or advanced (Ph.D./M.D.) degree. The majority of
participants (77%) were employed full-time or part-time/per diem, with 23% of participants indicating that they were a “stay-at-home” caregiver.

Only one participant indicated an annual household income of less than $30,000 (6%), whereas nearly two-thirds of participants indicated a household income ranging from $45,000-$105,000 (59%), and a remaining one-third who reported an annual income of over $105,000 (35%). Of the nine total households, participants reported having at least 2 to 3 children (88%), with 12% only having one child. For parents with more than one child, inclusion criteria specified that parents focus on a child that the parent perceived greater emotional and/or behavioral issues, as indicated by symptoms on the ECBI screening tool. Thus, participants reported the age and gender of their child with which they practiced the ER implementation skills. In terms of age, approximately two-thirds (66%) were ages 3 to 6 years old, and the other one-third (34%) were between the ages of 7 to 12 years old. Over two-thirds of these children were male (67%) and one-third female (33%). Further details regarding participant demographic characteristics can be found on Table 2.

Table 2. Participant demographics

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Gender:</td>
<td></td>
<td></td>
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<tr>
<td>Male</td>
<td>8</td>
<td>47%</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>53%</td>
</tr>
<tr>
<td>Parent Age:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 – 25</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>26 - 33</td>
<td>4</td>
<td>23%</td>
</tr>
<tr>
<td>34 - 41</td>
<td>9</td>
<td>53%</td>
</tr>
<tr>
<td>42 - 49</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>50 or over</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Race/Ethnicity:</td>
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<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>Black</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>14</td>
<td>82%</td>
</tr>
<tr>
<td>Asian</td>
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<td>6%</td>
</tr>
</tbody>
</table>
Table 2 - continued

<table>
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<tr>
<th>Characteristics</th>
<th>n</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Native American</td>
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</tr>
<tr>
<td>Other</td>
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</tr>
<tr>
<td>Marital Status:</td>
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<tr>
<td>Never Married/Single</td>
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<td>6%</td>
</tr>
<tr>
<td>Married</td>
<td>16</td>
<td>94%</td>
</tr>
<tr>
<td>Separated/ Divorced</td>
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<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Level of Education:</td>
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<tr>
<td>Less Than High School</td>
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</tr>
<tr>
<td>High School Diploma</td>
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</tr>
<tr>
<td>Associates Degree</td>
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<td>12%</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
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<td>35%</td>
</tr>
<tr>
<td>Master’s Degree</td>
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<td>12%</td>
</tr>
<tr>
<td>Ph.D./M.D./Advanced</td>
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<td>6%</td>
</tr>
<tr>
<td>Employment Status:</td>
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</tr>
<tr>
<td>Full-Time</td>
<td>11</td>
<td>65%</td>
</tr>
<tr>
<td>Part-Time</td>
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<td>6%</td>
</tr>
<tr>
<td>Per Diem</td>
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<td>6%</td>
</tr>
<tr>
<td>Other: (Homemaker)</td>
<td>4</td>
<td>23%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Annual Household Income:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below $15,000</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>$15,001 - $30,000</td>
<td>1</td>
<td>6%</td>
</tr>
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<td>$30,001 - $45,000</td>
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<td>0%</td>
</tr>
<tr>
<td>$45,001 - $60,000</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>$60,001 - $75,000</td>
<td>4</td>
<td>23%</td>
</tr>
<tr>
<td>$75,001 - $90,000</td>
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<td>12%</td>
</tr>
<tr>
<td>$90,001 - $105,000</td>
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<td>12%</td>
</tr>
<tr>
<td>Over $105,001</td>
<td>6</td>
<td>35%</td>
</tr>
<tr>
<td>Children per Household:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>12%</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>44%</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>44%</td>
</tr>
<tr>
<td>4 or more</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Selected Child’s Gender:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
<td>67%</td>
</tr>
<tr>
<td>Female</td>
<td>3</td>
<td>33%</td>
</tr>
</tbody>
</table>
Table 2 – continued

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>$n$</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected Child’s Age:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 – 4</td>
<td>3</td>
<td>33%</td>
</tr>
<tr>
<td>5 – 6</td>
<td>3</td>
<td>33%</td>
</tr>
<tr>
<td>7 – 8</td>
<td>1</td>
<td>12%</td>
</tr>
<tr>
<td>9 – 10</td>
<td>2</td>
<td>22%</td>
</tr>
<tr>
<td>11 - 12</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Data Collection

Overview. All participants included in the study met eligibility criteria for inclusion. Informed consent was obtained throughout recruitment and study activities and was viewed as process. For example, prior to meeting in parent’s homes, the researcher read a scripted overview of the study (i.e., verbal informed consent) to participants over the phone (see Appendix D), and conducted the ECBI inventory as well. In order to be included in the study, participants were notified of the requirement to participate in two semi-structured interviews and that all interviews were audiotaped. Participants who were married and wanted their spouse to participate were interviewed together. In order to ensure communication of the informed consent process, the researcher reviewed the written informed consent with both participants in their home and obtained separate signatures. During the interview process with couples, the researcher asked each parent, one at a time, questions outlined in the semi-structured interview guide (see Appendix A). For example, each parent was asked to describe moments of child problem behavior, and their personal thoughts, feelings and reactions to that behavior. The interviewer ensured careful adherence to the interview guide throughout all phases of the study to insure that parents was asked to respond to each question one at a time, and therefore counted as a single unit of analysis.
**Phases of the interview process.** The complete interview process (both pre and post) was conducted in three phases in which couples participated together. The researcher was careful to ask the same questions on the interview guide one at a time to each partner, which led to longer interview sessions. The three phases corresponded to questions outlined in the semi-structured interview guide (see Appendix A). For example, phases 1 and 2 corresponded to all interview questions for the “Pre-Implementation Interview,”—before learning the ER skills, while phase 3 corresponded to the “Post-Implementation Interview,”—after learning the ER skills. Children of parents being interviewed were not involved in the study. Results of this study also correspond to the phases of the interview and overall structure of the interview guide.

**Phase one.** In order to answer the first research question, participants were asked broad questions related to their emotional experiences when attempting to parent their children during conflict or moments of child disruptive behavior. Parents were asked to reflect on positive as well as negative interactions with their child, and reminded to focus on the child in which they indicated problematic behavior per parent report on the ECBI. In addition, parents were provided their responses to the ECBI in order to identify examples or moments in which they experience emotional regulation difficulties. Phase 1 was broadly utilized in order to warm parents up to conversation on their existing knowledge and application of emotion regulation skills.

**Phase two.** This phase occurred towards second half of the first interview. Once parents were able to broadly discuss difficult child problem behavior and their emotional reactions to them, parents were then asked to turn to the first page of their parent packet (see Appendix B for the full packet). The researcher read each section of the parent packet—word-for-word—and encouraged parents to pause the researcher at any time to offer thoughts or ideas on the information received. Content in this packet included background knowledge on emotions, the
definition and components of emotion regulation, tips and tools to practice emotional regulation for both parent and child, and finally, a 7-day tracking guide to document moments in which parents attempted to utilize ER skills. During this education task, parents were asked to practice the emotion regulation task with the researcher, while points of clarification were offered throughout the learning process. The parent packet was also interactive, and invited parent feedback throughout the training process. For example, parents were asked to write down any additional emotion regulation skills they already used, and circle or put a star next to the skills they would like to implement over the seven-day period. The parents were then asked to practice the emotion regulation task throughout the week, and participate in a post-implementation interview 7 days later. See below for details regarding the parent packet and the course of implementation.

**Phase three.** This phase occurred after seven days of independent, participant practice of the ER skills. Some parents could not be interviewed exactly seven days later, however, all participants were able to schedule a follow-up interview no later than 10 days after the first interview. In addition, all participants successfully completed both the pre and post-implementation interviews (34 total) in their homes. During this final phase, parents were asked to describe their experiences and processes of implementing the emotion regulation task (e.g., “What worked? What didn’t work?”). In addition, parents reviewed each step of the parent packet again. The researcher used the packet as a visual aid to support recall of important regulation events. For example, the tracking form (regulation experiences from days 1-7) was reviewed with each participant, and the discussion focused on moments where parents rated themselves successful and unsuccessful. Towards the end of the interview, parents were asked which component of the parent packet was most helpful, as well as content they found
problematic or not so helpful. All questions were derived from the post-implementation, semi-structured interview guide. At the end of the final interview, participants were given a $40 gift card for their time. Four parents indicated that they would like to hear the results of the study after data collection came to an end.

**Interview transcription process.** After each interview was conducted, the researcher transcribed the data by listening to the interview on an audio recorder and typing the interview word for word. To verify the accuracy and consistency of the transcriptions, a transcription guide was generated to standardize this process. For example, parents were given de-identified numbers (e.g., P1) as well as for their child (e.g., Child 1). The researcher did not transcribe repeated utterances (e.g., “um,” “yea” and “mhm”) in order to enhance clarity. In addition, any other family or friend names mentioned in the interview were de-identified. In order to verify the accuracy of the interviews, with IRB approval, the researcher enlisted an undergraduate research assistant to support data transcriptions, and contribute to elements of trustworthiness. For example, any transcriptions already completed by the researcher were verified by the undergraduate assistant via a process of listening to the recorded interviews together, and simultaneously reading through the typed transcriptions. In addition, for any interviews the assistant transcribed, the researcher also listened to the interviews and read the data to ensure accurate representation. The method in which the research assistant contributed to trustworthiness of the findings can be found below.

**Measures**

**Eyberg child behavior inventory (ECBI).** The ECBI was used to determine participant eligibility (Eyberg & Pincus, 1999). The researcher used the ECBI to screen for inclusion based on parents’ report or perception of child problem behavior. Since parents often seek parenting
interventions for child behavioral challenges, the above measure was used to screen for clinically significant child behavior problems. Screening for and including parents who report clinically significant child behavior problems resulted in a sampling frame similar to the population of parents who seek training in parenting interventions to reduce child problem behavior. In addition, the ECBI is designed to detect child problem behavior through parent report, which provides information for inclusion on the type of child problem behavior that is most intense for participants amid parenting efforts. The ECBI consists of 36 questions and is comprised of two scales: (1) level of intensity of child disruptive behaviors, and (2) the problem, or level of concern the parent has over the child’s behavior. The intensity and level of concern/problem scales demonstrate a high level of internal consistency (Intensity, α = .98; Problem scale, α = .96). The complete questionnaire is comprised of a parent report scale, indicating the intensity of the child problem behavior (ranging from “This never happens” to “Always”) as well as whether this is a perceived problem for the parent (yes/no).

Sample questions included the following: whether the child “yells and screams,” “steals,” “lies” and “gets in fights.” The benefit of the ECBI is that it includes a clinical cutoff score for child behavior problems for children and youth 2-16 years of age. Parents who indicated clinically significant or elevated levels of child behavior problems were included for participation in this study. Additionally, the researcher made note of any phrases in which the parent indicates problematic behavior as occurring “sometimes,” “often” and/or “always” in order to ensure that parents’ report that the problematic behavior occurred on a consistent daily or weekly basis. For instance, if the potential participant indicated problematic behavior as “often” or “always” occurring for phrases on the ECBI that indicate challenges to parent-child interactions (e.g., “Acts defiant when told to do something,” “Argues with parents about rules,”
or “Has tempter tantrums”), the investigator asked follow-up questions such as “How often do these events occur?” to ensure the frequency of their occurrence within the 7-day timeframe of the study. Utilizing the ECBI in this manner ensured that parents had the opportunity to practice the emotion regulation task within the 7-day implementation period and that child problematic behaviors would precipitate use of the parent ER task.

T-scores were calculated for each participant and a clinical cutoff score was derived. T-scores were calculated by first adding up the total raw “Intensity Score,” then the raw “Problem Score” per parent report. Raw scores were then converted to T-scores. T-scores of 50 or higher for the total intensity score exceeded clinical cutoffs. Parents who scored just below the clinical cutoff (T-score of 50-60 for both intensity and problem scores), but met criteria for clinical elevations were still included in the study. Thus, T scores of 60 or higher indicated clinical significance (versus a T-score of 50, indicating clinical elevations in child problem behavior). As such, both clinically significant problem behavior, as well as clinical elevations in problem behavior were included in the study. The decision to include parents who did not meet the clinical cutoff score of 60 or higher was based on the fact that parents still reported concerns for child problem behavior, and requested support through content offered in the study. Indeed, past research in parenting intervention studies demonstrate that inclusion criteria for the ECBI may have a T-score below 60, but still meet clinical elevations in child problem behavior that challenge parenting efforts (see Fricker-Elhai, Ruggiero, & Smith, 2005). Scores can be found on Table 3 page 56.

**Interview guide.** Following the guidelines outlined for coding in grounded theory (Creswell, 1998; Glaser & Strauss, 1967), the researcher used a standardized interview guide to
support adherence to the study research questions and overall aims during pre and post interviews.

Table 3. Parent report of child behavioral problems using the ECBI

<table>
<thead>
<tr>
<th>Participants</th>
<th>Intensity Score</th>
<th>T-Score</th>
<th>Problem Score</th>
<th>T-Score</th>
<th>Both Scores Over 50?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jake &amp; Jess</td>
<td>160</td>
<td>68</td>
<td>27</td>
<td>76</td>
<td>Yes</td>
</tr>
<tr>
<td>George &amp; Gina</td>
<td>115</td>
<td>55</td>
<td>13</td>
<td>58</td>
<td>Yes</td>
</tr>
<tr>
<td>Steve &amp; Shelly</td>
<td>132</td>
<td>60</td>
<td>15</td>
<td>60</td>
<td>Yes</td>
</tr>
<tr>
<td>Bryan &amp; Brenda</td>
<td>133</td>
<td>60</td>
<td>16</td>
<td>62</td>
<td>Yes</td>
</tr>
<tr>
<td>Mike &amp; Maria</td>
<td>136</td>
<td>61</td>
<td>15</td>
<td>60</td>
<td>Yes</td>
</tr>
<tr>
<td>Nicolas &amp; Natalie</td>
<td>128</td>
<td>59</td>
<td>16</td>
<td>62</td>
<td>Yes</td>
</tr>
<tr>
<td>Carl &amp; Carina</td>
<td>138</td>
<td>62</td>
<td>19</td>
<td>65</td>
<td>Yes</td>
</tr>
<tr>
<td>Pete &amp; Patricia</td>
<td>133</td>
<td>60</td>
<td>15</td>
<td>60</td>
<td>Yes</td>
</tr>
<tr>
<td>Mara</td>
<td>144</td>
<td>63</td>
<td>16</td>
<td>62</td>
<td>Yes</td>
</tr>
</tbody>
</table>

These questions were designed to elicit participant perceptions and processes of implementing a parent ER task as well as generate a well-developed theory of parent ER and resulting visual depiction of their overall experience (Strauss & Corbin, 1998). Drawing from Creswell’s (1998) interview guidelines, the interview process began with broad scope, open-ended questions in order to facilitate trust and understanding of conversation goals. Sample interview questions are identified in the complete pre and post-implementation guide (Appendix A). Sample questions included the following: “Can you tell me a little bit about your relationship with your child?” and “What does it look like when you are not having positive interactions together, or when you are
experiencing difficulty with your child?” Probing questions were used throughout, and included the following: “Do you have an example of that?” and “Can you tell me more about that?”

As the interview progressed, the researcher ensured that the participant understood each question, and offered points of clarification as needed. For example, at times it was difficult for a participant to understand the three parts to parent ER (e.g., “regulation” as a definition and process). A probing question was used to define “regulation” in basic terms, such as “emotion management,” or a descriptor such as “putting on your oxygen mask before putting the mask on your child.” In addition, the researcher referred to the first few pages of the parent ER task (see Appendix B), which provided education on the definition and purpose of emotion regulation. For example, the parent ER packet included descriptive information on what emotion regulation is: “a specific skill assisting a parent in becoming aware of their inner emotions, such as anger or frustration,” and the ability to accept and manage these emotions without judging yourself for having them. During the first 2-3 interviews, the researcher evaluated the length and duration of the interview process, and whether any questions require revision in order to better answer specific research goals, as well as to appropriately capture participant feedback. In addition, the researcher checked for assumptions and bias of the study questions and participated in the process known as “bracketing” personal biases throughout (Creswell, 1998, p. 131).

**The emotion regulation (ER) task/parent packet.** During the second phase of the interview process, the parent received the parent ER packet, entitled, “Understanding and Managing Our Emotions.” The researcher read the first three pages of introductory information, followed by training the parent on how to identify the three experiential components of emotional regulation, including the identification of a) affective/emotional stimuli (e.g., anger), b) behavioral reactions (e.g., yelling, leaving the room), c) cognition/thoughts (e.g., “I can’t do
this," or “My child is doing this on purpose,”) and lastly, d) physiological responses/bodily sensations (e.g., heart racing, sweating, chest tightening). Finally, emotion regulation also required that you “coach your child on how to manage their emotions during difficult child problem behaviors.” These specific components of the emotion regulation task are designed for parents tasked with managing their own emotions amid stressful interactions with their child, and were based on the guiding principles of the parental meta-emotion philosophy (Gottman et al., 1996).

However, the parent ER packet is unique, in that it draws from clinical training on emotional regulation strategies (see Morris et al., 2007), as well as core assumptions of the PMEP (Gottman et al., 1996). For example, the PMEP does not involve training parents to consider expanded awareness of internal emotional stimuli (e.g., ER awareness as a complex emotional, cognitive, behavioral and physiological process). Further, the parent ER packet was designed to elicit specific parent processes and experience characteristics of parents, not their children. In other words, the design of the parent ER packet facilitated an in-depth understanding of parent characteristics, processes and parent ER factors which embodied the focus of this investigation. Finally, the design of the parent packet promoted the PMEP’s theoretical expansion by focusing solely on parent processes rather than child characteristics or child-focused behavioral outcomes (e.g., reduced child problem behavior).

Data saturation. This study recruited 17 parents (8 fathers and 9 mothers) from a southeastern state. The researcher adhered to guidelines for saturation of the data, which included a procedure in which analysis is said to be complete when no new categories, concepts, relationships or properties are present throughout interviews and that data collection is no longer necessary (Bowen, 2008; Creswell, 1998). Seeking saturation of the data is analogous to content
validity in quantitative methodology, and serves as a guideline for verification of the data. Given the length of the interviews (1-2 hours per interview), and the fact that both pre and post interview data were collected, saturation occurred relatively quickly for this study. For example, throughout the open and axial coding process, it became increasingly clear that reoccurring themes, patterns and categories inherent in the data were being confirmed as more interview data was analyzed. Upon reaching saturation, the recruitment process came to an end and existing interviews were completed in order to move into selective coding and theoretical interpretation. According to the guidelines for saturation of a qualitative analysis, Guest, Bunce and Johnson (2006) noted that saturation may occur as quickly as 12 interviews. Based on prior research, the current study sample size was more than a third of the interviews necessary to verify data and reach saturation.

The current study also utilized the guidelines for reaching theoretical, as provided by the influential work of Fusch and Ness (2015). For instance, the authors argued that the number of participants in a given study is not as important as researcher awareness of both the “rich (quality) and thick (quantity) of the data” (p. 1409). In this study, the richness of the data were ensured through adherence to broad scope as well as specific interview questions to illicit ample participant feedback. In addition, the study employed the use of written material (i.e., the parent ER packet) to enhance participant’s knowledge of what parent ER is, and how to implement it with their children. In order to ensure a thick quantity of the data, both pre and post interviews were collected, both taking approximately and hour to an hour and a half for completion. Taken together, the specific design of the interview process, as well as the length of participant interviews bolstered the researcher’s ability to achieve theoretical saturation.
Data Analysis

Overview. This study examined parent perceptions and processes of implementing a parent emotion regulation task using the analytic principles of grounded theory (Glaser & Strauss, 1967). Specifically, the researcher who conducted a grounded theory analysis began engagement of the various stages of analysis during data collection, and throughout the interview process leading up to and during generation of the results (Strauss & Corbin 1998). The process of data collection and analysis is a creative yet procedurally complex and nonlinear process throughout all stages of coding (LaRossa, 2005; Strauss & Corbin, 1998). For instance, during the initial stages of the interviewing process, the researcher was actively engaged in a microanalysis of the meaning of the data. The researcher took detailed notes of the data’s potential categories, and fluctuated to and from different stages of the coding process in order to examine various possibilities of interpretation (Strauss & Corbin, 1998).

The researcher was also engaged in comparing and contrasting potential interpretations of the data in order to arrive at a theory that demonstrated accuracy of the phenomena under investigation (Strauss & Corbin, 1998). This method is commonly known as the “constant comparative method” of analysis in social sciences research, and supports the need to compare and contrast developing interpretations of the data so as to report accurately on the findings and reduce researcher bias (Glaser & Strauss, 1967, p. 105). Specifically, this study utilized the constant-comparative method throughout engagement in the three distinct stages of the coding process, including open, axial and selective coding (Strauss & Corbin, 1998). Finally, the product of a grounded theory analysis yielded a central theoretical phenomenon including variation in parent experiences, nuances as well as exceptions to the data (see LaRossa, 2005).

The researcher employed MAXQDA 2018 data analytic software (VERBI Software,
2017) to conduct coding procedures and generate a theory of the data. Finally, the researcher included an undergraduate research assistant on the IRB protocol in order to assist in the transcription and data verification process. The assistant was trained on transcription procedures by meeting frequently with the researcher, and reviewing the transcription guide (e.g., how to de-identify participant names). In addition, the researcher showed the undergraduate assistant a sample transcription, and practiced transcribing a sample together. The undergraduate researcher was instrumental in ensuring further standards of trustworthiness and researcher objectivity.

Open, axial and selective coding. Data analysis was conducted with adherence to the guidelines of the grounded theory approach, including a process of open, axial and selective coding (Strauss & Corbin, 1998). After each interview, the researcher transcribed, then upload interviews and begin analysis through use of the MaxQDA 2018 software. For example, the researcher read the transcriptions broadly, making notes about initial impressions and possible relationships to codes (i.e., selected parent narratives). The process of answering research questions began during the construction of the interview guide and throughout the first 2-3 interviews. For example, in Figure 2, during the open coding stage, the researcher generated a group of initial categories that possibly explained the data, while also being careful to make adjustments to the original interview questions based on feedback from the participants. For example, it was helpful for parents to ask what the researcher meant when talking about negative interactions with their children. The researcher used probes from the interview to facilitate clarity (e.g., for example, child tantrums or outbursts).

In addition, the researcher met with her committee chair on a consistent basis to discuss categories, documentation of thoughts and assumptions via memo-writing, and generated alternative approaches to the interview process. The analysis then moved into the axial coding
stage, which consisted of further integrating and grouping of categories, and the emergence of subcategories or sub-codes that strengthened the developing theory through clarification of salient features. In this stage, the researcher challenged assumptions, as well as the analytic process to ensure room for exceptions to the data and alternative hypotheses. This process was conducted by comparing earlier memos in the MAXQDA software program to new notes, and participate codes after having read and transcribed additional interviews. For instance, some initial concepts presented by the participant may have fit under a concept described in phase 1, however, it was more definitive and fitting for phase 2 as the analysis progressed.

The final coding process occurred once the data were said to reach saturation, meaning that no new categories were present and that the research questions were sufficiently answered (Creswell, 1998). For example, when reading a new transcription, both the researcher and the undergraduate research assistant compared the developing theory against new codes presented by the participants. Both the researcher and assistant discussed the appropriate placement of that code, and agreed that it was repetitive of the concepts already discussed by participants.

Throughout the axial and selective coding process, the investigator employed a constant-comparative method, which is designed to complement the grounded theory approach by comparing categories and subcategories against one another to challenge assumptions of the identified theory (Creswell, 1998). After all the interviews were transcribed and coded, a visual depiction of the parent ER task as a theory was generated to convey the in-depth connections and contrasts of all categories within the data. See Figure 3 for the results.

**Constant-comparative method.** Qualitative researchers often employ use of the constant-comparisons within data analysis in order to generate conceptual and theoretical similarities, differences and dimensions within the data (Strauss & Corbin, 1998). For example,
during the open coding stage, the investigator compared and contrasted possible categories against one another in order to classify, challenge, and organize the narrative of participant experience into an accurate theoretical depiction of the data. In transition to the axial and selective coding stages, the investigator analytically compared the developing assumptions, characteristics and features of the data against one another, in order to solidify an accurate theoretical depiction of participant experience (Strauss & Corbin, 1998).

Concretely, the current study employed the constant-comparative method in order to draw inferences from comparisons of emerging concepts of the data theory. According to Strauss and Corbin (1998), constant comparisons of the properties, dimensions, and salient features of the data act as an imperative tool in the generation of theory. In the words of Strauss and Corbin (1998), constant comparisons “…are tools (a list of properties) for looking at something somewhat objectively rather than naming or classifying without a thorough examination of the object at the property and dimensional levels,” (p. 80). In this study, therefore, the researcher held a knowledgeable background in the parental meta-emotion philosophy (PMEP), and relied
on the constant comparative method in order to maintain objectivity. Finally, the constant-comparative method was a critical tool assisting in the expanded assumption of parental awareness of emotion (a feature of PMEP) in order to expand the PMEP core assumptions.

**Memo-writing.** The generation of memos occurred throughout the entire study. Memo writing is an additional analytic tool used in the initial stages of the coding process, and following through to the presentation of findings (Strauss & Corbin, 1998). For example, memos consisted of documented ideas, impressions of the data, questions regarding similarities/differences, and alternative conceptual possibilities in the form of qualitative journaling. Formal memo-writing also included documentation of the definition of salient categories, concepts and themes. For example, the investigator inferred an emerging category throughout analysis (e.g., “A Priori Knowledge of ER”), in which a memo served to challenge whether codes/sub-concepts should in fact be placed under that category. Further, the definition of this category included features (e.g., prior efforts to obtain resources on child developmental needs), in which the definition of the category included “parent efforts” that matches the identified theme. Memo-writing was employed in this study in order to draw inferences both in the moment of writing the results, as well as to anchor prior analytic conclusions in order to maintain objectivity. Finally, after each interview, the researcher wrote down evolving impressions of parent experiences and additional inferences in an effort to form and solidify the resulting theory.

**Data Verification and Quality Control: Trustworthiness**

**Establishing trustworthiness.** Quality control of the data occurred before the first interview and throughout the analytic process. In qualitative research, a standard to ensure data quality control (compared to validity and reliability) is the establishment of
trustworthiness. Trustworthiness entails rigorous adherence to the data in order to demonstrate to future researchers the replicability of the findings. For example, adherence to the guidelines of grounded theory analysis allows the researcher to consistently examine and compare categories and codes against one another to determine the truth, or trustworthiness of the findings. Trustworthiness may also include a focus on maintained objectivity and established credibility in the research process.

There are four subsequent criteria that must be met to ensure rigor of the findings by systematic credibility, transferability, dependability and confirmability procedures (Shenton, 2004). For example, credibility is analogous to the desire to establish internal validity from a quantitative perspective and includes a procedure in which researchers can determine that they are accurately reporting the phenomena in the data. In addition, transferability involves an analogous concept similar to external validity in the quantitative literature (Shenton, 2004). Further, both dependability and confirmability include verification that future researchers can effectively replicate the procedures and analytic strategy employed in the study. Finally, an external auditor was invited (e.g., an undergraduate research assistant) whom had no prior knowledge of the study in order to demonstrate adherence to trustworthiness and to challenge assumptions made regarding objectivity.

The evolving role and contribution of the undergraduate research assistant was also important to the development of trustworthiness. To enhance objectivity of the findings, the researcher involved the research assistant in a few key ways. First, the researcher was trained to not only transcribe interviews, but also instructed to read through educational resources on open coding procedures in qualitative analysis (see Strauss & Crobin, 1998). As the research assistant developed an understanding of coding procedures, the researcher then asked the assistant to read
through the transcribed interviews by highlighting sections they perceived as relevant, important to the research question, and useful in the development of an understanding of emotion regulation skills. Second, the assistant was asked to contribute to the memo-writing process by writing down evolving impressions of the data as each transcription was reviewed. The researcher was careful to withhold impressions of the data and the developing theory from the assistant, and would invite the assistant to share impressions of the data before exposing the central theory as a result of the analysis. Third and finally, the research assistant’s highlighted sections of the transcribed interviews were compared against the analysis conducted by the researcher to ensure agreement of the findings, and that salient quotes were used to represent parent perspectives.

**Member checks.** In order to verify data credibility and strengthen the trustworthiness of the findings, parents were asked if they could be contacted over the phone as follow-up in order to review findings from the study and to report on the accuracy of the analyses via a process known as member checking (Creswell, 1998). Four of the 17 parents who participated in the study were contacted in order to present the findings and receive additional feedback. The researcher took notes over the phone, and asked parents to repeat phrases and/or concepts they thought were important to add to the findings. Parents’ suggestions and quotes were then incorporated into the final results and discussion sections.
CHAPTER 4

RESULTS

Overview of Findings

The overall goals of this qualitative study were to understand how parents describe their emotion regulation (ER) process, as well as how they perceive and process the ER implementation task in order to derive implications for parenting intervention research (see Appendix B for the full parent packet). Results of this grounded theory analysis demonstrated three overarching phases corresponding to the pre and post interview process. For example, phase 1, “A Priori Knowledge of Emotion Regulation” as well as phase 2: “It’s Definitely Not Common Practice’: The ER Learning Process,” correspond to the first interview conducted. Whereas phase 3, “‘Stop and Think’: Developing Awareness and Insight” corresponded to the post-implementation/second interview, in which parents reported on their process of implementing the ER skills over the course of 1 week in their homes. Findings illustrated that before learning the ER skills, parents actively sought information in the form of educational resources in order to help them address difficult child behaviors (phase1). These informational sources added to the parent’s repertoire of knowledge on the use of emotion regulation skills, and subsequently, how they attempted to help their child regulate through their own emotions. However, given that over two-thirds of the sample held either a bachelors, masters or doctoral degree, it is not unexpected that parents may have greater access and prior knowledge of child developmental and behavioral needs. During this phase, parents also reported negative emotions, such as stress and fear that they were not meeting the needs of their children during difficult behaviors. Parents also described making a conscious effort to better understand their child’s
needs, and placed importance on doing so during what they perceived as a critical developmental period.

In phase 2, parents were exposed to the ER implementation task, and reported their initial impressions and overall feedback on content in the packet. Early in the learning process, parents reflected on the perceived importance of emotion regulation skills, referring to them as “necessary” and “important” to parenting efforts. In addition, parents reflected on the four components of ER during difficult parent-child interactions (i.e., affect/feeling, behavioral/doing, cognitive/thinking and physiological/body reactions). Mothers reported a primary emotional response, while fathers identified primarily as doers. Both mothers and fathers reported that they cognitively engaged in a review of the parent-child interaction only after it occurred. Similarly, parents reported their concerns for implementing the ER task, which included apprehension for trying something new, and the difficulty in breaking existing habits. Additionally, parents reported concerns that the ER skills may escalate child emotions rather than mitigate them. Finally, parents reported feelings of hope in being able to uncover their own emotions, as well as understand the emotional needs of their children.

The final interview (phase 3), consisted of parents’ reflections and experiences implementing ER skills over the course of 1 week with their children. Broadly, parents reported having greater awareness and insight into their own emotional process of regulation, as well as the needs of their child. For example, parents emphasized their engagement in a conscious and focused effort to remind themselves to practice regulation skills during difficult child behaviors. Further, parents illustrated a detailed and focused effort to pay attention to moments of opportunity to regulate. In doing so, parents recalled information from the packet, and reported positive responses to the tracking form, which enhanced their understanding of the content.
Finally, parents emphasized future use of ER skills beyond the study, noting that implementation of these skills would be a “lifelong process.” The results are depicted in Figure 3 below, while the definitions and subcategories of each phase can be found on Table 3.

Figure 3. Phases of the ER implementation task

**Phase One. A Priori Knowledge of ER**

Phase 1 corresponded with the pre-implementation interview process in which parents reflected broadly on their experiences and perceptions of difficult child behavioral problems, as well as their own common reactions to them (e.g., personal thoughts, feelings, actions). Parents were also reminded of their answers on the ECBI, which gathered parent report on the intensity and perceived problematic nature of these child emotional/behavioral difficulties experienced in the home. As parents discussed their perception of child problem behaviors, they also described...
their current knowledge of emotional regulation skills. Specifically, parents described their existing emotion regulation process through three sub-categories prior to exposure to the ER implementation task: (a) Parents seeking knowledge, (b), Intrapersonal experiences with ER, and finally, (c) Parent-child ER experiences. First, parents demonstrated active and concerted efforts to seek outside resources and support in the form of educational information in order to better understand child developmental needs and the parenting skills necessary to meet those needs. For example, one father, George, described his desire to seek educational resources for his son: “It’s just that I need to figure out how to target his energy, how to focus it on something…channeling. How to channel his energy.”

Additionally, parents described a current awareness of how their own perceptions and actions play into the escalation of child problem behavior. For example, Shelly recognized that when she responds to child problem behavior with her own frustration, her child then responds with sadness: “And then when I lose it, I feel really bad afterwards because I’m like, ‘Oh gosh, I’m messing up.’” Finally, parents also disclosed that specific situations, social settings or contexts make emotional regulation especially difficult. In the words of Gina:

I do have to bring him into work sometimes—and depending on how busy I get, I’ll get overwhelmed, and he can be doing something over and over again. I start to get, ‘Alright, I’m done,’ when I know I probably shouldn’t. But I probably don’t take it in so patiently.

Taken together, parents during this phase of the interview process described their concerted efforts to understand their own emotional needs amid the perceived difficult child problem behavior. In doing so, parents engaged in an assessment of their own actions, perceptions of the problem, and frustrations stemming from concern for their child’s well-being. Above all, parents
expressed a desire to understand the interaction problems occurring between themselves and their child, and actively searched resources to help develop the skills necessary to improve the parent-child relationship.

**Parents seeking knowledge.** During the first interview and prior to exposure to the ER implementation task, parents were asked to describe how they interpreted and managed difficult child problem behavior. At the same time, parents reflected on their own personal emotions and thoughts about their child’s problem behavior, as well as the subsequent actions taken to address these behaviors in the moment. In doing so, parents began drawing from prior educational resources and experiences to assist in their understanding of child behavior, and intervene to reduce the level of stress experienced in the moment. Further, parents described taking a position of active participation in attempting to understand and better connect with their children. For some parents, however, prior effort to educate themselves and “try out” the techniques that were suggested in these resources was met with mixed success. In turn, parents felt frustrated about what to do next, coupled with a willingness to try a new approach offered in the ER implementation task.

During the first interview, parents reflected on the complexity of raising a child, and how understanding child needs and behaviors was difficult. For example, Jake stated: “They weren’t born with a handbook. You know, it’s a brand new experience, each year and each day…I’m figuring this out. Every child is different.” In order to address this concern, Jake sought resources to help manage the struggle to find balance in meeting his child’s needs, but to also draw boundaries on the parent-child system:

I keep thinking back to a book we read, and one of the questions was, ‘As parents, we’re not here to entertain you.’ And I feel like that can be a struggle sometimes—there is no
self-entertainment and it’s like you as a parent must entertain me and give me things.

While parents like Jake attempted to find balance, other parents sought to examine the underlying meaning of child emotions, and subsequently help regulate through them. In the words of Jess:

Of course it’s in articles or some books I read…what was that one that was like, ‘When the child is upset’—it was something about an iceberg, it showed a picture and it was the underneath part, what was actually going on, like ‘You have a bad day and something sets you off.’ Something might have happened at school and they come home and you’re like, ‘Put your shoes away,’ and he’s like [groans]. So it’s like, what’s the matter? What’s happening?

As Jess sought to understand the source of her child’s emotions, she also reflected on the struggle to find the correct source of information to confirm her inclination:

It’s difficult at times, which is to be expected. I don’t really have any frame of references, if it’s a normal 5-year-old thing…but just knowing him, he’s a very sensitive child, and he’s a very physical child. I read the child love languages just to try to figure out what he was and he’s definitely the physical.

For other parents, attempts to integrate knowledge from developmental books—even from a spiritual standpoint—proved to make child escalations worse. For example, in the words of Shelly:

I’m reading a children’s book, ‘How to Talk So Kids Will Listen and Listen So Kids Will Talk,’ and I’m like two chapters into that. I’m reading mom devotional books that are teaching me, ‘When they’re having a meltdown, just stop and pray. So yesterday—I think it was last night—she [daughter] wouldn’t go to bed and was kicking and
screaming. She starts screaming and kicking and I just said, ‘I’m just going to pray,’ and that made her so mad…I tried that and it just made her worse.

The recognition that existing efforts may not always be successful helped parents reach a conclusion that they were open to more educational information to help learn more about their regulation process, as well as the emotional needs of their child. Bryan, for example, expressed his concern for what would happen if child escalations continued, and his resulting willingness to continue trying new techniques:

We need help with that [referring to the ER packet]. It would benefit her [daughter]. It’s just like an irritant, because with her it doesn’t ever get to the level of being a real problem, but it rises to the level of being a bother, and it’s kind of like an anchor—you can go with it, but it’s still holding you back. It’s holding us back from what we could be, and that’s why I welcome any education to help the process. If I can help the family get along just that little bit better, I’d be willing to do just about anything for it.

**Parent-focused (intrapersonal) ER experiences.** As parents reflected on specific instances of child problem behavior, they also described their own feelings, beliefs and perceptions of the problem behavior and their personal relationship to it. As parents tried to manage their child’s emotions and behaviors, they also took the time to reflect on what was happening intrapersonally, or *within them* as a way to help explain and make meaning of the process. In doing so, parents revealed unease, uncertainty, fear, worry and frustration in their attempt to manage the situation. These emotional concerns shaped parents’ fears for the future, and prompted further questions about whether their parenting choices were doing more harm over good. Finally, parents also illustrated the process in which they engaged in order to sort
through the problem, attend to it with possible solutions, and draw from personal motivation to teach their children during what they believed was a critical developmental period.

**Analysis of child problem behavior and negative emotions.** As parents were prompted to reflect on instances of child problem behavior (e.g., tantrums), they described the details and inward thought-processes they experienced in the moment. In doing so, parents illustrated an internal dialogue that they often engaged in during moments of difficult parent-child interactions. For example, Jake expressed: “To me, it’s analyzing, kind of like, what can I do differently to get him [child] to do this job, and how can I make this a non-issue?” As another example, Shelly stated: “To me, my brain goes through a litany of options, and I’m never consistent.” Gina echoed these sentiments with, “Did I do it appropriately?” while Steve stated, “What am I supposed to do? Why is no one listening? Is what is going through my mind. Constantly. Where did we go wrong?” Finally, some parents expressed feeling at a loss as to what to do, and the uncertainty that comes with being in this position. Bryan captured this concern with the following:

I think I would like to try something new. The problem is—well, for me anyway—I don’t really know what to try. I don’t really know what to do, because I’ve tried pulling her [child] and sitting her down and talking with her, ‘Tell me what’s going on, why did you do that?’ and I get very unsatisfactory answers.

Embedded in this dialogue were stressful emotions directed towards the self, including regret for how they handled the situation, and guilt about the possible impact their parenting behavior had on their child. For example, Jess expressed, “And then you’re replaying through your head, ‘man, I shouldn’t have done this.” Shelly also added, “Over and over again, the same battle, and it feels like a battle every night. For some parents, analyzing their role and approach
during child problem behavior led to broad feelings of concern for failure. In the words of Natalie: “You do get feelings of failure and then overanalyze it all, of their future, the time you have to teach them, and what you could do differently and what you are doing wrong.”

Other parents expressed the challenging emotions they faced, and the resulting sense of powerlessness and control they felt they had over their child’s behavior. For example, Shelly remarked, “It’s just everything. The dinner, it’s a fight for an hour…it’s a fight to brush their teeth. It’s a fight to go to bed.” When asked how Steve perceived his emotional experience when trying to manage his child’s tantrums, he stated, “It’s frustrating. Powerless.” Pete echoed these sentiments: “There’s this feeling of hopelessness or helplessness where I don’t know what to do. Nothing works. It’s really tough. It’s really hard.” Natalie also reiterated: “There’s all that self-loathing of, ‘this isn’t the mom I want to be.’” Finally, Shelly concluded that at the end of the day, her concerns are not rooted in the child’s difficult behaviors, but rather, a fear of the long-term impact these negative interactions had on her child’s well-being:

Me? I worry I’m hurting them in some way, either with my reaction, either that I’m not teaching them correctly, or they’re not going to turn out to be good. Or I’m going to scar them emotionally because I know something I’m doing is ruining them. No parent does it right. To me, I don’t even mind so much the incident itself. I can deal with the screaming. It’s my fearing that I’m not doing the right thing.

“We have this limited time”: Motivation to address child behavior now. Parents described a persistent, internal pressure to ensure that they are addressing difficult child behaviors in the moment. Parents emphasized that by addressing problematic behavior as it occurs, they are also simultaneously addressing their perception of a critical developmental period as a window of opportunity to accomplish this parenting task. In other words, parents
were sensitive to their child’s age and stage of development, and perceived pressure to resolve behavioral and emotional needs before it was “too late.” Embedded in these descriptions were emotional undertones of experienced pressure and stress parents placed on themselves if they did not attend to this critical period. For example, in the words of Bryan and Gina:

(Bryan): It’s the point of instilling discipline, where if you do it when they’re young, and if you get them to listen to what you’re saying when they’re young, as they get older it’s going to be instilled in them. They’re not going to have the rebellion, whereas if you try to instill in them when they are older, like now, when they’re five, they’re going to be resentful, and they’re going to be rebelling against it.

(Gina): Everything that happens with his development is right now. We’re building that foundation right now, and if we don’t build a solid, firm foundation with rules and behavior and manners, it’s harder to teach at a later stage in life.

For other parents, being intentional about addressing child behaviors also resulted in a review of their own parenting choices, and the feelings of criticism they placed on themselves. For example, in the words of Natalie:

I think for me, it’s about time. I’m really intentional about the time we have with our kids, and it’s short, so I think about, am I doing this right? Can we have this limited time if he’s respectful at this age, how is he going to be as an adult? I get, maybe overcritical—am I doing that? What have we not done yet that I, you know, have I been intentional? Kind of overanalyzing and critical.

However, when Natalie was asked how it makes her feel to be self-critical, she noted the potential of a positive outcome: “I feel like it can be positive. It can be a positive in my life because then it makes me really want to be a good mom. Realize that time is short. It’s easy for a
mom to feel totally responsible for their future.” Finally, Gina remarked that while her child’s misbehavior can be taxing, she also sees this critical time as one to enjoy amid the stress: “I cherish every moment, I try to take it all in. I realize that I’m never going to have these moments again, so I try to immerse myself in it as much as possible whenever I’m home with him [child].”

**Parent-child focused (interpersonal) ER experiences.** While parents evaluated their own internal emotional stressors and responses during child behavioral problems, they at the same time elaborated on their perceptions of the interactions occurring interpersonally, or between parent and child. For example, many parents commented on the “two-way street” experience in which their regulation impacted their child’s emotions. In the words of Jess: “It’s hard to remember in the moment—that if I’m calm, he [child] would at least be a little calmer.” Jess also recognized her role in remaining calm so as to help her child regulate: “I guess just trying to stay or appear to be at the point of calm. Not actually keeping it all inside, but at least in front of him [child]…it calms him down quicker.” In addition, parents also theorized what might be going on emotionally for their child in the moment, and the resulting frustration in not always being able to pinpoint the cause of their child’s distress. For some parents, they instead overly-focused on child behaviors rather than emotions. For example, Gina stated: “We kind of just go, ‘What did you do wrong? Say you’re sorry,’ instead of pinpointing the emotions for either one of us.” As a result of this reflection process, parents expanded on the realization that their children have their own emotional needs, reactions and experiences that parents may not always take into consideration during stressful parent-child interactions. Finally, parents considered the developmental tasks appropriate and expected for their children at their age as a way to explain their current regulation abilities.
For some parents, they described feeling perplexed by their child’s emotional reactions to various situations. Thus, parents took on an investigative stance in order to uncover the emotional needs of their child in the moment. For example, Brenda discussed a moment during vacation in which she was unsure of the cause of her daughter’s reactions, and Brenda’s attempt to investigate further:

We go into the hotel room, and then she’s scared. And I’m like, that’s a bit weird. Where did that come from? I didn’t see any stressors leading up to it. She wasn’t yelling, she wasn’t crying, she wasn’t emotional—she was just her normal self. And then all of a sudden, bam! That happened.

While parents attempted to find clues as to what their child might be experiencing, they also expressed their personal frustration in not knowing how to address the situation correctly. In the words of Mara, for example: “She [child] will start acting out and crying because I’m doing her hair. But it’s not because I’m doing her hair. It’s something else. It’s weird and hard to explain. I actually don’t know how to deal with it.” When asked how it makes her feel, Mara stated: “It makes me feel upset. I really get frustrated, not at her…I get frustrated at myself. I’m supposed to know how to do everything! Why don’t I know how to do this?”

Other parents attempted to draw from past experiences, whether from their own educational backgrounds on child development, or their experience of parenting more than one child over the years. In doing so, parents illustrated ongoing attempts to try to “mind-read” and take the position of their child to better understand their behavior and emotional needs. For example, George explained his attempt to accurately attune to his child’s developmental stage:

I contemplate, ‘What are you trying to accomplish by doing this?’ Is it truly throwing your trash away, or are you trying to see how far you can manipulate your parents into
doing things for you? But then it’s also like, they can’t comprehend reasoning sometimes. I took child development many years ago, but they’re still self-centered. But I feel like they’re self-centered in ways where they’re truly—they’re aware of what they’re doing and what they’re asking. And their mind, they’re on a mission. So to me, I’m like, ‘What is this mission?’ I kind of question, ‘Is this a bigger thing for him?’ Like we’ve said, he’s in that testing stage.

Some parents recognized that while their children have their own set of emotions and needs, parents at the same time are caught in a cycle of reacting rather than regulating. As the interview progressed, they reflected on the power of their reactions, and a desire to learn more. For example, Natalie explained:

I think expectations do set up a lot of how we react in their emotions, and I think I’ve learned a lot in 10 years of parenting, but I thought you’re in control of your child. In some ways you are and you should be, and in other ways, they are their own dynamic entity of emotions as well. And to realize…it’s a growth process as a parent, to recognize that your reaction has more power…you’re not really controlling them. You’re more reacting.

Finally, parents recognized their current regulation needs as an opportunity to self-correct through training offered in the next step of learning the implementation task. In the words of Maria: “I don’t always explain to them [children] that I just need space. Sometimes I’m blocking them out and letting her [daughter] scream. And that’s certainly not very caring. I would not like it if someone did that to me.”
Phase Two. “It’s Definitely Not Common Practice”: The ER Learning Process

Once parents described their own emotional regulation (ER) process as well as the ER process with their child, they were then introduced to the ER implementation task (phase 2), also known as the “Parent Packet” (see Appendix B). In this packet, parents learned details about the role and function of emotions in daily life, and the unique requirements of parents implementing ER skills. Parents learned the breakdown of ER abilities to include the affective (i.e., feelers), behavioral (i.e., doers), cognitive (i.e., thinkers) and physiological (i.e., body sensations/cues) that comprise of emotional regulation experience. Finally, parents were provided a list of regulatory skills (e.g., taking space, counting to ten, deep breathing) to practice over the course of 1 week with their child. Additionally, parents were taught how to emotionally coach their child through difficult problem behaviors, so as to expand their child’s understanding of their own emotional reactions and needs. Parents were then asked to track successes and challenges associated with implementing the ER task over the course of 1 week.

“It’s all necessary”: Initial impressions. Upon early exposure to the parent packet, participants reflected on the importance and necessity of emotion regulation skills in their everyday parenting experiences. For example, parents stated that regulation skills should not be considered “rocket science,” however, parents reported that these skills were not “common practice.” In the words of George: “It’s definitely not common practice for people to be aware of what their emotions are and how much weight they actually carry…and how those emotions take control of who you are and what physiological effects it has on you.” Similarly, Natalie emphasized that ER skills are a unique parenting task:

You have to do this as a parent. It’s so different than other relationships. I don’t think it should be a novel idea, but it kind of is. I don’t think that’s how we think of parenting. I
think I probably did go into parenting thinking, it’s about regulating my child and their emotions, not realizing that it’s actual human daily life where I would have emotions in the midst of it. That I would have to regulate myself.

Parents also chimed in on how the ER packet may prompt greater awareness and reflection of their emotions generally. As an example, Brenda noted: “We have thoughts and feelings about our emotions. That’s like a deeper level—it’s like the emotion of how we react, and then how we feel about how we reacted. I think it will make me more aware.” Other parents contemplated on the role of emotions in driving child behavioral responses. For example, Bryan stated: “For me, it makes me think, just really how much the emotions are the drivers to what they’re doing [referring to his children’s behavior].” When asked to elaborate further, Bryan stated: “Because I think at some level, there’s some physical—what do you want to call it—action that’s taken place either for or against them [children], but I think it’s really their emotions—they’re reaction to it.” Bryan also recognized that in managing his own emotions, he also placed personal responsibility to shape his child’s understanding of their own emotions: “We need to help shape their perception of what’s happening and their reactions to it.”

As the training process unfolded, parents reflected on their own personal breakdown of ER experience (e.g., internal processes), which included differences in internal reactions. For example, some parents reported a tendency to emotionally respond to child problem behavior (e.g., feelings of hurt, confusion or anxiety) while other parents tended to respond with a behavioral reaction (e.g., leaving the room, shutting down, yelling). However, most parents agreed that cognitive reactions (i.e., what they thought about the child problem behavior) was the last step in their regulation process. Further, as parents learned specific skills to regulate their unique internal responses, they negotiated with the content by reflecting on how they would
integrate these new skills into their daily parenting tasks. Parents wondered how the skills would also impact their children, and whether it would enhance the child’s understanding of parent’s emotions as well. Finally, parents reflected on the associated concerns and appeal of the ER implementation task. Primary concerns included anxiety in breaking existing habits, while the appeals of the task included excitement to try something new with their child, and expand on their own personal awareness of regulatory needs.

**The ABC-cycle: Feelers, doers and thinkers.** Once parents became familiar with the definition of emotion regulation, parents were then exposed to four components of regulation responses: (a) Affect/Feeling (b) Behavioral/Doing, (c) Physiological/Body, and (d), Cognition/Thinking (see the Parent Packet under Appendices). For example, parents who have a child throwing a tantrum in the supermarket may have the initial affective response of anxiety, coupled with physiological stress responses, such as chest tightening, accelerated breathing or other bodily-responses. Finally, parents may also be thinkers, which includes a careful process of weighing options through internal self-talk to address the child’s tantrum (e.g., “I’m going to take my child outside. That usually eases the situation”). As the training processed unfolded, some parents tended to describe regulatory experiences that were affective and physiological in nature. For example, Shelly stated: “Mine is emotion. I just get angry or frustrated first,” whereas Jess stated: “Mine would definitely be bodily first. Clenching my teeth once and a while.” For other parents, behavioral responses were the first initial reactions they experienced. In the words of Jake, for example:

Mine is yelling—‘I told you to do this! Brush your teeth!’ I’ve always been a doer. If something needs to be done, I go do it. Like, stop talking about it, just get it done. It’s a
reaction. While I’m doing that reaction behavior, then emotions are coming through and maybe it’s frustration or anger…I would go in that kind of order.

However, parents also expressed that cognitive thoughts surface last in their order of reactions, and that often these thoughts are reviewed in hindsight of the behavioral incident. For example, Jake stated: “When you’re thinking, you’re going through it and going, how you make it better, or how it worked, and you’re like, ‘Alright, that seemed that it was better than this.’” Similarly, Jess expressed: “We don’t have a lot of time—at least I don’t afterwards. Yes, thoughts always come after.” Nicolas noted however, that when he has more mental energy, he can think through the situation with more clarity: “If I’m in a good mental state, I can recognize what it is, like, ‘Oh, he’s tired [child], what’s going on? Or maybe something happened at school.” Finally, parents placed importance on the cognitive process of analyzing child behavior, noting that their motivation is ultimately to help their children. In the words of Natalie: “I’m always analyzing. I want the best possible outcome in this situation.” For Nicolas, recognition of having a positive mindset, including cognitions, promoted better parent-child interactions: “I figured out a couple years ago that my mental state has as much, maybe more to do with how the interaction with my child went.”

**Implementation concerns.** After parents identified the ER skills they would like to implement throughout the week with their child, they also expressed concerns in the form of fear and worry about integrating these changes in the home. For some parents, they worried that by focusing on emotion, it may exacerbate the child’s behavior and make it worse by reliving it. In the words of Jake: “I’m afraid all the emotions will kind of come back. Not necessarily my emotions, but his too [child].” Nicolas also expressed concern that he would not only face his own emotions, but by doing so, it would place him in a state of vulnerability in front of his
children: “I think there’s a fear of feeling vulnerable with your kids. That’s why some might be resistant to it… owning up to that [expression of how the child’s reactions made the parent feel].” For Shelly, examining her own feelings and practicing acceptance of her emotions, in her view, would not enhance her child’s likelihood of compliance: “I just want my child to behave and listen. Like, ‘You’re doing a great job, mom, way to hang in there.’ I don’t need that. Does that make sense?”

For married partners, practicing the ER skills might promote a monitoring or tracking process of the other partner, rather than their own personal progress. For example, partners Natalie and Nicolas discussed their concern for overly-focusing on the partner’s ER skills. In the words of Natalie: “The adult dynamics that go on, of the wife analyzing the husband on their parenting too. I could probably keep my mouth shut more and not analyze what you’re doing [referring to partner] when you get home.” Nicolas, her partner, elaborated on this dynamic: “I feel they’re so creative and so good [ER skills], and like, another voice comes into the situation that I wasn’t expecting or maybe doesn’t see it exactly in the same way and it throws me off.” As Natalie and Nicolas continued to discuss their concerns, they were encouraged to focus on their own ER skill and tasks in the moment, and to be of encouragement to one another.

Other parents were encouraged to break down each skill into step-by-step procedures, so as to reduce the parents’ perception of the level of difficulty the task presented. Jess, for example, explained that while she is excited to implement the skills, at the same time, “It’s just hard to break habits.” Gina also agreed:

There are some habits that still might take into play despite how we respond. It’s going to be a challenge. I hope there are no situations this week that just truly, you know,
like, ‘Let’s just throw everything out the door really quick and respond because I’m so angry.’

Finally, some parents described the mental energy and additional effort it would take to track attempts to implement the ER task well. On behalf of many parents, Jess voiced this final concern: “It’s really complex for me, because a lot of times I feel like I don’t really put a thought into dissecting everything that’s going on, and to have us stop and actually think, ‘Oh, I do this.’”

**Appeal of implementation.** While parents expressed concerns, they also described an anxious, yet hopeful anticipation to try something new. First, parents looked forward to the potential relief they might feel upon acceptance of their own emotions. Steve noted: “Maybe, if I lose my temper and I’m feeling guilty, I can say ‘It’s okay.’” Similarly, Jess looked forward to attunement of her own emotions and in-the-moment needs: “I think breathing through it helps me. Just taking some of those breaths because I can actually calm…I can feel my heart racing and then I’m like, ‘Okay, just calm down.’” On the other hand, Natalie found that positive self-talk, and acceptance of her own emotional needs in the moment would be most beneficial to her:

I like the positive thinking. Some of my thinking has to do with worry about the future for my kids. And instead replace it with ‘I can do this, it’s okay. Successful kids come out of normal families.’ Just normalizing for myself that we are going to count these challenges. It doesn’t mean we won’t have a good relationship when they’re older. Positive thoughts instead of parenting with worrying over the negative. Proactive, these are good things I’m doing that will have good results.

Parents also felt that by having the physical parent packet within reach, they would be able to have guidance and support in tracking their own progress. For example, Gina surmised: “I think
it’s going to be a reminder. I think if we can keep this [parent packet] at our nightstand, and see it and go through it in the mornings and just kind of constantly remember to apply and think.”

George also referred to the packet to support his learning needs:

That will help me [tracking sheets]—actually writing it down as it happens. I don’t really hang on too much, I don’t let things weigh me down as far as, ‘Ugh, I’m angry, I’m going to hold on to this all day and remember it 10 years from now!’ I think that will actually help me out—actually having something to guide me through the day as far as writing it down and something to pay attention to. The packet kind of gives more of a variation of, ‘Well, why is he doing it over again? Is your response really that helpful with his translation of what’s going on?’”

Secondly, parents looked forward to seeing how the ER skills had the potential to support their child’s emotional regulation process. For example, Natalie supported the idea of attunement to her child’s emotion regulation needs: “I like the taking space. Validating that he [child] needs it too. I think if we validated him by saying, ‘hey, I think you need this space.’ Thinking through that…validating that you’re a person too.” Similarly, Jake prior struggled with re-engagement of the problem, and looked forward to the tools offered through emotion coaching. Jess also echoed the importance of this skill:

(Jake). I think the re-engaging part is one of those things, where you don’t want to re-live what you just did, but how important it is when it’s been time since that issue has happened to sit back and go, ‘Let’s talk about that and how we can improve.’

(Jess). The whole thing is just more complex. You don’t think all the different avenues when just talking about how we react to a certain situation, and thinking, ‘Okay, there’s thoughts, there’s emotions, there’s actions.’ And to think we don’t go back and re-
evaluate that and de-brief and go, ‘Okay, what happened in that situation?’ and how that can be...I think that’s one of the biggest pieces we’re missing—that time to go back.

Bryan also offered a reflection important to the implementation process, which encompassed the potential for growth in the parent-child relationship: “They will [his children] have some understanding, and we can work through our own emotions too as we’re doing it with them, so it’s not—it’ll be a two-sided thing, not just directed at them.” Taken together, Jake summarized the sentiments and ultimate goal of parents as they ended the first interview and began practice with the parent ER task: “Just practicing, you know? Because if you don’t put it into practice, then your tool belt is no good if you don’t use your tools.”

**Phase Three: “Stop and Think”: Developing Awareness and Insight**

After approximately seven days of practice implementing the ER skills, parents were interviewed for a second time in their home to gather information on their perceptions and process of implementation. Parents were asked general questions about how the ER task went, and to reflect on the associated successes and challenges with implementation during difficult child problem behavior. In this study, each parent shared that the ER task was both helpful and useful to their understanding of emotion within themselves and their children. However, the distinction was made that although the ER skills were not new information, they at the same time provided structure and strategy. In the words of Gina, for example: “I find it quite helpful. It’s not necessarily new knowledge, but it’s definitely an approach in the strategies and the different ways.”

The most influential and collective experience parents shared was the fact that they first had to think through the step-by-step process of emotion regulation in detail and with focused effort. In other words, in order for parents to claim successful moments of regulation, they had to
integrate and engage in the cognitive tasks necessary (e.g., attention, focus, recall, executive functions) to generate awareness of their own emotional experience and needs. For example, Jess recalled: “To really focus and go, ‘Okay, what is the best response to this situation to improve for all parties involved?’ And so it was a different thing—it’s just a different way of thinking.” Natalie also surmised that by thinking through her regulation process, she could better understand her feelings: “It’s just that process of, ‘I’m going to stop and think through.’ Shifting my thinking to, why, why did I feel that way right then? Then, I can parent positively out of it.” Further, parents utilized this cognitive process to also consider the emotional climate and relationship with their child. In doing so, parents illustrated attempts to first regulate themselves, then help their child regulate their own emotions. This too was a cognitive process. Steve, for example, remarked:

Don’t think of it as something negative, ‘They’re out to get you.’ Just regulate yourself. I just kept thinking, ‘Put on your mask on you and then on them.’ Also, I thought the most helpful thing was, ‘What are they needing from me? What are they trying to tell me right now?’

Finally, as parents developed a greater awareness of their own as well as their child’s internal processes and emotional needs, they also appraised their efforts by illustrating moments where they recognized a need to change their approach, style or thought-pattern. In other words, parents illustrated a trial and error process that occurred over the course of 1 week. For example, after an attempt to regulate, Jake commented: “Now that the situation has been diffused, reassessing and seeing how you can improve that.” As the interview came to an end, parents reflected on their hope for continued implementation success, as well as some practical suggestions for parents interested in ER skills.
“Evaluate and take note”: Greater awareness of self. During the course of the seven-day implementation period, parents illustrated an in-depth cognitive process of thinking through opportunities to integrate emotional regulation skills, and concurrently recall the steps to regulation. For parents, this process began with a personal evaluation of their own internal thoughts, feelings and perceptions of the situation. For example, Jess described a moment on the lake in which her son ignored her directions: “I sat on the chair, and was like, ‘This is the situation,’ and I started to evaluate and take note. As soon as it happened, everything popped in my mind, like ‘How am I going to respond to this?’” Similarly, Natalie appraised each parent-child interaction she deemed behaviorally challenging, and stated: “Just the idea of being more aware, on your mind. For me, it was a lot of stopping and thinking. I did think a couple of times, ‘Are you going to practice this right now?’ Fathers also engaged in a self-examination process whereby they internally coached themselves through the steps to regulate. In the words of Nicolas: “Start with the man in the mirror. It’s almost obvious, but you need to be reminded. And coaching and thinking, ‘Why?’ Thinking through before you react.”

On the other hand, Steve actively inhibited the potential for anger to be expressed through coaching: “Like a self-check to think, ‘Okay, there’s no reason to be upset about this…it is what it is. I did find myself saying, ‘Am I about to get angry about this? Don’t do that,’ and then I’d handle the situation.” Jake also reflected on the success of his ability to inhibit the urge to react: “It felt good that I was able to think internally and not go to yelling.” Most importantly, these step-by-step procedures did not come naturally to most parents. For example, Jake explained:

I’m a very frustrated and angry person. It just made me think…because I’m a guy, I don’t really talk about my emotions that much and think about, ‘How am I really feeling?’ and
how it affects my body and my mind, and ‘How do you improve the situation?’ or come to grasp what’s going on inside of me? So I think it was definitely different and challenging in that, but it was good…a great way to really think about your entire self instead of just kind of solve the situation and move on.

Other parents illuminated the energy and effort it took in order to understand exactly where their emotional reactions stemmed. Jess carefully noted that uncovering the dynamics of personal reactivity was difficult:

It’s an auto-response…your inner response, because that’s all you’ve ever done, so unless you think about it almost every time or at least get into the habit of doing it, then yea, that’s going to be your initial response—anger, tense, frustration. So you have to change your way of coming at it.

However, Natalie emphasized that the trial and error process would ultimately lead to positive outcomes:

Thinking of it in a different way is in control—but not dominating control. It’s a really positive way to make you think. But you have to have it at the forefront of your mind. When it’s fresh in your mind, you’re good at it.

Finally, Natalie stressed the importance of identifying underlying personal needs that have nothing to do with the child:

I’m going to assess my emotions that I’m feeling. I liked the whole idea of, ‘how does this make me feel?’ Sometimes it’s to think behind what’s driving it. Maybe I’m frustrated with my parenting or how I’m feeling.
Ultimately, parents gave themselves permission to relax and be less harsh towards themselves during this process. In the concluding words of Steve: “Don’t beat yourself up. Part of regulation is letting things go—it is what it is.”

“Get to the root of it”: Greater awareness of child. Parents not only engaged in the mental energy necessary to evaluate their own use of emotion regulation skills in the moment, but they were also asked to evaluate their perception of the emotional experiences of their child. This dynamic interaction task sparked parents’ interest in how their child perceived the parent’s own emotional reactions and responses. For example, Gina reflected on a heightened sensitivity to how her child views her reactions: “I’ll think, ‘what is it that he’s seeing in my reactions?’” Similarly, the task prompted parents to ask questions about their child’s behavior, so as to accurately read emotional cues. In the words of Gina: “I just assume he’s [child] going to act like this, and not necessarily look into, ‘why is he acting like this?’ and, ‘I’m not seeing what it is that you’re truly trying to communicate with me.’” For other parents, it was important to integrate empathic attunement into their approach to the child. Natalie stated: “Waiting and empathizing with him [child]. Thinking, how did I feel when I was his age, or what is he feeling? Because I don’t always think, ‘what is my child feeling?’ I usually think, ‘what am I feeling?’” Shelly also reiterated the importance of respecting and responding to her children’s own emotional boundaries: “I feel like we don’t let our kids have emotions.” Taken together, parents interpreted the ER skills task as one that also prompted a reminder of their child’s own emotions as a personal boundary to be respected and nurtured.

Parents also used the content in the ER packet to support greater awareness of how to emotionally attune to their child’s needs, even though the outward expression of the child’s distress was primarily behavioral. For example, Steve and Natalie prescribed the following:
(Steve). I think we feed off of our kids, and the more they don’t listen, the angrier we get, the shorter we get, the more they don’t listen, and now we’re snowballing. We’re making the situation unbearable, where a lot of times if we just say, ‘Okay everybody sit down, we’re going to be quiet and we’re going to talk.’ Once you bring down—regulate, manage their emotions, it will help other things fall into place.

(Natalie). I said [to her child at a restaurant], you’re on your last year to order off the kid menu. And it solved it for some reason! I think realizing that I also hated ordered off the kids menu when I was his age. In that moment I thought, ‘oh, is he going to embarrass us?’ I had to think about a strategy fast. My first thought was that he was being ungrateful. I just thought for a minute—I’m going to tell him I used to feel that way too. We could have had a scene, but somehow I thought of something that meant something to him. For him, that did something!

Patricia also recognized that when she implemented moments of silence, or taking a break from the child’s expressed anger, she saw a reduction in the intensity of the escalation: “Let him just get it out. I sat there calmly and told him I would help him and that it was going to be okay. He started to calm down when that happened.”

Parents also noted that while child behavior can be problematic, behavioral tools alone are not enough to address the child without the parent’s effort to regulate:

I do think that your reaction impacts greatly your child’s behavior. So you could give me all of the behavioral management tools in the world, but if I’m angry and yelling at them and screaming and doing it all wrong because I don’t have control over myself, I don’t think any of those are going to be effective.
Finally, parents described moments in which implementation of the ER skills led to their child practicing their own regulation skills as well. In turn, this gave parents hope that their child would continue to expand their understanding of personal needs. Patricia recalled:

Oh! You know what? One of the times I said to him [child], ‘take deep breaths, count to ten.’ I said to him, ‘you are really upset right now, I want you to count to ten,’ and he counted in his head to ten! And he said, ‘okay, I counted to ten,’ and he was a little calmer, he said, ‘I’m still mad,’ but he wasn’t as nearly worked up.

In addition, Jake noticed the following: “He [child] will flat out say, ‘I’m getting angry, upset, I need some alone time. He’s like, ‘I need to get away so I don’t get angry,’ and I’m like, ‘Okay, how can we help you in that situation.’” Jake’s partner, Jess, added: “He’s said it a few times, so I would say it’s new in him assessing what he can do to regulate himself.”

**Closing reflections and takeaways.** Towards the end of the post-implementation interview, parents provided additional insight on how they perceived future use of the ER skills after the seven-day tracking period was over. Parents also provided detailed feedback regarding the process of implementation, including practice with the tracking forms and additional methods to enhance their understanding of the material. In doing so, parents also offered ideas about how these skills would translate to hope for continued success and future use. In the words of Brenda and Bryan:

(Brenda). It’s very important [ER skills], because parents will naturally have problems with kids acting out, and just knowing what tools can be used—it’s like an extra tool to have. I mean, kids acting out, and all the emotion like anger, frustration, all that stuff that comes with being a parent...there’s good stuff too, but the negative stuff is very common for any parent to have to deal with daily. So I think it would be very important and useful.
(Bryan). As difficult as it was sometimes, I definitely enjoyed it. I appreciate it. I know I have a lot to do, a lot to work on. It’s a life process. I think it will just get better from here.

Parents also offered concrete strategies to strengthen their use of ER skills and prevent parent-child interaction difficulties in the future. For example, Gina and Jess noted:

(Gina). It went both ways. Not only am I observing myself, but I’m allowing myself to be a little bit more aware of maybe the cognitive thoughts that [child] is having that could play into how I react. And what’s kind of neat is that maybe if I can read into it sooner, I can prevent some negative responses to come.

(Jesss suggested to extend ER practice beyond seven days): I think it just made me—you know, it was only like a week—so I think going longer—what do they say? [A] habit is twenty-one days or something like that? I think as long as I stick with it longer, it’s going to be helpful. It was helpful—it made me more aware of what I need to do and what I need to think, and how I need to calm myself down before you can figure out what’s going on.

Finally, parents reflected on their sense of accomplishment, and continued motivation to integrate ER skills into their lives and the lives of their family. For example, Natalie suggested the following: “I think I might put this [parent packet] on the fridge! I like the idea of, ‘I’m thinking about this everyday. These are important things to think about daily.’” At the end of the final interview, Jake reiterated that it was important to celebrate his accomplishments with the implementation task. He concluded: “It made me feel older, wiser, and a sense of “age comes with wisdom.’ It made me feel like, ‘Man, I’m a real parent. I parented that, and it was awesome.”
Table 4. Phases, definitions and subcategories of the ER implementation task

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<th>Phases</th>
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<td>(a) Parents seeking knowledge</td>
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<td>Phase 2: “It’s Definitely Not Common Practice”: The ER Learning Process</td>
<td>Parent processes occurring as they learned the ER task. Parents noted that ER skills were “necessary.” Parents reflected on the order of ER (thoughts, feeling, and behaviors). Parents expressed concerns for task complexity amid emotional vulnerability, but also expressed the appeal of the task to include greater support for their own emotional awareness.</td>
<td>(a) Initial impressions</td>
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CHAPTER 5

DISCUSSION

Overview of the Findings

The purpose of this study was to examine the utility of emotion regulation (ER) skills in order to determine content inclusion for parenting intervention research. Specifically, this study examined participants’ existing understanding of emotion regulation skills, as well as their perceptions and processes associated with implementing an ER task with their children over the course of 1 week. The motivation to conduct such a study derived from ongoing concern for the prevalence of child emotional and behavioral disorders, and the utility of parenting interventions as an effective avenue of treatment to improve parenting practices and reduce negative child outcomes. Additionally, understanding the specific content of parenting interventions—namely—the role of emotion regulation skills—may importantly inform how these skills in particular may reduce parenting stress associated with clinically significant child emotional or behavioral difficulties.

This chapter begins with a focus on the main findings in phases 1-3, which tie into extant research on theory development and overall parenting intervention research. The chapter then transitions into strengths and limitations, of which a notable strength included the involvement of fathers due to a flexible, in-home delivery format. Limitations include the fact that a majority of participants were marital dyads, which may influence reporting and perception. Future directions include a close examination of theory integration, as well as considerations for future development and enhancement of emotion regulation skills in parenting intervention research. Finally, the chapter concludes with an emphasis on studying the implications of ER to both clinical and non-clinical samples of parents and their children.
Phase 1: A Priori Knowledge of ER

Understanding information-seeking behaviors. One finding for Phase 1 rested in the fact that parents actively recalled content and knowledge from educational resources and information-seeking experiences in an effort to understand their child’s emotional needs and address difficult behavior. In addition, the resulting sample in this study reflected a group of participants who are highly educated, and who also report an advantaged socioeconomic background. Parents also utilized outside resources in the form of parenting books to describe their understanding of emotion regulation skills and their use in parenting practices. Some parents attributed their child’s behavioral problems with typical or normative stages of child development. For example, it was expected for a three year old to have a tantrum, or to express anger through crying or hitting. Other parents expressed concern as to whether child emotional or behavioral problems were typical for their child’s age and stage of development, and thus sought resources to answer these questions.

Per parent report, this study included children who met clinical cutoff scores for the Eyberg Behavior Child Inventory (ECBI) (Eyberg & Pincus, 1999), which indicated parent experiences with daily problematic child emotional and behavioral difficulties. Thus, it is possible that participants in this study sought information frequently in an effort to respond to the frequency and intensity of child problem behavior, as compared to children who do not meet clinical elevations in child problem behavior. For example, Sage and colleagues (2018) conducted a study of 70 mothers and their children (ages 7 to 17 years old) who held a clinical diagnosis of attention deficit hyperactivity disorder (ADHD). Using a series of t-tests and Pearson correlations, the researchers surveyed the information-seeking behavior (primarily through internet sources) of the parents. Findings illustrated that 97% of parents in the study
actively sought information from multiple online sources (media, educational or health websites) and frequently in an effort to better understand the needs of their children.

Information seeking-efforts also shed light on the underlying motivation to relieve parenting stress associated with difficult child behaviors. For example, in a qualitative study examining the information-seeking behaviors of parents of children with physical disabilities, parents reported more frequent information seeking behaviors, primarily with trusted healthcare providers and through formal and informal peer support (i.e., other parents of children with disabilities) (Alsem, Ausems, Verhoef, Jongmans, Meily-Visser, & Ketelaar, 2017). Both studies emphasized the importance of parental engagement in increased decision-making activities so as to find the answers to their child’s emotional or behavioral needs. In the current study, parents reported efforts to obtain answers to their child’s problematic behaviors and emotional needs, and in turn, their attempt to navigate which resources were most helpful. It is also possible that parents in this study reported increased information-seeking behaviors because of the frequency and intensity of the reported child behavioral and emotional difficulties. For instance, parents of children with clinical elevations in problematic behavior may have obtained a large repertoire of knowledge on child developmental needs given the increased expression of child symptoms in the home. It would be important for future work to assess the prior knowledge base of parent ER skills in order to determine how parents of a clinical versus non-clinical sample respond to content in a parenting intervention.

In addition, the effort to gather information was overwhelming and confusing for some participants. For example, when conducting a member check (Creswell, 1998) on the results of Phase 1, Natalie responded: “It’s true that we are seeking information. It’s not that we don’t have enough resources, it’s that there’s so many of them you don’t know which one to choose from.”
Thus, it is important that further investigations—particularly in a parenting intervention context—discern the information parents are bringing to the intervention experience. Possible interference issues may occur between old and new information, where parents are left to decide which information is best suited to their child’s needs. Finally, understanding how parents respond to the content offered in a parenting intervention is important, as new information may compete, contradict or complement the prior knowledge-base and preferences of parents who participate in a parenting program.

**PMEP and parental emotions.** Also important to the findings in phase 1 was the fact that parents described an ongoing analysis of the underlying meaning behind their child’s behaviors, and the resulting negative, stressful emotions they experienced toward themselves when they described unsuccessful parenting moments (i.e., parent-focused/intrapersonal and parent-child/interpersonal ER experiences). For example, parents reflected on the fear of failing their child during behavioral escalations, and the long-term impact these perceived failures have on the parent-child relationship. In a theoretical context, the parental meta-emotion philosophy (PMEP) incorporates parental thoughts and feelings about their own emotions, but do not specify patterns of thought or feelings among parents of children with clinical presentations in behavioral or emotional problems (Gottman et al., 1996). In addition, while the developers of PMEP recognize that parents have their own organized philosophies of personal thoughts and feelings related to their own emotions, details regarding this portion of their organizational framework are still under development. In other words, how do researchers take into account the stressful, self-critical perceptions parents hold about themselves in their role as a parent? In turn, how do these negative emotions interact or overlap with cognition, and the subsequent regulation necessary to address parent’s own, as well as their child’s emotions in the moment of an
escalation? Thus, while it is important that the PMEP has addressed the need to examine parent’s thoughts and feelings about their own emotions, further research is necessary in order to determine how negative, intrusive thoughts about the self as a parent impact the subsequent regulation practices utilized to support both the self and the child during difficult moments of child behavior.

**Attribution theory to enhance knowledge of parent perceptions.** One overlapping theory, known as Weiner’s attribution theory may offer a window of insight to these questions (Weiner, 1985). Weiner’s attribution theory accounts for the perceptions and emotions that people ascribe to in determining the meaning of the behavior or motivations of others (Weiner, 2000). Early research in attribution theory posited that a person may project or infer individual causalities to someone’s behavior, and subsequently make assumptions about the internal motivations and emotions of that person. For instance, if a child refuses to listen to a directive provided by the parent (e.g., pick up your [child’s] toys), the parent may attribute either dispositional causes (i.e., internal/personal characteristics) or situational factors (e.g., environmental/external) that explain the noncompliance. The parent may attribute a dispositional cause (e.g., the child lacks motivation/ is disrespectful), which may be driven by perceptions of the child’s moral character. Conversely, the parent may attribute situational factors to explain the noncompliance (e.g., the child may not have heard the directive, or understood which toys to pick up). In addition, a dimension known as controllability might impact the development of negative emotions. For example, if the parent feels that they are unable to control the child’s behavior, they may attribute negative emotional associations with their child, and the issue of noncompliance broadly. Thus, if the noncompliance reoccurs, the parent may also attribute
strong negative emotions (e.g., perceived failure to instruct their child) that strengthen as the incident is reinforced.

Additional research has been conducted in order to apply attribution theory to parenting contexts, in an effort to understand how parents attribute, or seek to understand the cause of child behavior problems (Dix, Ruble, & Zambarano, 1989; Sawrikar & Dadds, 2018). In this study, parents expressed negative emotions (e.g., fear of failing their children) and thoughts (e.g., “Am I doing something wrong?”) when describing attempts to manage child problem behavior. These intrapersonal processes add complexity to Weiner’s theory, given that the locus of control and the development of emotions is both parent or self-focused, as well as child-focused. Further, parents recalled repeatedly stressful instances of child problem behavior, per intensity responses on the ECBI form, making both dispositional and situational attributions to the child’s behavior. For instance, George attempted to understand why his child refused to throw away the trash: “I contemplate, ‘what are you trying to accomplish by doing this?’ It is truly throwing your trash away, or are you trying to see how far you can manipulate me?’” In this statement, George illustrated a dispositional attribution to his child’s behavior—one that is motivated by manipulation. However, George expanded these attributions to also consider situational factors, such as the child’s developmental stage to explain behavior: “But then it’s also like, they can’t comprehend reasoning sometimes…like we’ve said, he’s [child] in that testing stage.” Indeed, exploring parent perceptions of child problem behavior is an important step in understanding how parents also balance emotion regulation skills in order to attenuate the stress associated with challenges in accurately attributing their child’s behavior.

Additionally, understanding how to incorporate both emotion regulation and parent attribution components of a parenting intervention would be an important next step in applied
parenting intervention research, and one that is well underway (e.g., Sawrikar & Dadds, 2018). For instance, Sawrikar and Dadds (2018) acknowledge that while evidence abounds in the clinical literature on the role of parental attributions in predicting negative child outcomes, evidence-based parenting interventions do not specifically incorporate content on parental attributions, and their accompanying emotional undertones of parents participating in these programs. However, parenting interventions may very well assist parents in restructuring existing attributions that are too child-focused (e.g., child-referent attributions) by broadening their understanding of the underlying causes for difficult child behavior, and shifting responsibility to the parent in order to address child needs and empower parents to do so through skills training.

Further, an important extension of both viewpoints offered in the PMEP and attribution theories would be to empirically test the perceptions of parents from a clinical versus a non-clinical sample of children. In other words, it would be important to understand how significant, and frequent escalations in child problem behavior shape both the emotional as well as perceptual experiences of these parents under stress. Indeed, in the current study, parent’s child-focused dispositional attributes were described specifically in phases 1 and 2, with situational attributes becoming more prominent during phase 3. Jess for example shifted her focus on other situational factors that may have contributed to her child’s sadness: “Trying to figure it out…something else bothered him [child] during the day, so it’s not just the situation we were in. Something happened at school, and it took him down.” Understanding her child’s disposition from a place of compassion and curiosity also assisted Jess in emotionally coaching her child through the situation: “Follow up with him [child], ‘what’s going on? What do we need to do? What will help you [child] get through this?”
Phase 2: “It’s Definitely Not Common Practice”: The ER Learning Process

**ER skills and parental engagement.** As parents were exposed to the ER implementation process (i.e., the parent packet) in phase 2, they emphasized the importance of emotion regulation skills, as they had the potential to help parents self-monitor their emotional reactions, and work through them with greater awareness. For example, Brenda stated: “That’s like a deeper level…I think it will make me more aware.” At the same time, some parents described concerns for the complexity and/or unfamiliarity of the task. In the words of Mike: “It’s going to be a foreign language. You have to know feelings and emotions before you ask the questions [to the child].” This is an important position to consider broadly, as parents are exposed to a variety of content each week in a given evidence-based parenting intervention. Understanding how parents perceive the level of difficulty in applying the skills in a parenting intervention would be important to understand in order to decipher if parents may be overwhelmed by the information, and whether flexible alternatives may be offered. Fortunately, there have been efforts in the parenting intervention literature that addresses barriers to engagement, such as scheduling and accessibility (e.g., Axford et al., 2012), while other studies have placed emphasis on the underlying belief systems of parents that predict engagement and treatment outcomes (e.g., Staudt, 2007). For instance, Staudt (2007) noted that parental attitudes, beliefs and values also constitute factors contributing to parental engagement, and that when parents do not believe intervention content is useful or in alignment with their needs, they are less likely to engage in services. In this study, a majority of the participants in phase 2 reflected a belief that emotion regulation skills were “important” and “necessary,” and that although the application of this content may be difficult, they described a willingness and eagerness to try them. This response lends additional support to the utility of ER skills in parenting interventions, and evokes further
questions about how emotion-focused content is perceived in terms of difficulty in connection with traditional, behaviorally-focused content (e.g., limit setting, consequences). Recent advancements in randomized micro-trials (see Loop & Roskham, 2016) from a qualitative standpoint—may be a useful methodological frame to address these questions in future empirical work. Finally, it unclear whether ER skills are important specifically to a population of parents whom indicated clinical elevations in child problem behavior, and how these perceptions may differ when compared to a sample of parents who do not indicate clinical concerns problematic child behavior. Thus, future research would benefit from an examination of the perceived importance of ER skills among clinical and non-clinical samples.

**Internal reactions to ER components.** Parents also described differences in regulatory experiences when learning the components of emotion regulation (e.g., affect/emotions, behaviors/actions, cognition/thoughts, and physiological/body reactions). For instance, some parents report having an emotional reaction first, while others reported that they are primarily “doers,” in that they respond to child problem behavior by leaving the room, or engaging through disciplinary action (e.g., taking the child to their room). Broadly, these findings raise questions regarding how parents perceive emotionally-focused versus behaviorally-focused content in a parenting intervention. However, while this study examined the internal regulatory processes of both mothers and fathers, the study did not specifically seek to understand potential gender differences in regulatory experience.

In the current study, it is unclear whether fathers were reporting regulatory behaviors based on perceptions of fathering and gendered expectations, or if mothers and fathers differentially response to regulatory distress. It would be important for future work to distinguish patterns of regulatory behavior in parents across genders, and to determine how content is
perceived and applied. Recent empirical data including both fathers and mothers throughout the entire intervention process, as well as data collection from a qualitative lens, would be an important extension of the current study findings. For example, Frank and colleagues (2015) required 42 mother-father dyads to participate in all elements of the parenting intervention in an effort to examine the “interparental teamwork” and processes associated with skill-implementation, as well as to distinguish differences in experience in order to enhance a better understanding of treatment outcomes (p. 749). Finally, future study designs should assess the perceptual processes of both mothers and fathers in order to address potential differences in perception that impact the skill-implementation process.

**Cognitive processes as a mechanism of change.** While there was variation in emotional and behavioral regulatory responses, participants also reported that cognitive patterns of regulation, such as thinking through the problem during difficult child behaviors—were experienced only after the parent-child interaction was over. In other words, parents reported that, “thoughts come after” in a moment in which parents are faced with addressing difficult child problem behavior. The fact that parents appraise and process the experience with their child after the fact, calls attention to the order in which parents attempt to emotionally coach their child from a PMEP framework. For example, in the PMEP framework, parents are to be aware of their own thoughts and feelings in order to access the regulatory skills necessary to address their child’s behavior in a calm and collected manner. If in the moment of regulatory distress, parents may not be able to think through the steps necessarily to address their own emotional needs amid difficult child problem behavior. Thus, developing parenting intervention content that considers the “after the fact” appraisals of parents would be important to help parents acquire skills to incorporate cognitive processes as part of the in-the-moment regulatory experience.
In addition, understanding the physiological nature of emotional distress in the moment of child problem behavior—and teaching parents how to regulate their physiologic distress—would complement the cognitive capacities required to think through the problem. For instance, physiologic theories of parental stress and its impact on emotion regulation posit that cognitive processes (e.g., the ability to make clear decisions about addressing child problem behavior) are reduced as the sympathetic nervous system is taxed by overwhelming, anxious bodily reactions (Porges, 2007). In this study, parents found that deep breathing, counting to ten, and taking frequent breaks from stressful parent-child interactions supported soothing of their physiological distress, and increased cognitive efforts to return to the problem behavior with new parenting strategies. Understanding which element of regulation is most important to the initial learning process, whether in affect, behavior, cognition or physiological responses, would be an important expansion of extant knowledge of parent emotion regulation research, and one that would help identify important mechanisms of change.

**Phase 3: “Stop and Think”: Developing Awareness and Insight**

**The role of cognitive processes.** After the seven-day implementation period, the researcher conducted a post-interview with parents on their process of implementing the ER task. During this interview, parents emphasized a central experience of needing to “stop and think” when attempting to regulate their emotions. Parent’s described their effort to “stop and think” as one that required focused attention, recall of the specific parts of regulation, and the regulatory responses they wanted to use in order to diffuse stress responses during difficult parent-child reactions. Drawing from the PMEP framework, Gottman and colleagues (1996) identified that additional competencies may be necessary for parents and children to effectively regulate through stressful emotional states, including a cognitive capacity for “focused attention” as well
as the ability to “organize themselves for coordinated action,” (p. 247). While the PMEP focused solely on the development of these competencies in children, the current study also revealed parallel processes occurring in parents. For instance, as parents practiced emotion regulation skills, they reported utilization of the tracking form to enhance their understanding of the regulation process. It is possible that the parent training session and the use of a tracking sheet enhanced the parent’s understanding of disruptive emotional experiences during parent-child interactions, providing focused-attention and energy on daily tracking activities. As parents wrote down their process of implementing ER skills, they also reappraised their ER attempts and made a plan to adjust or adapt their approach for future use. In addition, parents were aware of the task to write down moments of attempted regulation, and that they would be reporting their attempts within a seven-day period. Thus, the nature of the study and their requirements for participation may also have enhanced this learning process.

**Clarifying terminology.** Phase 3 consisted of parents’ focused-attention and effort to understand their own as well as their child’s emotional needs amid difficult-parent child interactions. In doing so, parents illustrated concerted efforts to identify and express the origins of their own emotional responses as well as with their child. Broadly speaking, researchers also demonstrate parallel processes necessary for mindfulness-based parenting interventions, which emphasize a non-judgmental, observational stance when faced with distressing emotions (Turpyn & Chaplin, 2016). In this study, parents described “taking note” and evaluating instances of child disruptive behavior, evoking concepts such as acceptance of difficult parent emotional reactions to the behavior, and a controlled, calm approach to their child in the moment. Other areas of parenting intervention research emphasize the role of executive functions or executive control in emotion regulation ability (e.g., Crandall et al., 2015), noting that there is significant overlap in
terminology, as well as our understanding of cognitive control competencies necessary for regulation (e.g., attention, memory, attention-shifting and inhibitory control). Additionally, as parents developed insight into their own emotions as well as the emotions of their child, their attributions regarding the motivation of their child shifted. For example, Natalie stated: “Waiting and empathizing with him [child]. Thinking, how did I feel when I was his age, or what is he feeling? Because I don’t always think, ‘what is my child feeling?’ Therefore, it is necessary to differentiate how emotion regulation, cognitive capacities (e.g., attention, executive functions) and parental perceptions or attributions work in unison or differentially, in order for parents to improve the emotional climate and processes occurring in the home. In this study, it is clear that parents found the emotion regulation skills important to improving their awareness of their own emotions as well as their child’s emotions, however, understanding the order of competencies (e.g., regulation, cognition, behavior and physiology), as well as clarifying terminology, will assist parenting intervention researchers in clarifying which elements of content are most useful to parents in a given intervention.

**Strengths and Limitations**

**Strengths.** There were a number of strengths in the current study. First, an important strength included the fact that approximately half of the total sample were fathers (47%). Parenting intervention researchers consistently address concern for the gender imbalance that occurs for evidence-based parenting interventions. For example, a review conducted by Phares, Fields, Kamoukos, and Lopez (2005) estimated that as little as 2% of studies in the parenting intervention literature included fathers. Recent initiatives to include fathers report that approximately 20% of fathers participated in a given evidence-based parenting intervention (Fletcher, Freeman, & Matthey, 2011). Ongoing research in the parenting intervention literature
has attempted to identify the barriers father’s experience in order to lift low levels of engagement and enhance co-parenting initiatives (Sicouri et al., 2018). For example, Sicouri and colleagues (2018) conducted a qualitative study examining the factors involved in father engagement of a parenting intervention. Consistent with past research (Cosson & Graham, 2012), the study found that fathers believed parenting interventions were mother-focused, where mothers acted as the “gatekeeper” to parent management strategies for their children (p. 218). Indeed, in the current study, mothers were the first to contact the researcher in order to participate in the study. However, another potential strength of the study was the fact that the ER implementation task, along with both interviews—were offered in the participant’s homes. This flexible implementation format also opens up additional possibilities as to why fathers participated, as well as responded well to the implementation task.

For instance, Axford and colleagues (2012) noted that informal, or more relaxed settings in which the content can be delivered may be an important factor increasing parental engagement in a program. In this study, parents were able to choose the day, time, and setting in which the researcher provided the information. In addition, parents in this study chose all evening hours, after both parents were home from their work/school responsibilities. Surprisingly, this study consisted of 94% of married couples who participated in both pre and post implementation interviews, which contrasts with Eisner and Meidert’s (2011) finding that indicated that dual-earner homes typically have lower levels of engagement in parenting programs. Additionally, Eisner and Meidert (2011) noted that dual-earner couples with multiple children are also less likely to engage in a parenting intervention, given the increased demands and scheduling obligations for these families. In this study, however, 88% of parents indicating having 2 to 3 children in their home, making the delivery of this intervention content much more accessible.
and schedule-friendly with their multiple responsibilities. Additional research is necessary in order to determine how in-home delivery of an intervention contrasts with formal parent group formats, and the associated beliefs of parents who are able to express their parenting needs and efforts in their own natural settings. Finally, the fact that parents participated in both pre and post implementation interviews (totaling 34 interviews) also speaks to the utility of an in-home delivery format, as the researcher was able to schedule interviews and meet in a location that was convenient for the family.

An important extension of this in-home delivery format also included the fact that parents were actively engaged in providing feedback throughout every stage of the research study. For instance, parents were asked to provide their feedback on the pros and cons of regulation, their existing regulation strategies, and their preferences in the skills they wished to implement over the course of one week in their homes. In addition, the post-implementation interview included questions regarding what worked or did not work in the implementation process, thereby shaping a process-oriented atmosphere in which parent perceptions and beliefs were explicitly invited. While evidence-based parenting interventions work to incorporate parent perceptions of barriers and strengths to treatment, at the same time, evoking feedback on the core content of a given intervention would also enhance future research in microtrial studies (Leijten et al., 2015; Loop & Roskham, 2016). At a microtrial level (e.g., testing one element of an intervention), interventionists may gain valuable insight into the preferences of parents on the skills they intend to use and find important to them, while also weeding out the skills parents find less important and therefore, would be less likely to use. In addition, the researcher in this study conducted member checks (Creswell, 1998) with four of the 17 parents who participated. Conducting member checks increases the credibility of the findings (Creswell, 1998), and lends support to
the notion that parents were forthcoming in their reports on the pros and cons of ER content. In this study, parents emphasized the importance of ER skills to their own emotional needs, as well as to the family at large. Member checks verified and confirmed this finding.

**Limitations.** Although this study revealed important findings, as in all qualitative research, findings cannot be generalizable to the larger population (Creswell, 1998). In addition, parents who reported their perceptions of problematic child behavior (i.e., responses on the inclusion criteria through use of the Eyberg Child Behavior Inventory—ECBI) did so primarily through their own perception rather than from multiple perspectives. For instance, although all participants indicated clinical cutoff scores for the intensity of problem behavior, as well as their perception of the problem, it was unclear whether the behaviors of these children were actually intense, or if the parent’s tolerance level of child behavior was low.

Another limitation of this study included the fact that only one parent participated in the formal, initial report of the ECBI. These participants were the mothers of a marital dyad. During the first interview, fathers were encouraged to review the ECBI and report their impressions of their spouse’s initial responses. Only one couple had a discrepancy on one item of the ECBI, however, this discrepancy was not large enough to effect inclusion criteria of a T score of at least 50 or higher. It may be useful for future research to have both parents report ECBI scores and ensure that both scores meet inclusion criteria. In addition, understanding the forces of the marital dyad is important, as both spouses may influence one another’s reported emotions, perceptions, and responses to child behavior. The dyad may also have co-created parenting dynamics that are not experienced individually, and contribute to assertive mating processes. Thus, the martial dyads in this study may have influenced one another and impacted the results of the current study, despite the researcher’s efforts to ask questions to each participant, one at
time. For instance, it us unknown whether fathers simply agreed with their spouse’s initial responses so as not to cause disagreement, or if their co-parenting dynamics blended into one dyadic response. Additional research may be able to utilize a multimodal assessment approach to determine and differentiate parent reported perceptions of child problem behavior by incorporating teacher-reports, as well as the father’s perception of difficult child behavior in order to gain an accurate impression of child behavioral symptoms, as well as differences among the marital dyad.

Another important consideration and limitation of the investigation involves the phenomenon of social desirability that may have played a role in parent impressions and experiences with ER implementation. Social desirability encompasses an understanding that participants may share what they think the researcher wants to hear, in order to avoid moments of disagreement, or to experience ease of participation with minimal challenges. In this study, parents may have felt uncomfortable reporting lack of enthusiasm or importance for ER skills – so as not to displease the researcher or contribute to non-influential findings. However, the researcher was careful to assess for and respond to the potential of social desirability occurring as part of participant involvement. For instance, the informed consent and interview guide reiterated to parents that researchers are interested in the utility of ER skills, and whether parents find these skills important. Additionally, the interview guide included questions in which parents were asked what worked or did not work in their implementation process, and importantly, what they thought about the usefulness and applicability of these skills. Thus, the researcher was careful to convey to parents that their perspective – including disagreement or difference in perceived importance of the ER skills was welcomed throughout participation in the study, and that these were central questions under investigation. In order to address this limitation of the
study, future work may benefit from the incorporation of the focal child as well as their siblings in the form of interviews, in order to gather their impressions of their parents’ use of ER skills. Understanding the perspective and reactions of the child may also counter instances of social desirability.

It is also important to note that while this study examined a sample of children with clinically significant child behavioral problems, less is known regarding additional family characteristics including the potential for child diagnoses or clinical symptoms of the focal child’s siblings. For example, exclusion criteria specified that children diagnosed on the autism spectrum disorder were excluded from the study, given the differential demands and special circumstances placed on parents in response to symptom expression for children on the spectrum. In addition, parenting interventions have adapted intervention content specifically for parents of children on the autism spectrum, and stress the importance of doing so for this population. However, it should be noted that while the study assessed for the number of children in the home – along with age and gender – parents who participated were not asked to disclose whether any other child in the family was diagnosed on the autism spectrum. As such, parenting a child living with autism may shift their parenting approach, emotion regulation strategies, and discipline techniques in order to respond to the specific needs of the child. A post-hoc analysis for future work may include exclusion criteria that not only identifies that the focal child does not have a diagnosis of autism, but that the child’s siblings also do not carry this diagnosis. Understanding how autism uniquely contributes to the emotional climate of the family, as well as the regulatory practices utilized by the parents, would be an important endeavor for future work.

Further, while this study provided a widow into the experiences of married couples, far less was revealed regarding specific parent characteristics. For example, this study would have
benefitted from parent perceptions of ER skills from single-parent homes, as well as from more diverse racial and cultural perspectives. In addition, it was unknown whether parents also had a mental health diagnosis, and whether clinically significant problems impacted the learning and implementation process of ER skills. For instance, Maliken and Fansilber-Katz (2013) stress the importance of ER skills as useful in the reduction of symptoms of multiple diagnoses, including parental depression, anxiety and post-traumatic stress disorder. Comparing clinical versus non-clinical samples of parents might be an important next step in assessing the usefulness of ER skills in parenting intervention research, and how ER skills may be uniquely effective in the reduction of symptoms of parent mental health problems that impact parenting practices.

**Future Directions**

There are several avenues in which this study could be expanded in order to bolster future research on emotion regulation in parenting intervention research. First, this study was voluntary in nature, and did not include parents in a mandated service context, such as parents who are involved in the child welfare system. Parents who are mandated to participate in a parenting intervention may report differently on their impressions of emotion regulation skills, and their motivation to learn the information may be focused on doing what is necessary to complete requirements on their case plans (see Dumbrill, 2006). Additionally, parents in this study expressed that they wanted to learn the ER skills, and took the additional steps to schedule two interviews and practice the skills over the course of one week in their homes. Therefore, understanding the motivations of parents in both voluntary and mandated participation contexts would be an important extension of knowledge on the importance of ER skills in parenting interventions.
In addition, this study focused on conducting a qualitative version of a randomized microtrial, thereby illuminating the in-depth process of parent emotion regulation skills and their implementation. Additional research is necessary in order to pair these qualitative findings with quantitative measures that seek to understand parent emotion regulation abilities. For instance, researchers can enhance current knowledge of ER skills by incorporating newly developed emotion regulation measures, such as the Parent Emotion-Regulation Inventory (PERI) (see Lorber et al., 2017), as well as control for symptoms of parent mental health (Maliken & Fainsilber Katz, 2013). Mixed-method study designs may a useful avenue of research to enhance empirical support for emotion regulation skills and distinguish them from other forms of self-control (e.g., mindfulness-based practices), especially when assessing for parent mental health challenges. Further, it is important to note that parents reported various levels of stress associated with parenting children of elevated problem behavior. For two parents—Shelly and Steve - their daily stress was reportedly so high that they expressed greater opposition to practicing ER strategies, as both parents expressed having demanding, high-stress jobs that contributed to a stressful work-home life balance. As an example, when Shelly reviewed the positive self-talk section of the ER training process, she stated: “I just want my child to behave and listen…I don’t need that.” Understanding parental stress levels alongside home, work, school and other demands may also be an important extension of future work. In this study, Shelly and Steve represented exceptions or deviations from the general trend in positive responses to the ER strategies.

Additional considerations should also be made for the findings in light of the study design. For instance, parents commented that practicing the ER skills over the course of 7 days was not only helpful, but that they took concerted effort to “think through” each step necessary
to implement the ER skills in the moment of disruptive child behavior. Parents may have exerted high levels of effort and motivation to implement the task in the first seven days as it was new information, and may mirror the skills-training process as a snapshot for the early learning process. However, an important extension of the study would include examining ER skills beyond the 7-day period, such as offering a follow-up session after 30 days of practice, and extend practice to consider a 90-day follow up, or a 1-year post-implementation buffer session. Future studies may also examine how knowledge as well as practice of ER skills maintains or wanes over time, and, whether skills implemented over longer periods of time improve child outcomes.

Another important area to consider for future research includes the birth order and developmental stage of the focal child of the study. For example, inclusion criteria did not specify whether the focal child must also be first-born, a middle child, or the youngest among siblings. Parents indicating problematic behavior with an older child may report differently than with their youngest child, as experience, interaction styles, and time to develop parenting skills may differ across child developmental stages. In addition, this study included children ages 3-12 years old, with a developmental age span of 8 years. Thus, while the sampling frame for this study attempted to resemble that of evidence-based parenting interventions, future work may consider whether parents report differently on their use of ER skills with children of younger versus older ages. As an example, the Incredible Years (IY) – a well-known evidence-based parenting intervention – has taken into consideration the variation in developmental stages among children, and grouped intervention models for infants in the first year of life, followed by toddlers (ages 1-3), preschool (3-6) and school age youth (6-12 years old) (Menting et al., 2013). Similarly, parents emphasized concern that instilling values, discipline practices and consistent
expectations for their children must occur within a perceived critical developmental period. Parents expressed fears that time may “run out” if they do not actively instill these practices with their children at younger ages. Thus, it would be important to address skills-implementation across various stages of child and youth development by comparing samples of parents and children exposed to an evidence-based intervention at younger versus older ages. Longitudinal analyses comparing exposure to skills-training across various developmental stages would also contribute to knowledge of whether a critical period (toddler through middle childhood) is a factor to consider when designing prevention programs.

Finally, an important next step in understanding emotion regulation skills in the context of parenting interventions research, is to first clarify the theoretical assumptions and terminology found in most evidence-based parenting interventions. For instance, while some parenting interventions draw from the social interaction learning (SIL) theory, they also incorporate emotion regulation skills into their content design (Patterson et al., 2010). Understanding how the SIL and PMEP theories work to explain the components of regulation in relationship to behavior would be an important clarification to enhance the predictive power of both theories. In addition, it is unclear how parental attributions—and broadly—parental cognitions—align with existing theories in the parenting intervention literature, such as cognitive-behavioral foundations, or social information processing models (Azar, Reitz, & Goslin, 2008). Thus, there is a strong call in parenting intervention research to make clear the distinctions and differences across behavioral, emotional, cognitive and physiological theories that explain the development of harsh parenting practices and negative child outcomes. Most importantly, efforts to integrate existing paradigms of thought might be important to clarifying the selection of content used in parenting interventions.
Conclusion

The purpose of this qualitative study was to examine how parents perceive and process an emotion regulation task in order to derive implications for emotion regulation skills in parenting intervention research. Findings from this grounded theory analysis demonstrated that parents of children with clinically symptomatic expressions of behavior problems describe their emotion regulation process through prior knowledge obtained in the form of parenting books and educational resources, in an effort to understand their child’s emotional and behavioral needs. In addition, parents also described an awareness of their own emotional reactivity, mixed with an uncertainty at the same time as to whether their parenting efforts were effective in the moment of difficult child problem behavior. As parents were exposed to the ER implementation task, they expressed enthusiasm for the skill-building process, and stated that the skills were necessary and important to improvement in their own emotional regulation capabilities. Parents also reported that the ER skills helped “get to the root” of their child’s needs, and in turn, taught their child how to regulate through their own emotions. Most importantly, during the seven-day follow-up interview, parents commented on the amount of cognitive energy and effort it took them to “think through” the emotion regulation steps they intended to implement with their child.

Findings from this portion of the study shed light on the utility of cognitive theories (e.g., attribution theory) and their application alongside emotion-focused theories (e.g., the PMEP) as well as traditional behavior theories in parenting intervention research (e.g., the SIL). Additional research is necessary in order to answer important questions regarding the utility of ER skills for parents living with clinical mental health disorders, as well as how ER skills in a parenting intervention context have the potential to uniquely contribute to both parent and child positive outcomes.
APPENDIX A
PRE AND POST INTERVIEW GUIDES
(PRE)

Overview:
Before we begin, I wanted to remind you of our first conversation we had about this study, and share more about the plan for today. When determining eligibility for participation in this study, I asked you a few questions about your child’s behavior. I have that form with me, and circled those questions in which you answered “sometimes” “often” or “always” in order to help guide our discussion. In general, the purpose of this interview is to understand more about parents’ emotional experiences when parenting their children. Specifically, I am interested in learning about how parents manage their emotions during stressful interactions with their child. The focus of this interview is to talk a little bit about your emotional experiences while parenting, and then to teach you a parent emotion regulation task to practice over the course of the next 7 days until our second interview. This is an open discussion with no right or wrong answers, and is designed to help you feel more in control of your emotions during parenting moments. Please stop me at any time if you have any questions, or would like me to clarify anything. If at any point in the interview or demonstration of the task you become uncomfortable, please let me know and we will stop.

PART I

Parent-Child Relationship

Broad-Scope Question #1: *Tell me a little bit about your relationship with your child.*

Probes:
1. How would you describe your relationship?
   - For example, a parent might say that their relationship with their child is strained, distant, or strong, healthy and/or close. *[Parent-Child Bond]*
   - When you and your child are having positive interactions together, what does that look like? In other words, if I were observing your relationship, what would I see?
   - What does it look like when you are *not* having positive interactions together, or when you are experiencing *difficulty* with your child? *[General: Parent-Child Conflict]*

Possible Probes per Question:
- Tell me more about that…
Emotions During Parent-Child Conflict/Child Problem Behavior

Broad-Scope Question #2: Tell me a little bit about what happens for you when you are experiencing conflict with your child.

Probes:
(1) When you are with your [son/daughter], what is it like when conflict occurs?
   • For example, on the questionnaire [ECBI], you indicated the following behaviors as problematic [read X, Y, Z behaviors].
   • How do you manage or respond when [X, Y, Z] occurs? [Parent Behavioral Reactions]
   • How does your child respond to you during [X, Y, Z] moments? [Child Reactions]
   • Based on the situations you’ve described, what emotions do you personally experience when trying to manage [X, Y, Z]? [Parent Affect]
   • Based on the situations you’ve described, what thoughts do you have when trying to manage [X, Y, Z]? Thoughts about yourself? Thoughts about your child? [Parent Cognition]
   • Based on the situations you’ve described, what happens, if anything, in your body when [X, Y, Z] occurs? For example, some parents might feel their heart racing, chest tightening, fists clenching, or may feel panicked. Other parents might shut down, want to leave the room, cry or grow silent.
   • Where in your body, if any, do you feel this/these responses? [Parent Physiological Response/Bodily Reactions]

Possible Probes per Question:

   • Tell me more about that…
   • How does that make you feel?
   • What is an example of that?
   • Where/When do/does [X, Y, Z] occur?
   • What makes situation [X, Y, Z] better? Worse?
   • What would you change or do differently in [X, Y, Z] situation if you could?
PART II

Parent Education and Training of the Emotion Regulation (ER) Task
(Parent Packet Provided to Interviewee)

Overview: Next, we are going to take a look at the parent packet I’ve handed to you, titled “Understanding and Managing Our Emotions.” In the packet, you’ll find an introduction to the concept of parent emotion regulation, or “ER” for short. We will spend the rest of the interview discussing ER, which is the main parenting skill you’ll be asked to practice over the next seven days. The sample packet resembles the same information you would find in a parenting intervention designed to help parents improve their skills in managing challenging child behaviors. First, we will read together why it is important to understand our emotions and become more aware of them. Second, we will explore the definition and purpose of ER. Third, we will take a look at three concrete steps you can take to manage your emotions during possible conflict with your child. As I walk through each step, I might pause and ask for real-life examples, situations or opportunities in which you could imagine using these tools with your child. Lastly, we will review a practice sheet for you to use over the next seven days in order to track your progress. Please feel free to stop me at any time if you need me to clarify anything information in the packet.

(Interviewer takes field notes of parent responses directly on parent packet)

Introduction (pg. 3): Understanding Our Emotions

Interviewer reads this page word-for-word to the participant

Regulating Emotions (pg. 4)

Interviewer reads the definition and purpose of emotion regulation.

Interviewee may be asked the following:

• Does this definition make sense to you?
• How would you define emotion regulation?

(Interviewer): Next, we will read some example of how ER is broken down into common Thoughts, Feelings, Behaviors and Bodily Reactions. Please fill in the blanks for your own common responses. I will show you where you can fill in your answers.

Step 1: Awareness and Acceptance (pg. 5)

Interviewer reads directly from the prompt.

Step 2: Regulating Your Emotions (pg. 6)
Interviewer reads directly from the prompt.

Step 3: Coaching Your Child (pg. 7)
Interviewer reads directly from the prompt.

Tying it All Together (pg. 8)
Interviewer reads directly from the prompt.

Tracking Sheet (pg. 9).
Interviewer describes how to use the tracking sheet over the next 7 days.

Possible Probes Throughout the Training Process:

• What are your initial thoughts/reactions about this idea [acceptance/regulation/coaching]?
• What strategies/tools do you already use, if any?
• What strategies/tools would you like to focus on more, if any?
• What responses/reactions would you like to stop? Start?
• Tell me more about that?
• How does that make you feel?
• How likely/unlikely are you to use these strategies in the next 7 days? [Prompt Implementation]
• What situations might you anticipate where you can use these strategies? [Prompt Implementation]
• What challenges might you anticipate in implementing any of these strategies? [Prompt Problem-Solving]
• How confident do you feel to implement the ER task this week? [Prompt Motivation]

Final Questions

At the end of the interview, the participant will be asked whether they have any additional points of clarification. Participant will be thanked for their time, and the next interview will be scheduled for 7 days out from the pre-interview.
Overview

It has been one week since we last saw each other and reviewed information on how to understand and manage your emotions during parenting efforts. In our first interview, I asked you several questions about your emotional experiences when in difficult parenting situations. Some of those situations you described were [X,Y,Z—draw from first interview and ECBI]. During the second half of the interview, we talked about the definition, purpose and process of regulating or managing through difficult emotions, thoughts, behaviors and bodily sensations that occur when parenting through difficult parent-child interactions. You were also given an assignment to track your regulation progress over the last 7 days. Today, I am interested in learning more about how that process went for you, and specifically, the situations or examples that you might be able to share about your attempt to regulate this week. In this interview, I will ask you about your experiences, step by step with the parenting packet, about your process of trying out regulation skills. Remember that you can ask me to stop, clarify anything throughout the interview, or choose not to participate should you decide at any point. Do you have any questions before we begin?

General Feedback/Experience of the Participant

Broad-Scope Question #1: Let’s start by checking in with your week. How did the last week go in regards to trying out the ER task?

Probes:
- What, if any, were the successes of the parent ER task?
- What if any, were the drawbacks of the parent ER task?
- Can you tell me more about that?
- What is a good example of a success?
- What is a good example of a drawback or a not so successful moment?
- Were there any moments were you thought to use the ER task?
- Tell me more about that.

Focal Question #1: Now we are going to talk about your experience with STEP 1: “Building Awareness and Acceptance of Your Emotions.” Let’s pick ONE situation that you identified in trying to regulate your emotions this week, and follow the prompts on (1) Building Awareness. Let’s walk through it together: What situations/events occurred were you attempted to regulate your emotions?

Probes:
- What emotions did you experience?
• What thoughts did you have? About yourself? About your child?
• How did you respond (behavior/actions)?
• Where did you experience the emotion in your body?
• Did you use any positive self-talk?

**Focal Question #2:** Now let’s review **STEP 2:** “Regulating/Managing Your Emotions.” Let’s talk about some ways that you managed your emotions, thoughts, behavioral reactions and/or bodily reactions during the situations that occurred.

Probes:
- Affect/Emotions: Ask participant to describe emotional stimuli
- Cognitions/Thoughts: Ask participant to describe thoughts about self and/or child
- Behavior Reactions: Ask participant to describe how they responded behaviorally
- Body Reactions: Ask participant where they experienced emotion in their body.
- For all responses above, ask participant which regulation strategy they used.
- Tell me more about how you used that strategy?
- How effective was that strategy?
- If you were to rate the effectiveness of this strategy (0= not effective; 10=effective), what number would you give it? Tell me more about that.
- Looking back, what would you have done differently?
- What did you do well?

**Focal Question #3:** Now let’s review **STEP 3:** “Coaching Your Child.” *Tell me a little bit about how you helped your child understand and manage their own emotions.*

Probes:
- How did you know your child was feeling X?
- What do you think about your child’s emotions? Their reaction to the situation?
- How does that make you feel?
- What strategies did you use to coach your child through their emotion (read strategies on page)
- What did you learn about your child? About yourself?

**Tracking Sheet:**

*Interviewer will review all days (1-7), using probes from above to prompt additional responses/reflections.*
Wrap-Up

Focal Question #4: *As we come to the end of our interview, what did you learn from this experience?*

Probes:
- If we were to present the parent packet to a parenting group, what would parents think about this task?
- What would be the possible challenges for parents? The benefits?
- What would you do to make this packet better?
- Is there anything else you would like to add/tell me?
APPENDIX B

PARENT EMOTION REGULATION PACKET

Understanding and Managing Our Emotions

Parent Packet
In This Packet:

- Introduction.................................................................3-4
- Step 1: Awareness & Acceptance.....................................5
- Step 2: Regulating Your Emotions.................................6
- Step 3: Coaching Your Child.............................................7
- Tying it All Together......................................................8
- Tracking Sheet (Days 1-7)..............................................9
Introduction: Understanding Our Emotions

(1) Emotion Overview:

- **We all experience emotions.** We might feel several different emotions throughout the day, with different people, and under positive or negative circumstances.

- **We have primary and secondary emotions.** For example, we might feel angry with our child for disobeying, but we also might feel disappointed, saddened or defeated by their behavior. Anger is the primary emotion, whereas disappointment, sadness and defeat may be the secondary emotion.

- **Emotions are complex.** Emotions are experienced within us, between us, and around us. For example, when parenting your child, you might feel frustrated when they do not listen to you. Others around you (e.g., your partner/spouse, other child) might also “sense” your frustration and become frustrated too. Your child may also pick up on your emotion and become frustrated, or they might have a different emotion (e.g., fear).

- **Specific situations/events may cause us to have strong emotions.** At times, we may have repeated emotions arise when specific events replay over and over again. For example, some parents may anticipate feeling anxiety in the daily routine of putting their child to bed, because they know that the child may not comply.

- **We have thoughts and feelings about our emotions.** For example, parents may feel angry with themselves for yelling at their child during conflict. They might think, “I am so mad at myself for being angry with him/her.” Parents might also have thoughts about their feelings. For example, “My child was trying to manipulate me, of course I got angry,” or “I am hurt. I think my child is rejecting me.” Remember, we can have positive, negative or neutral thoughts and feelings about our emotions.

- **Emotions can cause us to react.** Whether we are aware of it or not, strong emotions (positive or negative) may cause a physical reaction or action. For example, when your child receives a good grade, you might feel a strong emotion of excitement and want to high five your child! Other times, such as during conflict (e.g., child tantrums, backtalk), a parent might leave the room, yell, shut down in the form of crying or feeling anxiety.

**Most importantly…**

- **Having strong, negative emotions can be embarrassing, shameful, frustrating or difficult!** Some parents may feel that by expressing these inner emotions and thoughts, they may be negatively judged by others. Remember, all feelings are valid. In the next few pages, we will talk more about how to master your emotions so as to improve your own emotional coping strategies, as well as support stronger interactions with your child.

What else is important to add to our understanding of emotions?:

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Regulating Our Emotions

Definitions

A. Defining Parent Emotion Regulation (ER): The ability or capacity of a parent to self-monitor and manage internal stimuli, such as thoughts, feelings, bodily sensations and subsequent behavioral reactions that assist parenting efforts and promote positive child development. Parent emotion regulation is a unique skillset because it requires parents to self-monitor and manage their own emotions before helping their child to regulate emotions.

B. Parent Emotion Dysregulation: The opposite of regulation! It is defined as the inability or decreased capacity to manage internal stimuli (thoughts, feelings, bodily sensations) and subsequent behavioral responses. Parent emotion dysregulation may occur during stressful situations with the child, or when there are other factors causing stress in the family (e.g., busy schedules, mental health issues).

Breaking Down the ABC+ B Cycle:

- **Cognition/Thoughts:** “I am a failure, I can’t do this,” or “My child is too difficult.” You might also have thoughts about your child: “My child is trying to hurt my feelings.”
- **Affect/Emotions:** Anger, Disappointment, Frustration, Regret, Guilt/Shame, Embarrassment…and many more.
- **Behavior/Reactions:** Shutting down; leaving the room. Reacting: Yelling, throwing hands up in the air.
- **Bodily Sensations:** Heart racing, palms sweating, chest tightening, difficulty breathing.
STEP 1: Building Awareness and Acceptance of Your Emotions

(1) Building Awareness

What situations/events challenge your ability to regulate? (Fill them in below):

a. ________________________________
b. ________________________________
c. ________________________________
d. ________________________________
e. ________________________________

• In situation _____ (from above), here’s how I typically respond:
  • Affect/Emotion: ________________________________
  • Cognition/Thoughts: ________________________________
  • Behavior/Reactions: ________________________________
  • Bodily Sensations: ________________________________

• In situation _____ (from above), here’s how I typically respond:
  • Affect/Emotion: ________________________________
  • Cognition/Thoughts: ________________________________
  • Behavior/Reactions: ________________________________
  • Bodily Sensations: ________________________________

• In situation _____ (from above), here’s how I typically respond:
  • Affect/Emotion: ________________________________
  • Cognition/Thoughts: ________________________________
  • Behavior/Reactions: ________________________________
  • Bodily Sensations: ________________________________

(2) Building Acceptance

Positive Self-Talk

• “It’s okay to feel this. I can change the way I feel once I acknowledge these feelings.”
• “I am not alone. Many parents have these thoughts.”
• “I am proud of myself for having the strength to manage situation _____.”
• “I was successful at managing this situation, so I can surely manage situation ____.”
• Your own positive self-talk phrase: ________________________________
**STEP 2: Regulating/Managing Your Emotions**

Now that we’ve explored awareness of your own responses during interactions with your child (Affect/Emotions, Thoughts, Behaviors, Body Sensations), we will turn to learning some ways to regulate, or, control, monitor, and manage these responses effectively. But first, what are some ways that you already manage your own reactions (Affect, Thoughts, Behavior, Body Sensations)?:

1. ________________________________
2. ________________________________
3. ________________________________

**Additional Options for Regulating/Managing Internal Stress (ABC +Body Sensations)**

Circle the Coping Strategies that you would like to try/already do to manage your responses:

<table>
<thead>
<tr>
<th>Type of Response</th>
<th>Possible Responses and Coping Strategies</th>
</tr>
</thead>
</table>
| **1. Affect/Emotions** | • Notice the feeling: Ask, “What feeling is coming up for me?”  
• Observe the feeling: Ask, “Is this a negative feeling? A feeling that will make things worse/better?”  
• **Strategies:** Self-Talk: “It’s okay to feel this way. I can control this feeling. It will soon pass.” |
• **Strategies:**  
• Positive Self-Talk: “I can do this.” Or “What is my child needing from me? What is my child trying to tell me?” Or, “How can I make this thought a little bit better?” |
| **3. Behavior/Reactions** | • Notice immediate actions: Are you wanting to leave/shutdown? Give in? Yell back?  
• **Strategies:** Take a 2 minute break, then return when calmer; Pause, reflect, “should I say this right now?” or “how else can I get my point across without yelling/leaving/shouting?” |
| **4. Body Reactions** | • * Notice: Where in my body am I having a response? (Chest, head, hands, heart?). How is my body responding? (Sweating, Anxiety, difficulty breathing?)  
• **Strategies:** Deep Breathing; Counting to 10, Drink of Water, Go for a Walk. |

**The Do’s and Don’ts of Regulation**

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regulate, Don’t React! Use Self-Talk</td>
<td>1. Jump to Conclusions</td>
</tr>
<tr>
<td>2. Take Breaks, Space, Time.</td>
<td>2. Lose Control</td>
</tr>
<tr>
<td>3. Focus on Goal of Problem-Solving Situation</td>
<td>3. React Harshly (Yelling, Pointing Fingers)</td>
</tr>
</tbody>
</table>
STEP 3: Coaching Your Child

1. **Re-Engage:** When you have successfully regulated yourself, approach your child with a plan to review what happened.

   Examples:
   - “Let’s take a minute to talk about what happened.”
   - “I was feeling __________ because you did not __________.”
   - “How were you feeling?”

2. **Explain and Name Emotion Experienced:** In order to emotionally teach our children how to regulate their own emotions, we have to be able to model our awareness of emotions in the moment.

   Examples:
   - “I noticed that you were upset too. Did I get that right?”
   - “How were you feeling in the moment?”

3. Ask child, “What was going on for you?” Give support.
   - Emotion: ________________________________
   - Thoughts: ________________________________
   - Behavioral Response: ________________________________
   - Body Reactions: ________________________________

4. **ASK:** “What can we do differently next time?”

   (Name expectations for good emotional control).

5. Offer additional coping strategies to child.

   Examples: Taking a break, counting to 10 together, taking deep breaths together.

6. What else can you do to support your child during difficult moments of stress/conflict?

   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
TYING IT ALL TOGETHER

Awareness/Acceptance + Emotion Regulation + Coaching Your Child = 

Parent Emotion Regulation Success!

Active Regulation/Emotion Management
- Validate Emotion
- Engage in Positive Self-Talk/Coaching
- Regulation Activity: Deep Breathing, Count to 10

Respond and Reflect
- Re-engage with child
- Explain and name emotion experienced
- Model regulation for future interactions

Parent Emotion Regulation

Awareness of Emotions
- Name and Express Emotion
- Observe Thoughts
- Observe Behavior/Reactions
- Notice Body Sensations
**Practice On Your Own: TRACKING SHEET**

Now it’s your turn to track your emotion regulation skills this week! On the following form, please fill out your experiences in attempting to regulate your emotions. Use parent packet information to help you.

### DAY 1

What was the **Situation**?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What **Emotions** Did You Experience?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

How Did This Emotion **Make You Feel**?

__________________________________________________________________
__________________________________________________________________

What **Thoughts** Did You Have? (About yourself? Your Child?)

__________________________________________________________________
__________________________________________________________________

What **Behavioral Reactions** Did You Have? (What did you physically do?)

__________________________________________________________________
__________________________________________________________________

Where in your **Body** did you feel these emotions?

__________________________________________________________________
__________________________________________________________________

What **Strategies** Did you Use to Regulate?

__________________________________________________________________
__________________________________________________________________

How Successful Were You in Regulating? (0=Not At All; 10= Very Effective) Explain:

__________________________________________________________________
__________________________________________________________________

__________________________________________________________________
DAY 2

What was the Situation?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Emotions Did You Experience?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

How Did This Emotion Make You Feel?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Thoughts Did You Have? (About yourself? Your Child?)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Behavioral Reactions Did You Have? (What did you physically do?)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Where in your Body Did You Feel These Emotions?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Strategies Did you Use to Regulate?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

How Successful Were You in Regulating? (0=Not At All; 10= Very Effective) Explain:
__________________________________________________________________
__________________________________________________________________
DAY 3

What was the **Situation**?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What **Emotions** Did You Experience?
________________________________________________________________________
________________________________________________________________________

How Did This Emotion **Make You Feel**?
________________________________________________________________________

What **Thoughts** Did You Have? (About yourself? Your Child?)
________________________________________________________________________
________________________________________________________________________

What **Behavioral Reactions** Did You Have? (What did you physically do?)
________________________________________________________________________
________________________________________________________________________

Where in your **Body** Did You Feel These Emotions?
________________________________________________________________________
________________________________________________________________________

What **Strategies** Did you Use to Regulate?
________________________________________________________________________
________________________________________________________________________

How Successful Were You in Regulating? (0=Not At All; 10= Very Effective)
Explain:
________________________________________________________________________
________________________________________________________________________
DAY 4

What was the Situation?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Emotions Did You Experience?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

How Did This Emotion Make You Feel?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Thoughts Did You Have? (About yourself? Your Child?)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Behavioral Reactions Did You Have? (What did you physically do?)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Where in your Body Did You Feel These Emotions?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Strategies Did you Use to Regulate?
__________________________________________________________________

How Successful Were You in Regulating? (0=Not At All; 10= Very Effective)
Explain:
__________________________________________________________________
DAY 5

What was the Situation?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Emotions Did You Experience?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

How Did This Emotion *Make You Feel*?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Thoughts Did You Have? (About yourself? Your Child?)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Behavioral Reactions Did You Have? (What did you physically do?)
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Where in your Body Did You Feel These Emotions?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Strategies Did you Use to Regulate?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

How Successful Were You in Regulating? (0=Not At All; 10= Very Effective)
Explain:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
DAY 6

What was the Situation?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

What Emotions Did You Experience?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

How Did This Emotion Make You Feel?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

What Thoughts Did You Have? (About yourself? Your Child?)

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

What Behavioral Reactions Did You Have? (What did you physically do?)

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

Where in your Body Did You Feel These Emotions?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

What Strategies Did you Use to Regulate?

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

How Successful Were You in Regulating? (0=Not At All; 10= Very Effective) Explain:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________
DAY 7

What was the Situation?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

What Emotions Did You Experience?
__________________________________________________________________
__________________________________________________________________

How Did This Emotion Make You Feel?
__________________________________________________________________

What Thoughts Did You Have? (About yourself? Your Child?)
__________________________________________________________________
__________________________________________________________________

What Behavioral Reactions Did You Have? (What did you physically do?)
__________________________________________________________________
__________________________________________________________________

Where in your Body Did You Feel These Emotions?
__________________________________________________________________

What Strategies Did you Use to Regulate?
__________________________________________________________________
__________________________________________________________________

How Successful Were You in Regulating? (0=Not At All; 10= Very Effective)
Explain:
__________________________________________________________________
__________________________________________________________________
APPENDIX C

DEMOGRAPHIC CHARACTERISTICS FORM

Parent:

1. Your Age: ___________

2. Age of your Spouse or Partner: _________

3. Does your Spouse or Partner live in the same household as you? (circle) Yes / No

4. Gender (circle): Male / Female

5. What is your Race/Ethnicity?
   a. Hispanic
   b. Black
   c. White
   d. Asian
   e. Native American (American Indian)
   f. Other: ________________

6. What is the Race/Ethnicity of your Spouse or Partner?
   a. Hispanic
   b. Black
   c. White
   d. Asian
   e. Native American (American Indian)
   f. Other: ________________

7. What is your Current Marital Status? (Please Circle):
   a. Never Married
   b. Single
   c. Cohabitating (Living Together)
   d. Married
e. Separated
def. Divorced
g. Widowed
h. Other____________

8. Highest Level of Education (Please circle):
   a. Less than high school
   b. High School Diploma
   c. GED
d. Associate’s Degree
e. Bachelor’s Degree
f. Master’s Degree
g. Ph.D./M.D. /Advanced Degree

9. Are you Employed? (Circle One): Yes / No

10. If You Answered Yes, What is your Employment Status? (Circle One)
   a. Full-Time
   b. Part-Time
c. Per-Diem (Less Than Part-Time)
d. Other: ______________

11. What is your Occupation?: _______________________

12. (If Applicable): Is your Spouse or Partner Employed?
   a. Full-Time
   b. Part-Time
c. Per Diem (Less Than Part-Time)
d. Other: _____________

13. What is your Spouse or Partner’s Occupation?: _____________________

14. What is your approximate gross income? (circle one):
   a. Below $15,000
15. How many adults are living in your household (including you)?: ______________

16. How many children are living in your household?: ______________

17. Have you ever had counseling/therapy or any other form of services?: Yes/No

18. Are you currently in counseling/therapy, or receiving any form of other services?: Yes/No

**Child(ren):**

19. Please list the following information regarding each child residing in your household.

Please do not share names:

<table>
<thead>
<tr>
<th>Child</th>
<th>Age</th>
<th>Gender (Please Circle)</th>
<th>School Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Male / Female</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Male / Female</td>
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<td>3</td>
<td></td>
<td>Male / Female</td>
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<td>4</td>
<td></td>
<td>Male / Female</td>
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<tr>
<td>5</td>
<td></td>
<td>Male / Female</td>
<td></td>
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</tbody>
</table>
APPENDIX D

CONSENT FORMS

Verbal/Over-the Phone Informed Consent Script

Informed Consent Process upon Initial Contact with Potential Participant:

Hello, my name is [NAME OF INVESTIGATOR], and I am involved in a research study called “The Emotion Regulation Process in Parents: Responding to the Call for Emotion Regulation Skills in Parenting Interventions” under the advisement of [NAME OF ADVISOR] at [NAME OF UNIVERSITY]. Thank you for responding to the recruitment flyer for this study. We are asking that you take part in this research study because we are trying to learn more about how emotion management skills may support conflict between parents and their children. You will be asked to participate in two interviews that take place in your home, should you agree to participate in this study. During the first interview, you will be asked about your emotional experiences when parenting your child. For instance, you may be asked to describe the emotions that come up for you when your child is misbehaving, and how you respond to that misbehavior. During the middle of the interview, you will be introduced to a parent emotion management task that the researcher will teach you. For example, you will be taught various tools to manage difficult reactions when in conflict with your child, such as deep breathing, positive self-talk, or taking a break. During the second interview, the researcher will ask to come back to your home 1 week later. At that time, the researcher will ask you questions about your experience with the emotion management task, and what worked or did not work.

Each interview will take one to 1.5 hours and will be audiotaped. In order to participate in this study, participants must agree to interviews being audiotaped. The study will take approximately 2-3 hours of your time, including both pre and post interviews. At the end of the study, you will be given a $40 gift card for your time and effort participating in this study. There are some potential risks to this study. For example, some participants might feel uncomfortable talking about parent-child conflict. In addition, you may always choose not to answer a question that makes you uncomfortable and you may decide to stop participating in this study at any time without penalty. However, there might be potential benefits to participation in this study. For instance, you might feel better using the emotion management tools taught in the study, which can help with your wellbeing and relationship with your child.

Your participation in this study is completely voluntary. You may say no to participation or you may change your mind and decide to stop participating at any time with no negative consequences. You may also choose not to answer any question that you do not want to answer. In addition, this information will be provided to you again in written form during the intake process, should you be eligible for the study. Do you have 2-3 hours to participate in this research study? Do you have any questions?
The Emotion Regulation Process in Parents: Responding to the Call for Emotion Regulation Skills in Parenting Interventions

Consent Form

Purpose of the Study:
You are invited to participate in a research study that involves teaching parents how to build emotion management skills to positively impact the relationship with their children. For example, parents will be asked to discuss their emotional experiences when parenting a child who is having behavior challenges (e.g., tantrums). In this study, you will learn ways to manage your own emotions during conflict with your child. For instance, you may be asked to practice deep breathing, or take a “break” for yourself so that you do not react when your child is having problem behaviors. The overall goal of this study is to help improve parent emotion management skills and support stronger parent-child interactions. You were included for this study because you indicated that your child was between the ages of 3-12 years old, and met criteria for behavioral problems. You are asked to read this form and ask any questions you may have before agreeing to be in the study. This study is being conducted by [INVESTIGATOR], a doctoral student, under the advisement of [SUPERVISOR]. If you would like, a summary of the findings—once completed—can be provided to you.

What Your Participation Would Include:
You are being asked to participate in two interviews, which will last approximately 1 to 1.5 hours each. Additionally, during the first interview, you will be asked about your emotional experiences and challenges when parenting your child. The investigator will then demonstrate an emotion management task to you, and provide training on how to use these skills during conflict with your child. For example, you may be asked to count to ten silently, practice positive self-talk (e.g., “I can get through this”) or engage in deep breathing to soothe frustration that occurs during difficult interactions with your child. After the first interview, you will be asked to practice emotion management skills on your own over the course of seven days. After seven days, the investigator will ask to come back to your home to conduct a second interview. During the second interview, the investigator will ask you questions about your experience implementing the emotion management task. For example, you might be asked what worked or didn’t work for you when using the skills with your child. Both interviews will be audiotaped. By audiotaping your interviews, the investigator can make sure there is a complete record of the answers you provide. You cannot participate in this study unless you agree to have your interviews audiotaped. After the final interview, you will receive a $40 gift card as compensation for your time and effort participating in this study.

You are being asked to participate in a research study investigating emotion management in parenting. This study will not provide you with any form of mental health services, although you may find the emotion management tools useful to your own well-being. If you feel you are in need of mental health treatment you will be provided a list of low cost or free counseling services located in your area. In addition, you are encouraged to contact your local community mental health agency to request mental health services.

If you initially agree to participate in the study but change your mind, you will not have to continue participation at any point in the study. Your decision whether or not to continue with the project will not affect your current or future relations with Florida State University.
Privacy and Confidentiality:
Your confidentiality will be protected to the maximum extent allowable by law. The only time in which it would be required to break confidentiality is if you report any child abuse or abuse of elderly persons or if you state that you are going to harm yourself or someone else. The only persons who have access to your research data will be [INVESTIGATOR] and [SUPERVISOR]. In addition, the recording of your interviews will be labeled with an ID number, and only [INVESTIGATOR] and [SUPERVISOR] will have access to this list. Your confidential information will be stored in a locked file in a locked office or on a password protected computer in a locked office at [NAME OF UNIVERSITY]. We will keep all data associated with this research project for seven years after the project is closed, during which time it will be stored in a locked file in the principle investigator’s office.
The findings of this study will be reported to many people and organizations. Research results may be reported to people at [NAME OF UNIVERSITY], the Institutional Review Boards that monitor this project, and others in the academic community. When the results of this study are presented and published, pseudonyms will be used and any identifying private information will be modified or omitted to protect the identity of the participants.

Your Rights to Participate, Say No, or Withdraw:
Participation in this research study is completely voluntary. You may say no to participation or you may change your mind and decide to stop participating at any time with no negative consequences. You may also choose not to answer any question that you do not want to answer.

Potential Risks and Benefits
There is a risk that you might experience some discomfort while participating in this study. For example, you might feel slightly uncomfortable talking about conflict with your child, and sharing in the emotions that come up as a result of that relationship. In addition, you may always choose not to answer a question that makes you uncomfortable and you may decide to stop participating in this study at any time without penalty.
You may experience benefits from participating in this study. For example, you may find that the emotion management skills taught during the interview creates less stress and improves well-being, for yourself as well as with your child. We expect that you might appreciate having the opportunity to talk about conflict with your child that would benefit from using emotion management skills, as well as having the opportunity to provide feedback on what was helpful and not so helpful about the skills taught. You might also experience a sense of empowerment and satisfaction in contributing to parenting research through your feedback in order to help parents and children improve their relationships.

Contact Information for Questions or Concerns:
If you have concerns or questions about this study, such as scientific issues, or to report an injury, please contact the primary investigator. You may also ask any question you have now. If you have a question later, you may contact the primary investigator, or [SUPERVISOR] directly:

[Contact info of researcher and supervisor provided to participant]

Please provide your signature below if you voluntarily agree to participate in this research study.
<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of the Investigator</td>
<td>Date</td>
</tr>
</tbody>
</table>

You will be given a copy of this form to keep.
APPENDIX E

HUMAN SUBJECTS COMMITTEE APPROVAL LETTERS

Office of the Vice President for Research Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8673 · FAX (850) 644-4392

APPROVAL MEMORANDUM
Date: 02/08/2018
To: Sarah Wolford [CONFIDENTIAL]
Address: [CONFIDENTIAL]
Dept.: FAMILY & CHILD SCIENCE
From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research
   The Emotion Regulation Process in Parents: Responding to the Call for Emotion Regulation Skills in Parenting Interventions

The application that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Secretary, the Chair, and two members of the Human Subjects Committee. Your project is determined to be Expedited per 45 CFR § 46.110(7) by an expedited review process and has been approved.

[Continued on the next page]
The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 02/06/2019 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB0000044

Cc: HSC No. [CONFIDENTIAL] Chair 2018.2310
Office of the Vice President for Research
Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8673 · FAX (850) 644-4392
APPROVAL MEMORANDUM
Date: 02/25/2019
To: Sarah Wolford [CONFIDENTIAL]
Address: [CONFIDENTIAL]
Dept.: FAMILY & CHILD SCIENCE
From: Thomas L. Jacobson, Chair
Re: Use of Human Subjects in Research
The Emotion Regulation Process in Parents: Responding to the Call for Emotion Regulation Skills in Parenting Interventions

The application that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Secretary, the Chair, and two members of the Human Subjects Committee. Your project is determined to be Expedited per 45 CFR § 46.110(6) and has been approved by an expedited review process.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 02/14/2020 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.
Cc: [CONFIDENTIAL]
HSC No. 2019.26700
REFERENCES


BIOGRAPHICAL SKETCH

Sarah Nancy Wolford was born in El Paso, Texas, and moved periodically over the last several decades across the United States. For the first eleven years of her life, Sarah lived in El Paso, Texas, and then moved with her mother and sister to Brooklyn, New York, where she resided for seven years until graduating high school. In 2004, Sarah ventured to Boston, Massachusetts, where she earned a Bachelor’s of Science in Communication Sciences and Disorders, and two minors in Psychology and Creative Writing from Emerson College. From 2011-2013, Sarah pursued graduate education and obtained her Masters of Arts in Counseling Psychology with a concentration in Marriage and Family Therapy from the William James College in Newton, MA. After earning her degree, Sarah spent an additional three years providing clinical services to children and families through various social services agencies in Boston. In 2015, Sarah began her doctoral training in the Marriage and Family Therapy Program at Florida State University, under the mentorship of Dr. Lenore McWey. While at Florida State, Sarah provided clinical services at the Center for Couple and Family Therapy, as well as through independent private practice at Thomasville Road Baptist Church in Tallahassee, Florida. In 2017, Sarah obtained licensure in the state of Florida as a Licensed Mental Health Counselor (LMHC). In addition to providing clinical services, Sarah remained active in research and published qualitative and quantitative studies examining parent internal processes associated with parenting intervention research. In April of 2019, Sarah was awarded the American Association for Marriage and Family Therapy (AAMFT) Graduate Student Research Award. In the fall of 2019, Sarah will transition to her new position of Assistant Professor of Marriage and Family Therapy at Pfeiffer University in Charlotte, North Carolina. Sarah looks forward to training graduate MFT students and continuing to serve children and families in need.