

“STRIVING TO DO THINGS DIFFERENTLY”: A MIXED-METHODS PILOT  
INVESTIGATION OF TUNING IN TO KIDS FOR BLACK PARENTS OF PRESCHOOLERS

By

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## ABSTRACT

A growing body of literature is emerging to examine the utility of emotion-focused parenting programs, as behaviorally-based programs currently dominate the parenting literature. Few of those studies examine differences in how Black parents benefit from emotion-focused parenting programs when they are often situated in the literature as unsupportive, which ignores cultural differences in parenting values and practices (Bocknek et al., 2009; Leerkes et al., 2015). However, evidence indicates that these practices are adaptive in Black families (e.g., McLoyd et al., 2019). This mixed-method randomized pilot study sought to examine preliminary fidelity, efficacy, and acceptability of a virtually-delivered Tuning in to Kids (TIK; Havighurst & Harley, 2007), an emotion-focused parenting program targeting parenting practices and children's emotion regulation through a strengths-based approach using emotion coaching strategies. Quantitative and qualitative methods were used to examine the impact of TIK for Black parents ( $N = 21$ ; 9 Intervention; 12 Waitlist Control) of preschoolers based in the United States. Parents in both groups completed pre-, post-test, and one-month follow-up assessments. While there were no statistically significant main effects for the treatment group, based on this small sample, these preliminary quantitative results indicate greater positive trends for parents in the TIK condition compared to parents in a waitlist control group. The qualitative interviews provide essential information to support further examinations of TIK within a sample of Black parents. These promising preliminary outcomes coupled with interview data suggest that TIK is a promising parenting program to improve Black parents' emotion coaching beliefs and positive parenting practices, which indicates the need for future research to investigate the effectiveness of TIK and other emotion-focused parenting programs with Black parents and assess the necessity of future cultural adaptations.

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## TABLE OF CONTENTS

LIST OF TABLES .....	viii
LIST OF FIGURES .....	ix
CHAPTER 1 INTRODUCTION .....	1
Importance of Evidence-Based Practice in Psychology .....	3
Parenting and Social-Emotional Development .....	5
Parental Meta-Emotion Philosophy .....	6
Group-Based Parenting Interventions .....	8
Tuning in to Kids .....	9
Pilot Studies .....	12
CHAPTER 2 LITERATURE REVIEW .....	15
Role of Parents in Children’s Emotion Socialization .....	15
Emotion Socialization in Black Families .....	19
Group-Based Parenting Programs .....	23
Emotion Coaching and Parenting Programs .....	23
Evaluating Treatment Success .....	28
Tuning in to Kids .....	29
Research Questions and Hypotheses .....	36
CHAPTER 3 METHODS .....	42
Researcher Positionality .....	42
Participants .....	43
Measures .....	44
Procedures .....	50
CHAPTER 4 RESULTS .....	55
Quantitative Results .....	55
Qualitative Results .....	59
CHAPTER 5 DISCUSSION .....	69
Treatment Engagement and Fidelity .....	69
Treatment Efficacy .....	75
Treatment Acceptability .....	80
Limitations .....	80
Implications for Research .....	82
Implications for Practice .....	83
Conclusion .....	84
REFERENCES .....	85
APPENDIX A TUNING IN TO KIDS PROGRAM FIDELITY CHECKLIST .....	100
APPENDIX B DIFFICULTIES IN EMOTION REGULATION SCALE .....	101
APPENDIX C PARENTAL EMOTION STYLE QUESTIONNAIRE .....	104
APPENDIX D COPING WITH CHILDREN’S NEGATIVE EMOTIONS SCALE .....	106
APPENDIX E TREATMENT EVALUATION QUESTIONNAIRE – PARENT FORM .....	114

APPENDIX F POST-INTERVENTION PARENT INTERVIEW ..... 117  
APPENDIX G RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM..... 118

## LIST OF TABLES

Table 1. Ten Steps in Intervention Research Trajectory adapted from Sheridan (2014) .....	13
Table 2. Study Characteristics, Outcomes, and Intervention Fidelity of Group-Based Tuning in to Kids.....	31
Table 3. Research Questions, Hypotheses, and Measures .....	40
Table 4. Demographics and Characteristics for Participants in the TIK and WLC Groups .....	46
Table 5. Tuning in to Kids Group-Facilitated Sessions .....	51
Table 6. Individual Parent-Reported Change Across Time by Variable .....	55
Table 7. Attendance and Percentages of Group Facilitator Fidelity Scores for the TIK Group...56	
Table 8. Baseline Comparisons and Interaction Effects Between Condition across Time Points on Parent Outcomes .....	60
Table 9. Baseline Comparisons and Interaction Effects Between Condition across Time Points on Children’s Social-Emotional Competence T-Scores .....	61
Table 10. Joint Display of Quantitative and Qualitative Results.....	71



## LIST OF FIGURES

Figure 1. Tripartite Model of the Impact of the Family on Children's Emotion Regulation and Adjustment (Morris et al., 2007). Used with written permission from the author. ....	4
Figure 2. Parental Meta-Emotion Philosophy Theoretical Framework adapted from Katz et al. (2012).....	8
Figure 3. Tuning in to Kids Theoretical Model adapted from Havighurst and Harley (2007).....	10
Figure 4. Addressing parents' needs and promoting parent-child well-being adapted from Kane et al. (2007). ....	24
Figure 5. Participant Enrollment and Allocation. ....	44

## CHAPTER 1

### INTRODUCTION

Emotion socialization is broadly defined as how parents and other caregivers teach their children to recognize, control, express, and/or suppress their emotions (Eisenberg, Cumberland, et al., 1998). Emotions are socialized to reflect the values of a given familial or cultural context, indicating that one model of emotion socialization does not fit all. Black parents, for example, may socialize their children differently than their non-Black peers as they also socialize their children to navigate systemic barriers, such as racism (Dunbar et al., 2015, 2022). Research indicates that Black parents appear to use both supportive (e.g., encouraging emotional expressiveness) and “unsupportive” (e.g., suppression of negative emotions) parenting practices interchangeably as an adaptive method to protect their children from negative social perceptions and as a way to manage negative emotions in a variety of contexts (Leerkes & Bailes, 2019; McLoyd et al., 2019; Nelson, Leerkes, et al., 2012; Nelson et al., 2013).

Social learning theory posits that children learn acceptable behaviors from parental modeling and observing others in their immediate environment (Bandura, 1971). Bandura’s theory suggests that, in general, humans develop patterns of behavior by directly observing others’ behaviors and through the rewards and consequences following their actions. One way to change children’s behaviors is to support parents in changing how they relate to their children and respond to their needs (Scott & Gardner, 2015). Several parenting programs are grounded in social learning theory and capitalize on improving parenting practices (e.g., Incredible Years and Triple P Positive Parenting Programs; Ryan et al., 2017; Sanders et al., 2000; Webster-Stratton, 2006). These programs have demonstrated significant improvements in parents’ practices in responding to their children’s behavior (Herman et al., 2011; Leijten et al., 2017; Ogg & Carlson, 2009) and, in turn, improved children’s problem behaviors (de Graaf et al., 2008; Posthumus et al., 2012; Sanders et al., 2007). Black parents are often included in these studies; however, much of the literature does not disaggregate results to show the impact across race and ethnicity.

In the broader emotion socialization research, unsupportive parenting practices include those that seek to minimize a child’s emotions or punish them for expressing negative emotions, such as anger or fear (Eisenberg, Cumberland, et al., 1998). However, for Black families, supportive and unsupportive parenting practices that may appear unsupportive to White families can be protective for Black families (Leerkes & Bailes, 2019). For example, in specific settings,

a Black parent may view expressions of negative emotion in public as unacceptable due to fears of being misinterpreted by peers or other members of the majority race (Nelson et al., 2012; 2013). Raval and Walker (2019) expanded on Eisenberg and colleagues' (1998) heuristic model of parental emotion socialization to highlight the importance of culture in understanding parenting values and practices across cultural groups. The expanded framework suggests that Black parents may use varying parenting practices concerning how others view the child (Raval & Walker, 2019). These parents may seek to protect their children from being mislabeled due to undeserved stereotypes of Black children (e.g., hyperactivity and high energy levels; Williams et al., 2017). When discussing emotion socialization in Black and African American families, one must consider the influence of culture on the value placed on emotional expression (McLoyd et al., 2019).

Dunbar and colleagues (2017) proposed a conceptual model that integrates racial/ethnic and emotion socialization specifically for African American families. They posit that racial/ethnic socialization and emotion socialization overlap in that Black families are often tasked with emotionally socializing their children within the context of preparing for bias to overcome racism. Findings in the emotion socialization literature identify unsupportive parenting practices as adversely impacting White children's emotion regulation and competence (e.g., Bocknek et al., 2009; Leerkes et al., 2015). However, those parenting practices do not have the same negative outcomes for Black children (Leerkes & Bailes, 2019). Specifically, Black parents who suppressed their children's negative emotions in preparation for racism and bias are associated with better outcomes for Black children (Dunbar et al., 2022).

In Black families, supportive and unsupportive parenting practices may not have the same meaning as in White families. In this sense, practices that may appear unsupportive to White families can be adaptive for Black families (Leerkes & Bailes, 2019). For example, a Black parent may view expressions of negative emotion in public as unacceptable due to fears of being misinterpreted by peers or other majority culture members (Nelson, Leerkes, et al., 2012; Nelson et al., 2013). Nelson and colleagues (2013) found that Black children who were socialized to express negative emotions were more likely to have poorer academic performance and social-emotional competence than their White peers. Parents may seek to protect their children from being mislabeled due to undeserved stereotypes of Black children (e.g., hyperactivity and high energy levels; Williams et al., 2017). Future research investigating

emotion socialization within Black samples should consider the cultural implications of the outcomes in interpreting results.

### **Importance of Evidence-Based Practice in Psychology**

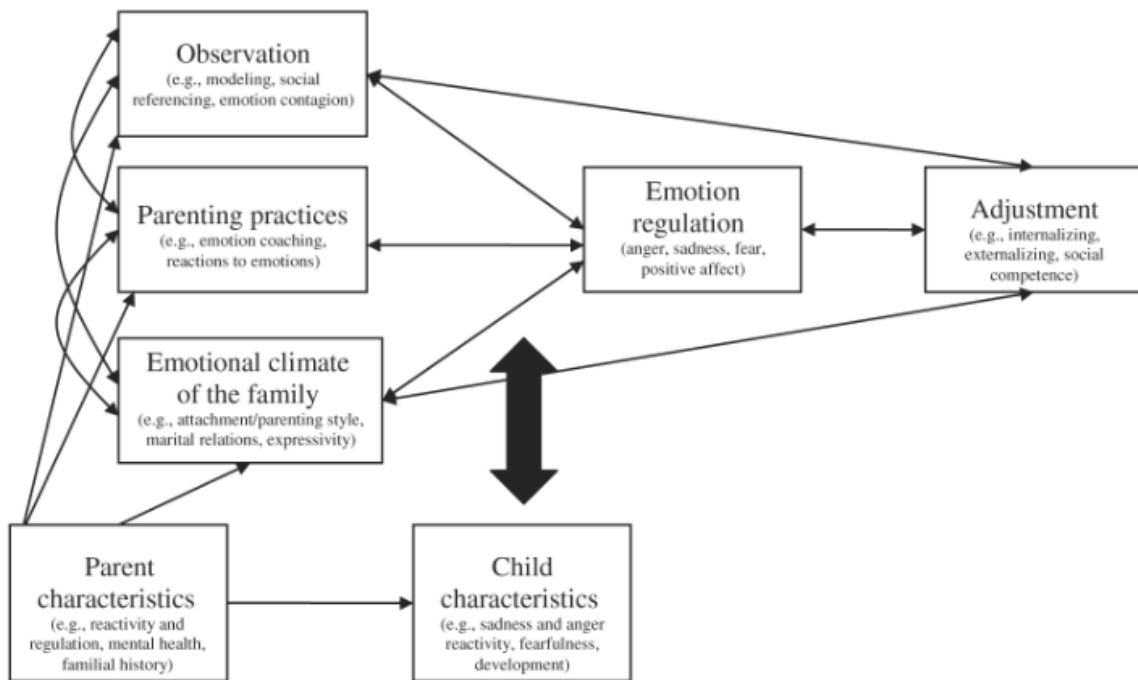
Few evidence-based interventions (EBIs) have examined parenting practices for Black families. The American Psychological Association (APA) Presidential Task Force on Evidence-Based Practice (2006) established that “evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (p. 273). By this definition, EBPPs should consider how interventions meet an individual’s personal needs and culture. However, emotion-focused interventions are conducted with predominantly White samples, suggesting the need to investigate the evidence to support using emotion-focused interventions for Black parents. While Black parents are often included in the larger samples, the results of these intervention studies are not disaggregated by race or ethnic group, limiting the ability to examine the effectiveness of EBPPs for Black families.

One source that provides information for evidence-based interventions is the What Works Clearinghouse (WWC). WWC is known for providing information on interventions that meet strict standards for behavioral interventions. Graves and colleagues (2021) examined the literature to see how many behavioral interventions that meet WWC standards include Black children in their sample. The study indicated that 16 behavioral interventions met WWC Standards With and Without Reservations; however, only three studies included more than 85% of Black children in their sample. Of those three studies, none were designed with culture in mind. The remaining studies either did not include Black children ( $n = 4$ ) or did not indicate the children’s race or ethnicity ( $n = 15$ ; Graves et al., 2021). Additionally, another study found that only 49.1% of studies reported the race/ethnicity of the participating children (Steed & Kranski, 2020). These findings together support the need for further examination of interventions for Black children and their families. Intervention research should investigate differential outcomes related to race.

One EBI model used in psychology is the Tripartite Model. Morris and colleagues (2007) presented a Tripartite Model that introduces the familial impact of children’s emotion regulation and adjustment. The model emphasizes how children’s emotion regulation is impacted by observing and modeling those in their environment, parenting practices, and parenting styles (see

Figure 1). Children understand how certain situations can evoke emotions early and observe how they should react in similar situations (Denham et al., 1997). For example, research with predominantly White samples has shown that negative parenting practices (e.g., dismissing, punitive reactions) are associated with greater reports of children’s conduct behavior problems (Duncombe et al., 2016; Eisenberg, Cumberland, et al., 1998; Posthumus et al., 2012; Webster-Stratton & Hammond, 1998).

Figure 1. Tripartite Model of the Impact of the Family on Children's Emotion Regulation and Adjustment (Morris et al., 2007). Used with written permission from the author.



Interventions that support Black parents focus on various issues, including promoting social competence (e.g., Incredible Years; Reid et al., 2001), reducing conduct behaviors (e.g., Triple P; Garcia et al., 2018), and supporting racial socialization (e.g., EMBRace; Anderson et al., 2019). A mixed-methods study of Triple P (i.e., Positive Parenting Program) examined parents’ changing attitudes to spanking after exposure to the program (Criss et al., 2021). Qualitative results indicated that some Black parents reconsidered using spanking as discipline after completing Triple P. In the future, they would try to work through a problem with their child before resorting to spanking (Criss et al., 2021). While the Triple P program does not directly address spanking or physical punishment, it does emphasize positive alternative strategies parents can use. These findings suggest that parenting programs are effective when

teaching acceptable behaviors rather than dissuading practices perceived as negative (e.g., suppressing negative emotions and behaviors). Interventions similar to Triple P can effectively educate parents with alternative parenting practices to support their children's development (Criss et al., 2021).

### **Parenting and Social-Emotional Development**

Parents are a child's first teacher in establishing a child's emotional competence (Denham et al., 2015). Emotional competence refers to how we recognize, understand, and manage a wide range of our emotions, and children can demonstrate this process as young as preschool (Halberstadt et al., 2001). Children who successfully display prosocial behaviors (e.g., turn-taking, sharing, empathy) are likelier to experience peer acceptance and have higher-quality relationships (Sheridan et al., 2019). Additionally, establishing the foundation of these prosocial behaviors and skills can significantly improve school readiness and positive outcomes later in life (Denham, 2006; Kılıç, 2015; Raver, 2002). Much of the seminal research examining parenting and children's social-emotional development was conducted with primarily White samples. It did not initially consider how the context of race and ethnicity could influence why parents engaged with their children's emotion socialization.

Parents provide the initial support children need to create a safe and caring environment to learn social behaviors (Delahooke, 2017). As children grow within their home environment, parents foster a sense of resilience in the home that solidifies the parent as a secure base (e.g., Ainsworth, 1989). They can potentially buffer against their child's stress (Delahooke, 2017). As parents help their children develop these skills, they also undergo a crucial aspect of emotion regulation. Parents' emotion regulation is linked to emotion socialization practices in that they are direct models of emotion-related behavior (e.g., Hajal & Paley, 2020). Emotion socialization theory posits that children's emotional competence is directly related to their parent's ability to regulate their emotions (Eisenberg, Cumberland, et al., 1998). Parents who struggle with emotionality may be unaware of their emotions and thus cannot always respond to their children's negative emotions in a supportive way (e.g., Halberstadt et al., 2001). Research in a predominantly Black sample demonstrated that parents who struggle with emotion dysregulation are more likely to invalidate their children's emotional expression, which is associated with increased internalizing and externalizing symptoms in adolescent children (Buckholdt et al., 2014).

Emotions can be linked to certain parenting styles and behaviors. For example, a comprehensive review of maternal emotion, cognitive control, and parenting demonstrated that high emotional and cognitive control levels were positively associated with positive parenting (i.e., warmth, consistency) and low levels of harsh parenting practices (Crandall et al., 2015). Thus, it is vital to consider parental emotion regulation and its impact on parenting practices and beliefs. While these data are helpful in understanding how parents support children's social-emotional development, much of the research in these areas includes small subsamples of Black parents and caregivers (e.g., 4.5% Black parent-child dyads; Sheridan et al., 2019). Recent literature emphasizes how studies including Black families often replicate some of the findings in the broader emotion socialization research; however, there are unique differences for Black parents where beliefs of emotion expression are complicated by the historical and current realities of oppression and safety (Hajal & Paley, 2020; Labella, 2018).

### **Parental Meta-Emotion Philosophy**

Gottman and colleagues (1996) developed the *parental meta-emotion philosophy* (PMEP), which indicates when parents:

(a) said that they were aware of low-intensity emotions in themselves and in their children; (b) viewed the child's negative emotion as an opportunity for intimacy or teaching; (c) validated their child's emotion; (d) assisted the child in verbally labeling the child's emotions; and (e) problem solved with the child, setting behavioral limits, and discussing goals and strategies for dealing with the situation that led to the negative emotion (Gottman et al., 1996, p. 244).

This meta-emotion framework is a parenting style suggesting that parents' beliefs and values of emotion influence their emotion socialization practices, which are subsequently guided by their abilities to regulate and express emotions (Gottman et al., 1996; Katz et al., 2012). The PMEP provides a foundational framework for this research, integrating parents' beliefs of emotions and their impact on children's emotional competence and understanding.

Gottman's PMEP provides the basis for emotion coaching (EC) – a parenting philosophy used to support children's relationships with adults and improve their social-emotional difficulties (Gottman et al., 1997; Gus et al., 2015). Gottman and colleagues (1997) outlined five components of EC that support children's emotional intelligence: (1) Being aware of children's emotions, (2) Recognizing emotion as an opportunity for intimacy and teaching, (3) Listening emphatically and validating the child's feelings, (4) Helping the child label the emotions, and (5)

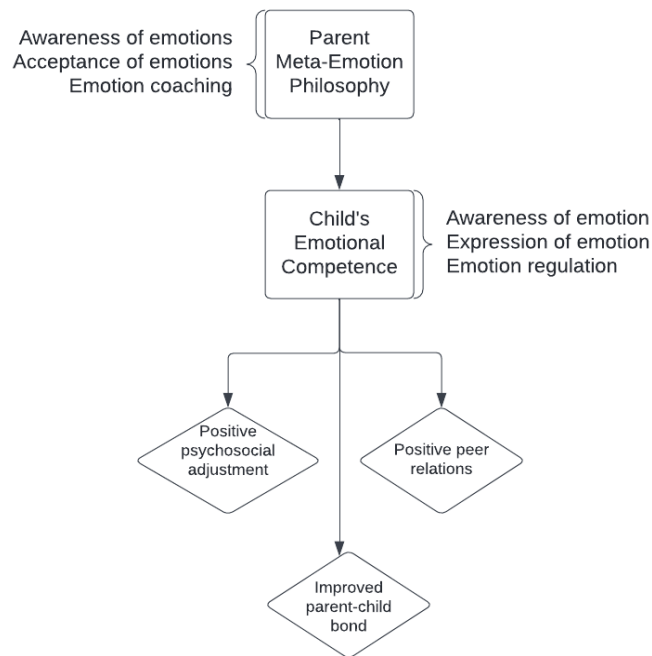
Setting limits while helping the child problem-solve. Black parents consistently support overtly expressing positive and negative emotions (Dunbar et al., 2015; McLoyd et al., 2019), suggesting a potential strength in being aware of children's emotions and helping them verbally label emotions. Overall, Black parents who employ an EC style report reduced internalizing symptoms in their children between the ages of seven and nine (Bowie et al., 2013). Crandall and colleagues (2015) found a negative correlation between African American mothers' EC and their children's anxiety symptoms, differing from European American mothers whose self-reported EC was positively correlated with their children's anxiety symptoms.

Research in recent years has begun to focus on the positive effects of EC styles on young children's emotional development with great success in predominantly White samples (Dunsmore et al., 2013; Wu et al., 2019). Evidence suggests that the effects of EC support the idea that preschoolers in high-risk environments benefit more from EC than peers in environments of less risk (Ellis et al., 2014; Wu et al., 2019). Integrating the PMEP framework with EC strategies can influence children's emotional awareness, expression, and regulation, profoundly impacting a child's future developmental trajectory (see Figure 2; Katz et al., 2012). This framework sets the stage for parents' impact on children's emotion socialization; however, it does not consider additional barriers Black parents may face to develop the awareness and acceptance necessary to increase their ability to coach children through emotion dysregulation.

The contrast to EC is the concept of emotion dismissing (ED). Parents who exhibit ED behaviors believe that a child's response to anger, fear, or sadness is harmful to the child and should be managed by the parent as quickly as possible so as not to cause further harm. ED practices and beliefs are often considered detrimental and unsupportive (e.g., Shaffer et al., 2012, 2019); however, Black parents can interpret them as adaptive within various contexts (e.g., teaching about racial bias; Labella, 2018). These sociocultural distinctions are essential in interpreting parent and child outcomes within parenting literature. Dismissive parenting should not be viewed solely as an unsupportive parenting practice without understanding the context of the practice.



Figure 2. Parental Meta-Emotion Philosophy Theoretical Framework adapted from Katz et al. (2012).



While EC parenting programs have demonstrated effectiveness in promoting positive parenting practices (e.g., Dunsmore et al., 2013; Wilson et al., 2014) and reducing conduct behavior problems of young children (e.g., Chronis-Tuscano et al., 2016; Porzig-Drummond et al., 2014), limited research has examined how these programs affect children’s emotional competence and change parents’ self-reported emotion regulation processes. Additionally, the EC literature heavily focuses on programs with group-based interventions (e.g., Salmon et al., 2014). Group-based parenting programs provide an active and robust means to deliver intervention content by giving direct instruction, using peer models within role-playing, and allowing the opportunity to discuss concepts with trained facilitators and peers.

**Group-Based Parenting Interventions**

Group-based interventions deliver EBIs and training to several individuals simultaneously, making them more time-effective and efficient for mental health professionals (Taylor et al., 2008). Group interventions can remove the stigma of receiving “therapy,” especially for individuals from groups that associate shame with seeking mental health services (e.g., Black families; Planey et al., 2019). Black youth and their families underutilize mental health services, with approximately 76.5% of Black children not accessing them when needed (Kataoka et al., 2002).

Parents have rated greater satisfaction, translation of techniques to the real world, and usefulness with group-based interventions compared to individually delivered interventions (Webster-Stratton et al., 1988, 1989). Additionally, group-based programming allows participants to ask questions, use peer support within the group, and use step-by-step instruction to learn new skills (Wymbs et al., 2016). Research has shown how group-based parenting programs are beneficial to improving outcomes for parents of children of all ages.

Parents trying to manage more severe behavioral challenges may also benefit from additional clinical services (Ruma et al., 1996). Rotheram-Borus and colleagues (2012) discuss how group-based training can, unfortunately, lead to the inaccessibility of services due to restrictive scheduling demands and the need for one or more certified professionals to lead regular groups. Questions of feasibility remain and are essential to measure when instituting innovative parent training programs, especially when implemented with parents not appropriately represented within intervention studies.

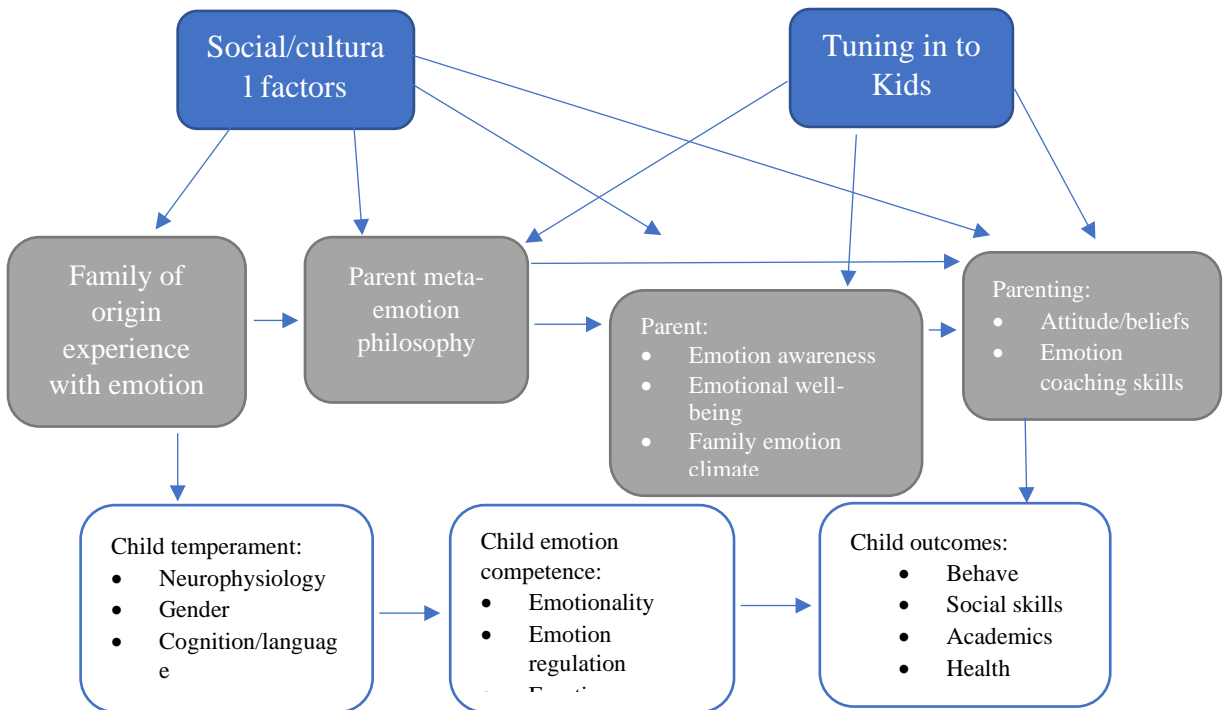
While group-based parenting programs are highly effective in engaging parents in supporting their children's behavioral and social needs (Wymbs et al., 2016), the emergence of the COVID-19 pandemic has placed a spotlight on the need to address barriers to seeking in-person, group-based programming. Telehealth tools and interventions allow families to access services that reduce barriers, such as restrictions related to COVID-19 or issues with transportation (Chi & Demiris, 2015). In light of the current pandemic, there is an opportunity to examine the feasibility of evidence-based group programs delivered in virtual formats using videoconferencing to facilitate content. Providing parenting programs via videoconferencing allows parents to continue seeking support from others with similar concerns in a way that was paused during the COVID-19 lockdowns and restrictions (Cook et al., 2021).

### **Tuning in to Kids**

Tuning in to Kids (TIK; Havighurst & Harley, 2007) is an emotion-focused intervention that employs EC strategies and techniques offered in group-based settings or as an online, self-guided intervention, Tuning in to Kids Online (TIKOL). TIK aims to provide parents with tools and strategies to help their children learn to regulate and manage various emotions (e.g., anger, sadness) and situations (e.g., sibling conflict), promoting the use of the PMEP framework. The TIK program is delivered in a group format with certified facilitators. Several clinical and community trials have examined parent (e.g., changes in parenting practices) and child outcomes

(e.g., emotional competence, conduct problems, anxiety). Havighurst and Harley (2007) acknowledge that parents often use these skills when interacting with other adults but recognize that they are less likely to use them instinctually with young children. The theoretical basis for TIK suggests that children can “develop their capacity to think about emotional experiences and regulate their responses when their parents attend to low/moderate intensely difficult emotions and support, soothe and help them to learn about and regulate emotions” (p. 9; see Figure 3; Havighurst & Harley, 2007).

Figure 3. Tuning in to Kids Theoretical Model adapted from Havighurst and Harley (2007).



One of the greatest strengths of TIK is the focus on parents’ development. Each session focuses on parents reflecting on various emotions, including anger, sadness, and fear. Parents are prompted to consider how they were socialized, the messages they were taught about each emotion, and how those messages may have contributed to their parenting practices (Havighurst & Harley, 2007). This key component of the parenting program differs from other programs that immediately discuss how to alter children’s behaviors and help them improve emotional competence. TIK is primarily parent-focused, asking parents to reflect on their beliefs about emotions, which positions the program to work well with Black families. As Dunbar and colleagues (2017) emphasized in their integrative model of racial/ethnic and emotion

socialization, Black parents may integrate intergenerational parenting practices that align with their parents' values and the realities of oppression their children may face. In this respect, TIK allows for more reflection and discussion among parents to engage in more critical thinking around their parenting beliefs and practices while learning alternative ways to respond to children's emotions.

The program has demonstrated effectiveness in increasing parents' self-reported EC beliefs and positive parenting practices (e.g., Bjørk et al., 2022; Havighurst et al., 2019; Wilson et al., 2014), as well as reductions of children's anxiety symptoms (Edrissi et al., 2019), conduct behaviors (e.g., Havighurst et al., 2015, 2019), and children's emotional competence (Havighurst et al., 2009). Fathers in Australia exposed to TIK have also reported greater satisfaction and self-efficacy in their parenting (Wilson et al., 2014). The research supporting TIK has shown great effectiveness in changing parent and child outcomes; however, most of the research has been conducted with parents from Australia, with a few examining changes for children in Iran (Aghaie Meybodi et al., 2019; Edrissi et al., 2019) and China (Chan et al., 2021; Qiu & Shum, 2022). No published studies examine TIK's effectiveness within a Black and U.S.-based sample.

A randomized controlled efficacy trial of TIK with Australian fathers of preschoolers ( $N = 162$ ) examined how the intervention taught fathers to shape children's emotional competence and improve awareness and regulation of their emotions (Havighurst et al., 2019). Fathers in the intervention condition displayed more significant gains in self-reported empathy and expressive encouragement than control fathers six months after the intervention ended. They also reported fewer emotional and behavioral difficulties in their children than control fathers, indicating that changes in parenting from TIK were associated with improvements in children's psychosocial adjustment. Teachers of children in the intervention condition also reported lower emotional and behavioral difficulties after six months, showing that gains made following the intervention were sustained after six months without the intervention (Havighurst et al., 2019). In much of the early TIK literature, the authors did not consistently report the parents' racial or ethnic background, often opting to report on the parents' country of origin or birth. In the results, these differing backgrounds were not factored into the analyses to examine differences across ethnicity or country of origin.

Additional studies have examined variations of TIK in rural (Hernandez et al., 2020) and low-income communities (Williams & Carlson, 2023) in the United States (U.S.). Hernandez and

colleagues (2020) conducted a qualitative study investigating the program's implementation within a rural Appalachian community in the U.S. They found that some parents initially questioned how TIK aligned with their original parenting philosophies at study entry. Those parents also indicated that completing the program helped them reframe some parenting beliefs and were willing to adopt many of the strategies from the training (Hernandez et al., 2020). A second pilot study examined parent and child outcomes of the online adaptation, TIKOL, in a sample of low-income Head Start parents (8 White parents and 1 Black parent; Williams & Carlson, 2023). Of the sample, Parent outcomes indicated improved self-reported EC beliefs and reduced distressing reactions to their child's negative emotions. TIKOL did not successfully reduce ED beliefs in parents, suggesting that examining ED beliefs and practices may be difficult when parenting programs are self-guided without the opportunity to discuss how it may or may not align with parents' beliefs. Given the limited information and research on the impact of TIK in the U.S., additional research should evaluate these programs' fidelity, effectiveness, and acceptability with a more diverse sample.

Bowen and colleagues (2009) discuss the importance of assessing how well a treatment can be used for different demographic subgroups, including assessing acceptability and retaining efficacy (e.g., the ability to provide the intended result). These two points align with the current study implementation to determine if the TIK content is acceptable for a new demographic subsample (i.e., Black, U.S.-based parents) and if the intended effects of changing parenting behaviors and beliefs within this new sample. Bowen and colleagues (2009) recommend conducting a pre-post, small-scale, randomized-controlled trial (RCT) to help further support the use of this intervention in heterogeneous parent samples.

### **Pilot Studies**

Small pilot studies prepare more extensive research to examine protocols, data measurements, and recruitment strategies (see Hassan et al., 2006). They are necessary for developing and testing interventions within applied settings. Sheridan (2014) recommends a ten-step process in the intervention research trajectory (see Table 1). After identifying an issue (e.g., changing parental emotion socialization practices) and potential strategies to address the issue (i.e., EC skills), Sheridan (2014) emphasizes the need to examine an intervention to assess the feasibility of carrying out the program in a particular setting. The TIK program has been piloted and examined in several contexts; however, the program's research within the U.S. is limited to

one qualitative study (Hernandez et al., 2020) and a small pilot of TIKOL (Williams & Carlson, 2023). Further research is needed to explore the intervention with a different sample of participants.

Table 1. Ten Steps in Intervention Research Trajectory adapted from Sheridan (2014)

Step	Description
1	Identify an issue or problem
2	Create strategies
3	Pilot/assess feasibility
4	Evaluate with intensity/precision; small sample
5	Replicate and extend with a new sample, problem, context
6	Develop theory
7	Test on a larger scale
8	Assess mechanisms of change (theory)
9	Investigate influential contextual/situation variables
10	Test effectiveness on large scale

Within the literature, only one study has examined the use of TIK within a U.S.-based sample (Hernandez et al., 2020), demonstrating the need to explore further parent and child outcomes, acceptability, and overall feasibility for parents in the U.S., especially within a minoritized and underrepresented population. Kazdin (2021) emphasizes the importance of examining an intervention’s efficacy (i.e., the impact of an intervention under controlled conditions) in pilot research before examining its effectiveness (i.e., the extent to which treatment works in a clinical setting under normal circumstances). Randomization within an efficacy trial can help to rule out internal threats to validity and reduce the chance of observing changes in characteristically different groups (APA, 2002). To that end, a small-scale pilot study following Sheridan’s (2014) and Bowen’s (2009) recommendations to conduct a pilot study assessing TIK's fidelity, acceptability, and effectiveness for Black parents is appropriate and needed in the literature.

### **The Current Study**

This study examined preliminary outcomes of parent engagement, treatment efficacy, and acceptability of Tuning in to Kids delivered virtually using a videoconferencing platform. This

pre-post pilot RCT employed a sequential-explanatory design to explore quantitative changes in the parent (e.g., parenting practices, emotion regulation) and child (e.g., social-emotional competence) outcomes after exposure to the intervention. Rather than adapting the intervention, qualitative data explored parent perceptions of the intervention and its alignment with parent values. This study supports ongoing efforts to incorporate culturally responsive adaptations in future research. Pilot studies examine research protocols and experimental methods in preparation for a large-scale main trial (Hassan et al., 2006; In, 2017). The study contributes to the literature in three ways. It extends the current TIK literature by (a) examining the impact of this emotion-focused intervention within a small sample ( $N = 21$ ) of U.S.-based Black parents, (b) comparing the effects of TIK with a waitlist control group (WLC), and (c) collecting qualitative evidence of this sample of Black parents' experiences receiving the intervention. Qualitative interviews explored Black parents' perceptions of the program's alignment with their parenting philosophies. Parents were randomly assigned to receive the trained facilitator TIK or a WLC group. This study also employed a mixed methods design to extend the current emotion socialization intervention literature to a diverse population.

## CHAPTER 2

### LITERATURE REVIEW

Social-emotional research has focused on how most children are socialized; however, many of these studies focused on the experiences and outcomes of White families (e.g., Graves et al., 2021; McLoyd, 1990; Steed & Kranski, 2020). The proposed study explores a variety of outcomes associated with an emotion-focused intervention to promote supportive parenting practices for Black parents and caregivers. This literature review addresses (a) the role of parents in promoting and developing children's emotion socialization skills, (b) literature examining different interpretations of Black parents' emotion socialization practices, (c) the benefits of group-based parenting programs, (d) the utility of emotion-focused interventions in promoting emotional competence in young children, (e) components to evaluate treatment success, (f) Tuning in to Kids (TIK) program and research, and (g) research questions and hypotheses. These sections, in combination, provide the support and rationale for this specific study and the contribution that its findings have on the current emotion socialization and TIK literature base.

#### **Role of Parents in Children's Emotion Socialization**

As a child's first teacher, parents play an integral role in their children's social-emotional development. Children learn about their emotions from observing the people around them from infancy through adulthood (Denham et al., 2015). Parents do not always consciously focus on the impact of their emotion socialization practices (e.g., encouraging outward expressions of emotion); however, their actions shape how children develop and interact with their environments (Denham et al., 2015; Eisenberg, Spinrad, et al., 1998).

#### ***Familial Impact of Children's Emotion Regulation***

Research has demonstrated how unsupportive parenting practices adversely impact young children's emotion regulation and other internalizing and externalizing symptoms (Breux et al., 2022; England-Mason & Gonzalez, 2020; Havighurst & Kehoe, 2017; Silk et al., 2006). Morris et al. (2017) reviewed the literature examining the association between parenting influence (i.e., practices and parent-child relationships) and children's emotion regulation. Their review highlighted how positive parental affect in the home and emotional support could positively influence and promote behaviors in children reflecting adaptive emotion regulation skills. They also discuss how parental emotion regulation is associated with responsive parenting, suggesting that improvements in parents' emotion regulation can make parents more responsive to



children's emotions (Crandall et al., 2015; Morris et al., 2017). Morris and colleagues' (2017) review did not account for or highlight the impact of racial or cultural differences.

Garner (2006) examined how parenting variables (i.e., social approval, reward, praise of child) and emotion socialization practices (e.g., comforting the child, matching emotion, distracting) by African American mothers were associated with children's observed prosocial behaviors. In a sample of 70 African American preschoolers and their mothers, prosocial-related behaviors were predictive of children's constructive emotion regulation. Additionally, the study demonstrated that mothers who matched their child's emotions had superior skills in interpreting their children's emotional cues and were more likely to be positively responsive (Garner, 2006).

### ***Parental Emotion Regulation***

Research suggests that a parent's ability to regulate and effectively express emotions is associated with emotion understanding in children (Bariola et al., 2011). Dix (1991), for example, examined how parents' poor awareness of their emotions can negatively impact parenting outcomes. Child outcomes are not as unfavorable if parents are unaware of how their reactions and emotions directly impact their children (Dix, 1991).

Several studies have been conducted to understand the link between parental emotion regulation (and expression) and children's emotional competence. Morris et al. (2007) suggest that a child's exposure to a wide range of emotions and emotion regulation strategies will give way to a child's greater knowledge of appropriate and effective ways to regulate their emotions in the future. Bariola and colleagues (2011) reviewed the literature to examine parent and child social functioning with emotion regulation and expression. Their review examined 29 studies that directly investigated parental and child emotion regulation. Within those 29 studies, only two explored parental emotion regulation's impact on children's (aged 4-7 years) emotion regulation (Garber et al., 1991; Silk et al., 2006). Silk et al. (2006) found that children with depressed mothers were more likely to use "maladaptive" emotion regulation strategies (i.e., passively waiting for attention) than children without depressed mothers (27% Black) when induced with stress. Garber and colleagues (1991) presented mothers and children with vignettes to induce sadness and asked them to report which strategies they would use in the presented situations. Depressed mothers and their children (aged 8-13 years) reported using poorer emotion regulation strategies than non-depressed mothers and their children. These two studies point to a significant gap in the literature, suggesting that more research should investigate the association

between parental and child emotion regulation. While Bariola and colleagues (2011) examined 29 studies connecting parental emotion regulation to children's competence, the racial makeup of the included studies is unclear, limiting our ability to understand the impact of parental emotion regulation in Black families.

### ***Parenting Practices***

An examination of inconsistent parenting highlights its relationship to children's maladjustment (Mirabile, 2014). Mirabile (2014) found that parents (12.3% African American) generally are consistent in their socialization practices, presenting a unique opportunity to present parents with beneficial skills to use in everyday interactions with children. One exception was the positive association between negatively expressive parents and their punitive responses to children's negative emotions. This finding suggests that emotionally negative parents may be more likely to respond negatively to their children's negative emotions, providing a rationale to support programming to support parents' positive emotionality (Eisenberg et al., 2001; Mirabile, 2014). The lack of disaggregated data hinders the interpretation from understanding the experiences of 12.3% of African American parents.

Zinsser and colleagues (2021) examined emotion-focused parenting practices and their relation to children's emotional skills. In a meta-analysis of 24 articles, Zinsser et al. (2021) separated their analyses by the measures of emotion-related practices (i.e., modeling, responding, and instructing about emotions) and children's emotion skills (i.e., emotion knowledge, emotion expression, and emotion regulation). The studies demonstrated that parental instruction of emotions was associated with children's emotion knowledge, followed by the link between parents' responses to emotions and children's emotion knowledge. While these findings were significant, they produced small effects, suggesting an opportunity to strengthen the measurement of emotion socialization. The meta-analysis findings are essential for future research in parental emotion socialization in providing an overview of the relationship between parents' direct teaching of emotion and children's subsequent emotion skills. However, it is unclear how generalizable the findings are to minoritized populations, as the authors provided racial demographic data with the percentage of White participants in each study (ranging from 5-100%; Zinsser et al., 2021).

Zimmer-Gembeck and colleagues (2022) conducted a more recent meta-analytic review of 53 studies examining the association of parental emotion regulation with parenting behavior

and children's emotion regulation and behavior. Within the 53 studies, 12 meta-analyses were conducted to summarize parent emotion regulation with parenting behaviors and child outcomes in emotion regulation and behavior (i.e., internalizing and externalizing). One finding focused on parent difficulties with emotion regulation and positive and negative parenting behaviors. Zimmer-Gembeck and colleagues (2022) found a significant summary effect size ( $r = .18$ ) between parents' emotion regulation skills and positive parenting behaviors (e.g., cognitive reappraisal) and a significant effect size ( $r = -.15$ ) with negative parenting behaviors (e.g., minimizing reactions). These separate meta-analyses indicate that parents with more emotion regulation skills were more likely to use positive parenting practices and less likely to use negative ones. The meta-analyses also indicated the inverse. Parents reporting greater difficulties with emotion regulation were lower in positive parenting practices ( $r = -.16$ ) and higher in negative parenting practices ( $r = .30$ ; Zimmer-Gembeck et al., 2022). The meta-analyses suggest that the included articles from the U.S. represented a wide range of families from diverse sociocultural backgrounds; however, approximately 36% of the included articles had primarily White participants without disaggregated results by race/ethnicity (Zimmer-Gembeck et al., 2022), making it challenging to decipher invariance across racial or ethnic groups.

### ***Impact on Child Outcomes***

Zimmer-Gembeck and colleagues' (2022) meta-analyses also included relations between parental emotion regulation and measures of child adjustment. Four of the 53 studies demonstrated that parents with higher emotion regulation skills had children with fewer internalizing symptoms ( $r = -.19$ ) and externalizing behaviors ( $r = -.06$ ; from five studies). Ten studies investigated the association between parental and child emotion regulation, and six studies measured children's difficulties with emotion regulation. Parents with better emotion regulation skills had children with higher regulatory skills ( $r = .21$ ); however, there was no association of parental emotion regulation with children's difficulties with emotion regulation. The inverse showed that parents experiencing difficulties with emotion regulation were associated with children having more internalizing symptoms ( $r = .22$ ), especially for preschool-aged children (age 2 – 6;  $r = .39$ ) compared to older children and adolescents (6 years and older;  $r = .22$ ). Unsurprisingly, parental difficulties with emotion regulation were also associated with children having more externalizing behaviors ( $r = .18$ ) and poor emotion regulation skills ( $r = -$

.17). These findings support the need for a greater focus on improving parental emotion regulation to improve child outcomes (Zimmer-Gembeck et al., 2022).

### **Emotion Socialization in Black Families**

Much of the literature on children's social-emotional development has focused on the experiences and outcomes of White families (e.g., McLoyd, 1990). Specifically, many intervention studies have predominantly White samples and often do not disaggregate the results, making it difficult to understand the impact on non-White families. When discussing emotion socialization in Black and African American families, one must consider the influence of culture on the value placed on emotional expression (McLoyd et al., 2019). Black families may socialize their children's emotions in preparation for racial discrimination and bias they experience. In that regard, Black parents are more likely to minimize outward displays of negative emotions than their White counterparts (Nelson, Leerkes, et al., 2012).

In 2015, Dunbar and colleagues examined how racial and emotion socialization profiles determined young adults' emotional adaptation. In a sample of African American young adults (70% women), they found that mothers who demonstrated cultural-supportive (i.e., supportive responses to negative emotions and high culturally specific socialization) or moderate bias preparation (i.e., moderate levels of culturally specific socialization) profiles had children with lower levels of depression in young adulthood. While this sample is not within an early childhood context, these results show how important parental socialization of emotions and preparation for bias and culture values can positively impact Black children later in life.

Dunbar and colleagues (2022) also specifically examined the impact of Black parents' suppression of children's negative emotions paired with intentional preparation for bias (i.e., racial socialization) on children's physiological reactions, internalizing, and externalizing problems for five and six-year-olds. The research supports Dunbar and colleagues' (2017) integrative model, which proposed that Black parents' negative emotion suppression can be used to prepare children for racial bias. Children in the 2022 study exhibited reduced internalizing symptoms when parents paired suppression of negative emotions with preparation for bias. However, children whose parents only suppressed their negative emotions without the context of preparing for racial bias demonstrated increased externalizing behaviors (Dunbar et al., 2022). These data indicate the positive effects of the intersection of emotion socialization and racial socialization for Black parents and their children.

### ***Parental Beliefs of Emotion***

While some Black parents may ignore or dismiss some of their children's negative emotions, research has indicated that Black children are less likely to view dismissive parenting practices as harmful than their White peers (Brophy-Herb et al., 2016; Leerkes et al., 2014). Additionally, research has shown that African Americans' outward encouragement of emotional expression is negatively associated with children's academic success (Nelson et al., 2013), potentially indicating how Black parents may need to adapt their parenting practices according to what would be appropriate in a given context. Black mothers are less likely to provide supportive responses to their child's negative emotions because they do not believe that they are acceptable for their children (ages 3 to 5 years) and will be subject to adverse consequences in public settings, especially for boys (e.g., at school; Nelson et al., 2012). Emotion socialization research should consider findings within the family's context of the complexities of rearing Black children, including managing the perceptions of others' reactions to their emotions and behaviors.

### ***Emotion Regulation and Coaching as Predictors of Children's Internalizing Symptoms***

Bowie and colleagues (2013) examined how parents' understanding of their emotion regulation patterns influences how they socialize their children's emotions. The researchers provide a framework that acknowledges how most research in the area was conducted with European American families. Bowie et al. (2013) asked parents ( $N = 99$ ) from three cultural groups – African American, European American, and Multiracial – to reflect retrospectively to understand how their upbringing influences current parenting practices (e.g., "*What was your experience of sadness when you were growing up?*" and "*What do you think you are trying to teach your child about anger?*"). In this study with parents and young children (aged 7 to 9), the researchers found that African American mothers who endorsed higher anger coaching (i.e., working through angry emotions) reported lower anxiety ( $r = -.33$ ) and fewer depressive ( $r = -.49$ ) symptoms in their children. In this study, Bowie and colleagues (2013) identified the importance of EC in reducing symptoms of anxiety and depression in African American mothers and their children. The researchers acknowledged the need for African American mothers to provide their children with techniques to help calm themselves when faced with emotional provocation in public settings.

### ***Implications of Parental Emotion Dysregulation***

Lugo-Candelas and colleagues (2016) examined parental emotion socialization and mental health in undergraduate young adults (22.4% African American/Black; i.e., "emerging adults") by collecting retrospective data to report how their parents responded to negative affect. The researchers found that reported practices by fathers did not differ across ethnic groups; however, practices by mothers differed across the four ethnic groups. Specifically, unsupportive practices (e.g., distressing and dismissing reactions) from mothers were associated with higher levels of mental health symptoms (e.g., anxiety, stress) for both Black ( $b = 1.50$ ) and White ( $b = 1.78$ ) emerging adults. This data supports the need to examine EC in early childhood, as they directly affect adulthood.

Labella (2018) explored empirical research on parental emotion socialization in Black families. Overall, they discovered that the celebration and restriction of children's emotions coincide closely with Black families, which differs from White, middle-class samples. The picture painted in this systematic review provides a complex picture of how racial socialization and differing beliefs around emotion influence parenting practices. Many of the included studies presented results relevant to socialization in early childhood. Some studies indicated that emotion talk was more prevalent in infancy (e.g., Garrett-Peters et al., 2011) and that suppressive responses to emotion were more prominent for elementary-age children (e.g., Nelson et al., 2012), suggesting that more research is needed to examine the role of emotion socialization for ages two to six. Additional intervention research on emotion socialization practices in early childhood within Black families is needed to understand how clinicians and mental health professionals can support families.

### ***Groups Supporting Black Parents***

One method of supporting Black families in nurturing their children's social-emotional competence is group-based parenting programs. The Mommy and Me Play Intervention is a strengths-based program to support preschoolers' social-emotional competence through play with their mothers (Wright, 2015). In a sample of predominantly African American mothers (95%) enrolled in Head Start programs, the researcher examined the play intervention's impact on children's social-emotional competence and mother-child interactions. Mothers were paired with a mother-child dyad (i.e., two mothers and two children) in a structured play group, where each parent was assigned to either the Helper or Helpee group. Helpers were those with higher

skills in pre-intervention, and Helpees were less skilled in pre-intervention. Mothers were not aware of their assigned condition during the study. Mother-child dyads were instructed to “Help your children play together and see what you can learn from watching and playing with each other.” Following the intervention, Wright (2015) and their research team observed that mothers assigned to the Helpees group demonstrated positive changes in responsiveness and warmth toward their child. Overall, Helpees (i.e., less-skilled mothers at baseline) made the most significant gains after the intervention, suggesting the benefit of a collaborative peer model.

Additionally, children with Helpee mothers demonstrated greater improvements in ratings of anger, aggression, and overall prosocial behaviors (Wright, 2015). Teachers reported that children’s social competence improved following participation in the program. Child outcomes of reduced anger and aggression were impacted by the participating Helper mothers’ ability to serve as positive models to their peers. The results of this study support the need for community-based interventions to support children’s social-emotional development and parents’ parenting skills. These data also contribute to the literature on the benefits of social support and peer models in group programs (Wright, 2015).

Another program developed to support Black parents and their children is the Black Parenting Strengths and Strategies (BPSS) Program (Coard et al., 2007). BPSS was adapted from the Parenting the Strong-Willed Child (PSWC; Forehand & Long, 2002), an evidence-based intervention developed to improve parent-child relationships, teach parents behavior management, and improve children’s behaviors. BPSS uses culturally specific content related to racial socialization and the core of the PSWC to support Black parents. In a pilot of Black primary caregivers of 5- and 6-year-olds ( $N = 38$ ), Coard and colleagues (2007) examined outcomes related to parenting practices, children’s psychosocial functioning, and parents’ satisfaction and perceptions of the intervention. Parents were highly satisfied with the program, and 100% indicated they would recommend it to a friend. One parent linked their satisfaction with the program to their ability to teach their child how to communicate with others outside the home. Parents in the BPSS group reported significant increases in positive parenting practices and decreased harsh discipline compared to parents in the control group. Parents also reported significant decreases in their child’s problem behaviors compared to parents in the control group, who reported increases in their child’s externalizing behavior (Coard et al., 2007). These findings suggest that parenting programs tailored to cultural contexts successfully support minoritized

parents. While important, this study did not specifically examine parenting practices related to emotion socialization, suggesting future research's importance in examining these practices within a cultural context.

### **Group-Based Parenting Programs**

While the parenting programs for Black families are limited, substantial evidence supports the benefits of group-based parenting programs. Kane and colleagues (2007) conducted a meta-ethnography ( $N = 4$  articles) to examine parents' experiences in parenting programs to provide vital information pertinent to practitioners delivering value-oriented interventions. The study indicated that parents lacked control regarding their ability to manage their children's behaviors. After their respective parenting programs, parents reported feeling less guilt and improved confidence in using positive parenting strategies. Expressly, parents indicated shared acceptance and support from their group, improving their ability to cope when confronted with their child's behaviors. Kane et al. (2007) discussed how these findings provide vital factors that should be addressed in engaging parents in parenting groups, contributing positively to parent-child wellbeing. The four articles in the meta-ethnography identify key aspects necessary for parenting programs to support parents and their children's well-being (see Figure 4; Kane et al., 2007).

### **Emotion Coaching and Parenting Programs**

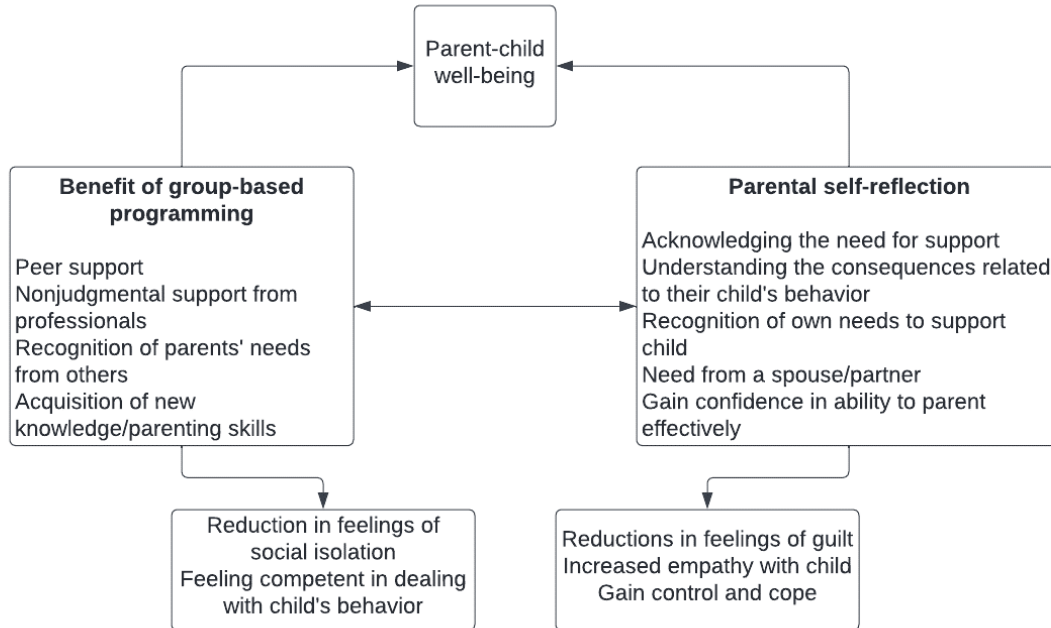
#### ***Effects of Emotion Coaching on Child Outcomes***

Many early EC investigators explored how parenting practices and parental emotional expressiveness relate to children with externalizing behaviors, such as aggression (Lunkenheimer et al., 2007; Ramsden & Hubbard, 2002). Ramsden and Hubbard (2002) instructed parents and teachers to complete rating scales of the respective child's aggression and emotion regulation. Interviews with mothers ( $N = 120$ ; 23.6% African American) were coded to distinguish the various aspects of EC (i.e., awareness, acceptance, and instruction). The results did not indicate significant changes in the child's aggression with EC practices; however, they showed that higher levels of negative family emotion expression and less maternal acceptance of child emotion are related to weaker emotion regulation in fourth graders ( $r = -.179$ ). Higher levels of acceptance of



emotion – a component of EC – were positively correlated with emotion regulation ( $r = .180$ ; Ramsden & Hubbard, 2002).

Figure 4. Addressing parents' needs and promoting parent-child well-being adapted from Kane et al. (2007).



Similarly, Lunkenheimer et al. (2007) observed how EC and ED practices affect discussions of past emotional events with young adolescents ( $N = 87$ ; 23% African American). They found that using ED practices was a risk factor for children's social-emotional outcomes. When parents exhibited both EC and ED behaviors during the discussion, children experienced reduced internalizing problems and emotional lability (Lunkenheimer et al., 2007), suggesting that ED behaviors can be functional when paired with an EC parenting philosophy.

More recent studies have investigated the impact of EC on children's externalizing and internalizing behaviors. Many researchers began to investigate EC practices by parents in explorational studies through parent interviews (Dunsmore et al., 2013; Ellis et al., 2014). Dunsmore et al. (2013) invited parents and children ( $N = 72$ ; 11% African American) to complete semi-structured interviews and complete questionnaires about parents' emotion-related beliefs and their child's (7-14 years) emotion regulation. Interviews were conducted to measure symptoms of internalizing behaviors as well. The results indicate that when children were high in emotion lability, the use of EC from the mother was associated with fewer child externalizing symptoms ( $\beta = -.40$ ) and reduced conduct problems from the child's self-report ( $\beta = -.08$ ).

Children with lower emotion lability had more externalizing symptoms ( $\beta = .24$ ) when mothers used EC behaviors. Dunsmore and colleagues (2013) also found that children's emotional regulation was associated with greater self-reported internalizing symptoms ( $r = .43$ ). An indirect association existed between mothers' EC and their child's emotion regulation ( $r = .26$ ). Because EC is meant to make children aware of and accept their emotions, a mediating effect emerged through emotion regulation to a child's ability and willingness to identify internalizing symptoms. In this study, only 11% of participants identified as African American, limiting the generalizability of outcomes with a small subsample (Dunsmore et al., 2013).

### ***Use of Emotion Coaching in At-Risk Families***

Another explorational study examined the connection between family risk factors, EC practices, and emotion regulation in preschool children. Ellis et al. (2014) invited mothers of preschool-aged children ( $N = 74$ ; 2.4% Black) to participate in a study, completing questionnaires regarding emotion regulation and family expressiveness. Mothers spoke with their children about a local memory from the previous few days when the child was upset. The conversations were recorded and coded later to determine the parent's EC practices and language. The study findings aggregated across participating families indicated higher levels of risk (i.e., economic disadvantage, family stress, and maltreatment) to be associated with reduced EC strategies ( $r = -.27$ ) and reduced emotion regulation for the children ( $r = -.30$ ; Ellis et al., 2014). While these findings support that EC is associated with children's emotion regulation and internalizing and externalizing behaviors, they were correlational and conducted with a predominantly White (89%) subsample. The small subsample of Black parents (2.4%) contributes nominally to the overall participant sample, supporting a further examination of the use of EC in Black families (Ellis et al., 2014).

### ***The Incredible Years Parent Training Program***

Several other evidence-based classroom and parent education interventions have improved young children's social-emotional competence (Barton et al., 2014). One example is the Incredible Years (IY) Parent Training Program (Webster-Stratton, 2006), which provides weekly training sessions for parents to learn how to utilize and incorporate strategies to improve their children's communication skills, emotion regulation, and self-control. As an early intervention, research for IY has focused on promoting social competence, reducing conduct behavior problems, and decreasing internalizing symptoms in young children (Webster-Stratton

& Bywater, 2019). IY employs an EC component to help parents teach children how to regulate their emotions better. The IY Parent Training Program has also been examined as a preventative program for children in underrepresented groups and those enrolled in Head Start programs (Leijten et al., 2017). The IY Program has strong evidence for its impact on children's skill development. It is also easy to implement as intended with high rates of parent acceptability (e.g., Stewart & Carlson, 2010).

The group-based IY Parenting program has also demonstrated success for Black and other minoritized parents (Brotman et al., 2003). Brotman and colleagues (2003) examined changes in parent responsiveness, use of positive parenting practices, and child conduct behavior problems in a sample of 30 (67% African American) low-income preschoolers. Parents who received IY increased responsiveness to their children and greater use of positive parenting practices. Children in the intervention group exhibited fewer parent-reported externalizing behaviors than those in the control group. Attendance for participating parents averaged 55% of sessions attended (approximately 28 out of 50 sessions). Parent satisfaction was high for those who completed at least 10% of the intervention. Specifically, parents indicated that the videotapes and group discussions were the most helpful and would recommend the program to a friend (Brotman et al., 2003).

### ***Triple P Parenting Program***

The Triple P Parenting Program effectively reduces child behavior problems, improves parent-child relationships, and equips parents with skills to manage their child's behavior. Salmon and colleagues (2014) examined differential outcomes between parents who received Group Triple P (GTP;  $n = 24$ ) and those who received Emotion Enhanced Triple P (EETP;  $n = 19$ ). Results of the study demonstrated a significant group effect favoring parents in the EETP group, specifically in parents' increased use of EC strategies ( $d = 1.03$ ) and their children's use of emotion labels ( $d = .70$ ) compared to parents in the GTP group. On the other hand, GTP parents reported fewer disruptive child behaviors than parents in the EETP group. No significant differences existed in parent-reported satisfaction with the interventions (Salmon et al., 2014). Most families from this study were of New Zealand European descent, limiting the generalizability to Black parents.

One Triple P study examined African American fathers' perceptions of how well intervention adaptations could link to positive child outcomes (Kohl & Seay, 2015). In a sample

of 29 African American fathers, the researchers conducted brief focus groups to understand if the program's content was appropriate for African American fathers. The fathers generally indicated that the lack of African Americans and fathers in the DVD materials limited their ability to relate to the content. They also recognized how programs claim to support parents but often only highlight women as the primary emotional caregivers for young children. On the other hand, some fathers appreciated the content that could be generalized to parents of different backgrounds (Kohl & Seay, 2015). These qualitative findings support the need to examine parenting programs' outcomes while establishing the program's social validity for African American parents, especially fathers.

### ***1-2-3 Magic Parenting Program***

As the EC literature continued to develop, researchers integrated the EC philosophy into existing parenting programs, such as the 1-2-3 Magic Parenting Program. Porzig-Drummond et al. (2014) compared two parenting programs, the 1-2-3 Magic Parenting Program ( $n = 31$ ), an adapted EC program ( $n = 31$ ), and a control group ( $n = 30$ ), to examine the effects on child conduct behaviors. The 1-2-3 Magic Parenting Program is a behavioral program utilizing operant learning theory, cognitive-behavioral therapy, and social learning theory components. Both interventions demonstrated reductions in child disruptive behaviors and reduced parental stress. However, the adapted EC program indicated a significant reduction in ED parenting practices at post-intervention, 3-month, and two-year follow-ups. On the other hand, the intervention did not increase EC practices between pre- and post-intervention (Porzig-Drummond et al., 2014).

While the 1-2-3 Magic Parenting Program showed promising effects for reducing ED practices and child conduct behaviors, the integration of EC with the original 1-2-3 Magic program limits the researchers' ability to attribute changes in parenting practices to EC only. The results indicate that the effects could result from an interaction between the base program and the EC components. Compared with other group parenting programs, 1-2-3 Magic is one of the shortest to complete, with only three two-hour group sessions (Porzig-Drummond et al., 2014). Additionally, the Magic 1-2-3 program was examined in a sample of parents living in Sydney, Australia, and the researchers did not report the racial/ethnic demographics of the participating parents.

### ***Parent-Child Interaction Therapy with Emotion Coaching***

Another commonly used parenting technique is Parent-Child Interaction Therapy (PCIT), an evidence-based parenting intervention initially developed for children with oppositional defiant disorders and conduct disorders. Chronis-Tuscano et al. (2016) investigated the effectiveness of a PCIT intervention with an added EC component (PCIT-EC<sub>o</sub>) to improve children's emotion recognition and regulation skills. When piloted with a small group of families ( $N = 9$ ; 1 African American child), parents exposed to PCIT-EC<sub>o</sub> displayed more positive parenting practices during posttreatment observations. In addition to parental practice changes, children with Attention-Deficit/Hyperactivity Disorder (ADHD) displayed improved emotion regulation. Specifically, the one African American parent-child dyad improved the child's emotion regulation and positive parenting practices from direct observation. However, parent reports suggest that the child's internalizing and externalizing behaviors increased between pre-intervention and the 1-month follow-up. The parent was also observed using less negative talk post-intervention, but the effects were not lasting, as shown by an increase at the follow-up (Chronis-Tuscano et al., 2016). In addition to supported effectiveness, researchers found high satisfaction regarding treatment acceptability from participating parents but did not examine treatment integrity.

Evidence-based parenting programs have thoroughly examined parental emotion socialization in predominantly White, middle-class families, and they have successfully improved children's social competence and reduced challenging behaviors. The current intervention literature highlights the importance of examining changes in children's emotion regulation; however, recent findings suggest a link between children's emotion regulation and their parents (e.g., Bariola et al., 2011). More research is needed to examine parental changes in emotion regulation after exposure to parenting programs.

### **Evaluating Treatment Success**

Evidence suggests that parental emotion socialization programs change parenting practices and child-related outcomes. We must examine treatment success in several ways to understand how well a program addresses these issues. Treatment evaluation can help to ascertain how feasible and effective interventions are for whom and under what conditions. Intervention success can be measured by examining treatment integrity, effectiveness, and acceptability (Brown-Chidsey et al., 2008). Integrity (or fidelity) assesses how well an

intervention is carried out as intended, which can inform the effectiveness of the intervention (Brown-Chidsey et al., 2008; Sanetti & Kratochwill, 2005; Sanetti et al., 2021). Adhering to the intervention protocol lets us know if changes post-intervention were due to the intervention or other confounding variables. Treatment acceptability is related to how appropriate, unintrusive, and effective the intervention is perceived by the target audience (e.g., parents). Consumer satisfaction may be poor if a program is not viewed as effective for a given population. Additionally, the acceptability of treatment can be related to how likely a consumer would recommend the treatment to others (e.g., social validity; Wolf, 1978).

Witt and Elliott (1985) developed a model that illustrates the reciprocal relationship between treatment integrity, effectiveness, and acceptability. They posit that treatment effectiveness should always be considered within integrity and acceptability (Witt & Elliott, 1985). Regarding treatment acceptability, Proctor and colleagues (2011) suggest that regardless of reported effectiveness, treatment acceptability can be influenced by many factors that could change along the course of the intervention. Recent research in parenting programs targeting children's social-emotional competence has examined treatment integrity, effectiveness, and acceptability (e.g., Thomson & Carlson, 2017), with some evaluations covering all three components in Black families (Brotman et al., 2003; Kohl & Seay, 2015). However, more research is needed to examine treatment success with minoritized populations.

### **Tuning in to Kids**

While many parenting programs have components of emotion-focused content, more research is needed on programs that directly target parental emotion socialization in early childhood through prioritizing parents' understanding of their own emotions. TIK is a suite of programs developed to support the needs of parents/caregivers from early childhood to adolescence (Havighurst & Harley, 2007). TIK aims to improve parenting, strengthen the parent-child relationship, and improve children's emotional competence and behavior. TIK differs from the previously mentioned studies because the goal is not only to change children's emotional competence. The TIK suite aims to help parents understand their emotions and their impact on their children. TIK was developed to be delivered in a group format, with one or two certified facilitators leading groups of 8 to 12. Intervention facilitators must complete a three half-day training with the program developers and are mental health, child development, or intervention specialists. In the group setting, the activities of the program consist of (a) psychoeducation, (b)

incidental learning, (c) role-playing, (d) DVD and video materials, (e) handouts, and (f) take-home activities, which all work together to diversify the teaching of the program and accommodate to fit the needs of different parenting and learning styles (Havighurst & Harley, 2007). Throughout the program, parents seek guidance from the trained facilitators and peers.

### ***Fidelity and Acceptability of TIK***

Havighurst and Harley (2007) emphasize the importance of adhering to intervention fidelity and assessing intervention engagement from parents. Several TIK efficacy and community trials have examined participant attendance to measure integrity. On average, TIK literature shows that approximately 80% of parents attended five or more of the six sessions (e.g., Havighurst et al., 2019; Wilson et al., 2014, 2016). In addition to participant engagement, a fidelity checklist is provided for each session of TIK, highlighting core content for each topic. Intervention fidelity rated by trained facilitators ranged from 78% to 100% (Aghaie Meybodi et al., 2019; Duncombe et al., 2016; Edrissi et al., 2019; Havighurst et al., 2010, 2013, 2015, 2019; Wilson et al., 2012, 2016).

### ***Research Base of TIK***

TIK has been examined as a program to promote positive parenting practices and reduce children's conduct behaviors (e.g., Aghaie Meybodi et al., 2019; Havighurst et al., 2004) and internalizing symptoms (i.e., anxiety; Edrissi et al., 2019). TIK has reduced parent-reported ED beliefs and practices and increased EC beliefs (see Table 2). Few studies have examined significant improvements in children's emotional knowledge post-intervention (Havighurst et al., 2009). In addition to improving parental practices, parents have reported increased self-reported empathy compared to parents in control groups (Havighurst et al., 2013, 2015, 2019; Wilson et al., 2016) and greater satisfaction and efficacy in parenting (Wilson et al., 2014). In recent years, researchers in China (Chan et al., 2021; Qiu & Shum, 2022) and Norway (Bjørk et al., 2022) examined the efficacy of a culturally adapted TIK for mothers of preschoolers, demonstrating that participation in the program was associated with increased parental involvement and use of EC and encouragement in response to their children's emotions. No prior examinations of TIK have examined the delivery of the intervention virtually via videoconferencing

Table 2. Study Characteristics, Outcomes, and Intervention Fidelity of Group-Based Tuning in to Kids

Study	Sample	Parent Outcomes	Child Outcomes	Fidelity	Attendance	Acceptability
Havighurst et al. (2004)	Low to middle-class regions in Melbourne, AU	Improvements in EE and EFR; reductions in MR and PR.	Significant reductions in child problem behaviors	N/A	N/A	88% found TIK “very useful”
Havighurst et al. (2009)	Low to middle-class regions in Melbourne, AU	Increased EC and reduction of ED	Significant improvement in child behavior and emotional knowledge	N/A	78% attended $\geq$ 5 sessions	N/A
Havighurst et al. (2010)	Low to middle-class regions in Melbourne, AU	Parents increased self-awareness, ER., and EC; reduction of ED	Reductions in children’s behavior problems	100% fidelity reported	78% attended $\geq$ 5 sessions	N/A
Wilson et al. (2012)	Low to high-class regions in Knox, AU	Reduction of ED; improved EC and positive involvement	Reduction of child conduct behaviors	90-100% fidelity reported	97% attended $\geq$ 4 sessions	N/A



Table 2. (cont'd)

Havighurst et al. (2013)	Clinical sample from hospitals in Melbourne, AU	Improved EW and ER; reduction of ED and greater reports of empathy	Significant improvements in frequency and intensity of child behavior	100% fidelity	35.5% attended $\geq 5$ sessions	N/A
Wilson et al. (2014)	Fathers in middle to high income Victoria, AU	Significant improvements in EC, parent satisfaction, and self-efficacy in parenting; reductions in ED	Reduction in challenging child behaviors	N/A	97.6% attended $\geq 5$ sessions	N/A
Havighurst et al. (2015)	Low to middle-class regions in Victoria, AU	No change in EC; reductions in ED; increased empathy	Significant reductions in child problem behaviors	100% fidelity	78% attended $\geq 5$ sessions	N/A
Duncombe et al. (2016)	Melbourne & Bendigo, AU	N/A	PPP and TIK were equally effective in reducing child behavior problems	78% for TIK, 88% for PPP	TIK-6 sessions; PPP-5.6 sessions	N/A

Table 2. (cont'd)

Wilson et al. (2016)	Fathers in Melbourne & Victoria, AU	Increased empathy and EE; reduction of ED.	N/A	100% fidelity	87.4% attended $\geq 5$ sessions	N/A
Havighurst et al. (2019)	Fathers in Melbourne & Geelong, AU	Significantly lower ED; improvement in empathy and EE	Reduction of child conduct behavior	100% fidelity	87.4% attended $\geq 5$ sessions	N/A
Edrissi et al. (2019)	Preschool-aged children Tehran, IR	N/A	Reduction in child anxiety symptoms	100% fidelity	63.3% attended $\geq 4$ sessions	N/A
Aghaie Meybodi et al. (2019)	Preschool children IR	Significantly lower ED; increased EC	Significantly lower child behavior problems	N/A	N/A	N/A
Bølstad et al. (2021)	Norwegian parents of kindergarten children Oslo, Norway	Increased EC and reduced ED parenting skills	Significant decrease in behavioral problems; improved performance sensitivity on self-regulation task	100%	N/A	N/A

Table 2. (cont'd)

Chan et al. (2021)	Chinese parents of preschoolers Hong Kong, China	Significant reduction of punitive parenting and parental stress; improvement in EE at 6-week follow-up	Improvement of child's emotional lability/negativity at 6-week follow-up	High-rated fidelity by parents	80.8% attended $\geq 5$ sessions	N/A
Bjørk et al., (2022)*	Norwegian parents of kindergarten children Oslo, Norway	Increased EE; decreased EFR	Significant improvement in external and total emotion understanding	N/A	N/A	N/A
Qiu & Shum (2022)	Chinese mothers of preschoolers Chengdu, China	Improved parental involvement; increased EC, EE, and EFR; reduced ED; higher quality of family communication and parental	Significantly fewer emotional and conduct problems	100% fidelity	84.6% attended $\geq 5$ sessions	Parents reported high levels of satisfaction with the treatment program

Table 2. (cont'd)

psychological  
well-being

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*Note.* Tx = treatment; AU = Australia; EE = expressive encouragement; EFR – emotion-focused responses; MR – minimization reactions; PR = punitive reactions; EC = emotion coaching; ED = emotion dismissing; ER = emotion regulation; PPP = Triple P Program; IR = Iran.

*\*dissertation or master's thesis*

## **Research Questions and Hypotheses**

The current study examined the treatment engagement and fidelity, efficacy, and acceptability of TIK in a sample of Black parents of preschool-aged children. Measures of parental outcomes (i.e., emotion regulation, parental emotional style, parenting practices) and children's social-emotional competence were collected from parents receiving TIK and those in the WLC. Data was collected pre-intervention, post-intervention, and at a one-month follow-up. The research questions are below and described in Table 3.

### ***Treatment Engagement and Fidelity***

#### **Question 1. Are Black parents engaged in and completing Tuning in to Kids?**

Previous TIK literature shows that 80% of parents attended at least five scheduled TIK sessions (e.g., Havighurst et al., 2019; Wilson et al., 2014, 2016). Research indicates that parent engagement rates are higher when scheduled sessions are convenient for families (Dumas et al., 2007). Thornton and Calam (2011) recommend that communication with potential participants should be tailored to the needs of the parents. Studies examining parenting programs with Black families have indicated high attendance and program completion (e.g., 85% completing all sessions; e.g., Coard et al., 2007). More research is needed to support program completion for Black families to highlight the significance of using TIK for these families. It was hypothesized that TIK parents will have high attendance (i.e., 80% of parents attend five or more sessions), engagement, and completion rates.

### ***Primary Outcomes: Parent Variables***

#### **Question 2a. Is Tuning in to Kids an effective program to improve Black parents' emotion regulation?**

Research indicates that parents with solid emotion regulation skills can positively impact their child's emotional competence; however, the literature on improving parental emotion regulation through emotion-focused interventions is scarce. PMEP (Gottman et al., 1996) indicates that parents who are more aware of their emotions can regulate and express them better. EC strategies in helping their children should then lead to changes in their regulatory skills (Gottman et al., 1997). The literature suggests that stressed or overwhelmed parents are less likely to effectively support children's emotion regulation (Gohm & Clore, 2002; Salovey et al., 1995; Suchy, 2011; Yap et al., 2008). Parenting programs also demonstrate the bidirectional relationship between parental emotion regulation and parenting practices, with improvements in

both areas following exposure to parenting programs (Zimmer-Gembeck et al., 2022). The TIK model provides a session with activities and handouts on understanding parental and child-related emotional awareness (Havighurst et al., 2004; Havighurst & Harley, 2007). There is limited intervention research directly examining changes in parental emotion regulation; however, the direct approach of TIK suggests that activities created to encourage active reflection of emotion regulation impact Black parents' emotion regulation. It was hypothesized that parents who complete TIK report improvements in their perceived ability to regulate emotions on the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004).

**Question 2b. Is Tuning in to Kids effective in changing Black parents' beliefs using emotion coaching parenting styles?**

PMEP (Gottman et al., 1996, 1997) suggests that EC philosophies benefit both the parent and the child. Specifically, research shows that positive emotion coaching attitudes benefit Black children and their parents and that many Black parents already employ these practices (Labella, 2018). The TIK research shows evidence of the effectiveness of TIK for parents primarily in Australia (e.g., Havighurst et al., 2019), Iran (e.g., Aghaie et al., 2019), and China (e.g., Qiu & Shum, 2022); however, limited research has been conducted in the U.S. or with minoritized populations. Parents in previous efficacy trials reported improvements in emotion coaching, signifying adherence to the principles of the intervention. TIK provides direct instruction and role-playing opportunities for parents to engage with emotion coaching styles in practice scenarios. Due to the research supporting the use of EC styles and beliefs in Black parents (e.g., McLoyd et al., 2019), it was hypothesized that Black parents report increased beliefs in using emotion coaching methods after completing TIK, as measured on the Parental Emotion Style Questionnaire (PESQ; Havighurst et al., 2010).

**Question 2c. Is Tuning in to Kids effective in increasing Black parents' use of positive emotion socialization practices (i.e., emotion-focused reactions, problem-focused reactions, expressive encouragement)?**

Parenting practices are some of the primary behaviors that influence a child's psychosocial adjustment and behavior (Bandura, 1971; Eisenberg, Cumberland, et al., 1998; Fisher & Skowron, 2017; Ryan et al., 2017). Previous TIK literature indicates that the program significantly improves parents' self-reported positive emotion socialization practices, specifically in expressive encouragement (e.g., Williams & Carlson, 2023; Havighurst et al., 2015). An

examination of a culturally specific parenting program suggests that building Black parents' competence in responding to children's social-emotional needs improved parental practices and decreased parent-reported child behavioral problems (Coard et al., 2007). A recent meta-analysis demonstrated improvements in emotion-focused parenting practices and their direct association with children's improved emotion knowledge and skills following parenting programs (Zinsser et al., 2021). Throughout the program, TIK uses modeling and role-play activities to show parents specific examples to respond to their children's difficult emotions. Research also suggests that Black parents are likely to use problem-focused parenting practices and emphasize expressive emotions with their children (Boykin & Toms, 1985; McLoyd et al., 2019). It was hypothesized that parents who receive TIK will report perceived improvements in positive parental emotion socialization practices on the Coping with Children's Negative Emotions Scale (CCNES; Fabes et al., 1990).

### *Secondary Outcomes: Child Variables*

#### **Question 2d. Is Tuning in to Kids effective in indirectly improving children's social-emotional competence?**

Parents who employ more EC practices report improvements in their child's emotional competence (Ellis et al., 2014; Havighurst et al., 2004). Research also indicates that improvements in parental emotion regulation and parenting practices work bidirectionally with improvements in children's social-emotional competence (Zimmer-Gembeck et al., 2022; Zinsser et al., 2021). By targeting parents' awareness of their and their children's emotions, the TIK suite of interventions focuses on teaching parents and caregivers to coach children through their emotions, contributing to their emotion regulation and competence. The literature indicates that Black parents' participation in parenting programs improves children's social-emotional competence (e.g., Coard et al., 2007). It was hypothesized that parents who receive TIK report improvements in their children's emotion regulation and competence on the Devereux Early Childhood Assessment for Preschoolers, Second Edition (DECA-P2; LeBuffe & Naglieri, 2012).

### *Treatment Acceptability and Feasibility*

#### **Question 3. Do Black parents find Tuning in to Kids an acceptable and feasible program?**

Acceptability data in the TIK literature is limited. One study showed that 88% of parents rated TIK as highly acceptable in predominantly White samples (Havighurst et al., 2015).

Research shows that parents appreciate the opportunity for peer support in group-based programs (Kane et al., 2007). In a study for Black parents of children with autism, Kaiser and colleagues (2022) reported that Black parents indicated the importance of a shared peer space among other Black parents and wanted continued peer support following the end of the training program. It was hypothesized that parents receiving TIK have similar rates to prior studies employing group interventions as indicated by the Treatment Evaluation Questionnaire-Parent Form (TEQ-P; Kratochwill et al., 2003) and parent interviews about treatment acceptability and alignment with parenting values. Overall scores of 84 were considered adequate levels of acceptability, with 110 or higher indicating high treatment acceptability (Kratochwill et al., 2003). In-person TIK treatment sessions have reported high integrity by trained facilitators, high attendance by parents, and limited acceptability outcomes for TIK.



Table 3. Research Questions, Hypotheses, and Measures

Research Question	Hypothesis	Measure/Variables
<b>Question 1.</b> <i>Are Black parents engaged in and completing Tuning in to Kids?</i>	It was hypothesized that TIK parents will demonstrate high engagement, attendance, and completion rates.	<i>Intervention Phase:</i> Attendance & Treatment Fidelity Checklist <i>Post-Intervention:</i> Rate of completion & Parent Interviews
<b>Question 2a.</b> <i>Is Tuning in to Kids an effective program to improve Black parents' emotion regulation?</i>	It was hypothesized that parents in the TIK group would report greater changes in self-report emotion regulation between pre- and post-intervention and follow-up.	<i>Pre, Post, Follow-up:</i> Difficulties in Emotion Regulation Scale (DERS) <i>Post-Intervention:</i> Parent Interviews
<b>Question 2b.</b> <i>Is Tuning in to Kids effective in changing Black parents' beliefs using emotion coaching parenting styles?</i>	It was hypothesized that parents in the TIK group would report improved beliefs in emotion coaching strategies between pre- and post-intervention and follow-up.	<i>Pre, Post, Follow-up:</i> Parental Emotional Style Questionnaire (PESQ) <i>Post-Intervention:</i> Parent Interviews
<b>Question 2c.</b> <i>Is Tuning in to Kids effective in increasing Black parents' use of positive emotion socialization practices (i.e., emotion-focused reactions,</i>	It was hypothesized that parents in the TIK group would report increased positive parental emotion socialization practices between pre- and post-intervention and follow-up.	<i>Pre, Post, Follow-up:</i> Coping with Children's Negative <i>Post-Intervention:</i> Parent Interviews

Table 3. (cont'd)

*problem-focused reactions,  
expressive encouragement)?*

**Question 2d.** *Is Tuning in to Kids  
effective in indirectly improving  
children's social-emotional  
competence?*

It was hypothesized that parents in the  
TIK group would report an increase in  
their children's social-emotional  
competence and behavior between pre-  
and post-intervention and follow-up.

*Pre, Post, Follow-up:* Devereux Early Childhood  
Assessment for Preschoolers, Second Edition  
(DECA-P2)  
*Post-Intervention:* Parent Interviews

**Question 3.** *Do Black parents find  
Tuning in to Kids an acceptable and  
feasible program?*

It was hypothesized that Black parents  
would find Tuning in to Kids an  
effective and acceptable program after  
completing the intervention.

*Post-intervention*  
Treatment Evaluation Questionnaire–Parent Form  
(TEQ-P) & Parent Interviews

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## CHAPTER 3

### METHODS

#### **Researcher Positionality**

Quantitative research is often considered objective; however, many factors influence how these data and results are interpreted and reported (Jafar, 2018). These factors include the measures chosen to collect data, the analytic plan, how the results are discussed, and the implications outlined. Within this mixed-methods study, I am examining quantitative outcomes and qualitative interviews to further build on my understanding of the primary outcomes related to Black parents' perceptions of an evidence-based emotion program. Given the history of the literature positioning Black parents' use of unsupportive parenting practices, I need to provide my positionality as the primary researcher conducting this study. As a Black woman researching Black parents, I must consider how my race, gender, and experiences influence my investment in this work and their challenges to my research.

My identity as a Black woman heavily influences my interest in this work. My experience in this work stems from my emotional socialization growing up with parents whom research could deem "unsupportive" in some contexts. Still, I understand that my experiences are nuanced. My focus on early childhood reflects a period in my life where I experienced different parenting styles, split between two households. Reflecting on my experiences with my parents, I acknowledged how they could be placed in separate parenting buckets, even knowing their goals for my well-being were the same. Through these reflections, I wondered about the information available to support parents, understanding that resources were inaccessible or inappropriate for all parents' needs.

Lastly, I am not a parent. My interest in this work is through the lens of my experiences as a young child and observations of parenting among my generational peers. As a non-parent, I understand that my inexperience influences my interpretation of my findings in implementing the parenting practices within the intervention and understanding how they can be applied in a real-world context. Knowing this, my training as a school psychologist with a developmental background served in relaying information as psychoeducation to parents and not in a role as a "parenting expert."

I believe that my racial and gender identities are assets to this study, as they can assist in building rapport with my same-race participants (i.e., Black parents and caregivers). The

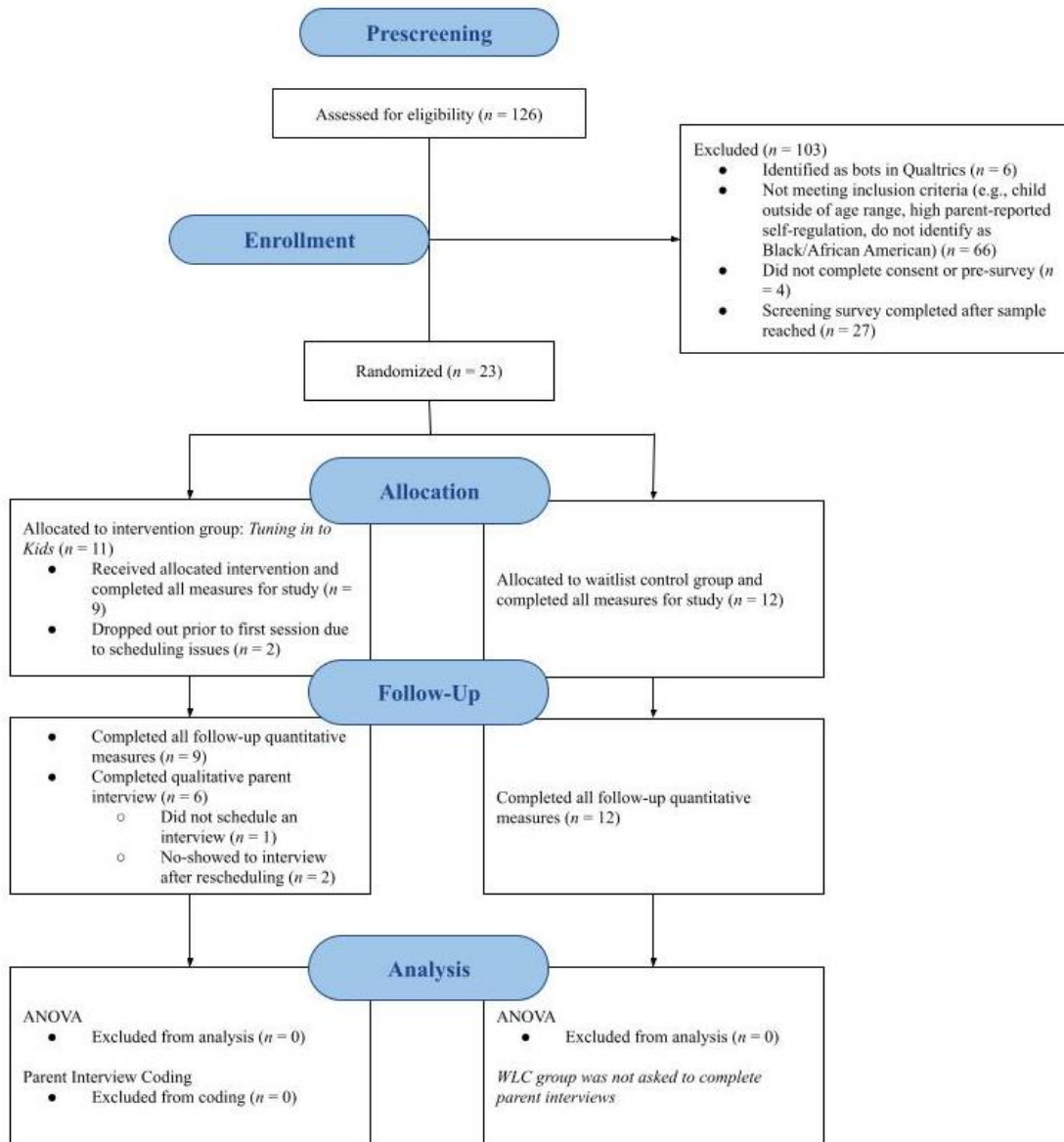
literature on parenting programs with minoritized populations points directly to participants' comfort in sharing their experiences with individuals of the same race. Our shared identity increases comfort and provides an open space for parents to share difficulties related to their parenting throughout the program. Conversely, I recognize how shared identity can lay the foundation for both parties to make assumptions about the other. To address these challenges, I asked participants to elaborate in discussions and interviews to remind participants that no one's experience is right or wrong. I also engaged in self-reflection after each intervention session to reduce bias throughout the study.

### **Participants**

As seen in Figure 5, 126 participants were assessed for eligibility, and 103 were excluded from the study due to not meeting inclusion criteria (e.g., child too young or too old, high self-regulation rating, not identifying as Black/African-American), not complete full consent or the pre-survey ( $n = 4$ ), being flagged as a potential bot by the Qualtrics data capture system ( $n = 6$ ), or for completing the screening survey after the target sample size was achieved ( $n = 27$ ). The 23 parents who agreed to participate were randomly assigned to either the treatment group ( $n = 11$ ) or the waitlist control group ( $n = 12$ ). Two parents dropped out of the study before beginning the intervention due to last-minute scheduling conflicts, and thus did not complete post-measures. In total, 21 parents (i.e., 9 in the treatment group and 12 in the WLC group) enrolled in the study and were included in the analyses. These parents ( $M = 32.2$  years,  $SD = 5.5$ ) completed information for a child between the ages of 3 and 5 years old ( $M = 43.5$  months,  $SD = 7.8$ ) who were rated as having low self-regulation skills. Demographic characteristics of the 21 participants who completed the study are presented in Table 4.

Eligible participants for this study included parents who identify as Black and have a child between the ages of 3 and 5 years old. Parents were asked to indicate their specific ethnic identities within the African diaspora. Inclusion criteria included parents who rated their child as having difficulty with self-regulation (based on the Self-Regulation subscale on the DECA-P2, a raw score of 20 or less). Participants were also eligible if they spoke English as a first language and had access to a computer with internet access to participate in the weekly sessions over videoconferencing.

Figure 5. Participant Enrollment and Allocation.



## Measures

### *Treatment Engagement and Fidelity*

Participant engagement was measured by documentation of session attendance and during the parent interview. After each session, fidelity checklists were completed by one of the graduate research assistants (GRA) to ensure the facilitator’s adherence to implementation quality. Checklists allowed the facilitator to address missing or modified content for future sessions. Each checklist contains the necessary topics for the facilitator to cover in each session

and activities (e.g., role-play, small group discussions). The facilitator can also cover optional content based on the needs of the group. Optional material was available in sessions 2-6. It included content specific to helping parents understand how they potentially use emotion coaching in existing relationships, providing in-depth psychoeducation on child development, deeper explanations of meta-emotion as needed, discussing non-critical parenting styles, difficulties with eating and mealtimes, and emotional self-care. If the facilitator includes some of the optional material, the percentage of material delivered with fidelity can increase by an additional 8-20% per session. The TIK facilitator manual provides formal fidelity checklists to note which activities are completed (see Appendix A), as indicated by “yes” or “no.” A percentage of treatment fidelity was computed for each session, and an average was calculated across all sessions. These topics integrated emotion coaching and child development to support parents’ understanding of their child’s emotional difficulties.

### ***Treatment Efficacy***

**Difficulties in Emotion Regulation Scale.** The Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) is a 36-item self-report assessing the respondent’s emotional acceptance, ability to regulate emotion, perceived ability to engage in goal-directed behaviors when distressed, and emotional awareness (see Appendix B). Respondents rate how often the item applies from 1 (*almost never*; 0-10%) to 5 (*almost always*; 91-100%). The DERS consists of six subscales (1) Nonacceptance of emotional responses (e.g., *When I am upset, I feel ashamed of myself for feeling that way*), (2) Impulse control difficulties (e.g., *I experience my emotions as overwhelming and out of control*), (3) Difficulties engaging in goal-directed behavior (e.g., *When I am upset, I have difficulty thinking of anything else*), (4) Lack of emotional awareness (e.g., *When I am upset, I believe that my feelings are valid and important* [reverse scored]), (5) Lack of emotional clarity (e.g., *I have difficulty making sense out of my feelings*), and (6) Limited access to emotion regulation strategies (e.g., *When I am upset, it takes me a long time to feel better*). Average subscale scores were computed at pre-intervention, post-intervention, and one-month follow-up. According to scoring guidelines, higher scores indicate more significant challenges in emotion regulation.

The original scale demonstrated high internal consistency with Cronbach’s alpha of .93, and each subscale had adequate internal consistency ( $\alpha > .80$ ; Gratz & Roemer, 2004). Ritschel and colleagues (2015) examined the psychometric properties of the DERS across demographic

groups. They found that the scale can be applied to adults and adolescents across Asian American, African American, and Caucasian American participants as reliably as the initial validation sample. For African Americans, there were no differences across gender or ethnicity, demonstrating a high overall internal consistency ( $\alpha = .94$ ) and strong internal consistency across each subscale with Cronbach's alpha of .89, .82, .86, .82, .78, and .87, respectively (Ritschel et al., 2015). Additionally, Ritschel and colleagues (2015) demonstrated convergent validity of the DERS with validated measures of emotion dysregulation and indices of psychological symptoms generally associated with emotion dysregulation (i.e., depression, anxiety, distress).

Table 4. Demographics and Characteristics for Participants in the TIK and WLC Groups

	TIK ( $n = 9$ )		WLC ( $n = 12$ )	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
<b>Parent</b>				
Age (years)	32.4	6.2	32	5.2
Female: $n$ (%)	5 (55.6)		5 (41.7)	
Male: $n$ (%)	4 (44.4)		7 (58.3)	
<b>Child</b>				
Age (months)	48.2	8.1	39.9	5.6
Female: $n$ (%)	2 (22.2)		4 (33.3)	
Male: $n$ (%)	7 (77.8)		8 (66.7)	
<b>Relationship to child: <math>n</math> (%)</b>				
Biological Mother	5 (55.6)		5 (41.7)	
Biological Father	4 (44.4)		7 (58.3)	
<b>Ethnicity</b>				
African American	9 (100%)		11 (91.7)	
Jamaican	-		1 (8.3)	
<b>Education: <math>n</math> (%)</b>				
HS or GED	1 (11.1)		-	
Some College	-		1 (8.3)	
College	5 (55.6)		7 (58.3)	
Graduate School	3 (33.3)		4 (33.3)	
<b>Employment: <math>n</math> (%)</b>				

Table 4. (cont'd)

Full-time	8 (88.9)	9 (75)		
Part-time	1 (11.1)	3 (25)		
US Region: <i>n</i> (%)				
New England	-	1 (8.3)		
Mid-Atlantic	-	3 (25)		
East North Central	5 (55.6)	5 (41.7)		
West North Central	1 (11.1)	-		
South Atlantic	3 (33.3)	-		
Pacific	-	3 (25)		
<hr/>				
Variables at Baseline	TIK ( <i>n</i> = 9)		WLC ( <i>n</i> = 12)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Self-Regulation (T scores)	34.0	4.9	35.7	4.8
Total Protective Factors (T scores)	28.4	1.0	29.3	1.8
Emotion Coaching	45.2	4.5	45.0	6.0
Emotion Dismissing	40.3	5.1	38.8	7.6
Total DERS	88.9	23.4	86.2	21.4

*Note.* New England = Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont. Mid-Atlantic = Delaware, District of Columbia, Maryland, New Jersey, New York. East North Central = Illinois, Indiana, Michigan, Ohio, Wisconsin. West North Central = Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota. South Atlantic = Florida, Georgia, North Carolina, South Carolina, Virginia, West Virginia. Pacific = Alaska, California, Hawaii, Oregon, Washington. DERS = Difficulties in Emotion Regulation Scale.

**Parental Emotional Style Questionnaire.** The Parental Emotional Style Questionnaire (PESQ; Havighurst et al., 2010) is a parent-report measure examining parental beliefs about a child's ability to cope with various emotions (e.g., fear, anger, sadness). The PESQ (see Appendix C) is a 21-item measure adapted from the Maternal Emotional Style Questionnaire (Lagacé-Séguin & Coplan, 2005) to broaden the items for caregivers other than mothers. The EC subscale includes 11 items (e.g., "*When my child is angry, it is a time for getting close*"). The ED subscale includes 10 items (e.g., "*I prefer my child to be happy rather than overly*").



*emotional*”). Each item is rated on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Subscale scores were calculated, with higher scores on the EC being associated with high EC beliefs and practices and high ED scores indicating high instances of ED beliefs and practices. Scores on the EC subscale were used in the formal analyses, while scores on the ED subscale were examined informally. Subscales of the PESQ have good internal consistency across time for ED ( $\alpha = .78$  to  $.84$ ) and EC ( $\alpha = .82$  to  $.87$ ; Havighurst et al., 2013).

**Coping with Children’s Negative Emotions Scale.** The Coping with Children’s Negative Emotions Scale (CCNES; Fabes et al., 1990) measured parents’ emotion socialization practices across specific situations. The CCNES (see Appendix D) is a 72-item tool assessing how parents respond to 12 scenarios across six subscales: emotion-focused reactions (EFR), problem-focused reactions (PFR), distressed reactions (DR), punitive reactions (PR), expressive encouragement (EE), and minimization reactions (MR). Parents provided ratings on a 7-point scale from 1 (*very unlikely*) to 7 (*very likely*) to indicate how likely they were to respond to their child in several ways. Twelve scenarios include responses from each subscale. For example, “*If my child loses some prized possession and reacts with tears, I would,*” parents are asked to rate the likelihood of responding a certain way. Fabes et al. (2002) report each scale as having good test-retest reliability ( $\alpha = .69$  to  $.85$ ), construct validity, and stability over four months.

**Devereux Early Childhood Assessment for Preschoolers, Second Edition.** The Devereux Early Childhood Assessment for Preschoolers, Second Edition (DECA-P2; LeBuffe & Naglieri, 2012) is a 38-item strengths-based assessment measuring social-emotional competence, behavior concerns, and risk factors for young children between the ages of 2 and 5 years old. Twenty-seven items comprise a Total Protective Factors (TPF) scale, divided into three subscales – Initiative, Self-Regulation, and Attachment/Relationships. Raw scores on the DECA-P2 are converted into T-scores. TPF T-scores of 60 or above indicate a Strength, scores between 41 and 59 indicate Typical Functioning, and scores below 40 are Areas of Need. An 11-item scale represents parent-reported Behavior Concerns (BC), where a T-score above 60 indicates an Area of Need, and scores of 59 or below are considered Typical. Parents respond to the items using a 5-point Likert scale from 0 (*never*) to 4 (*very frequently*). It is recommended to wait approximately four weeks between the pretest and posttest data collection for the DECA-P2, with T-scores representing ratings on a new set of behaviors (LeBuffe & Naglieri, 2012).

Psychometric properties of all scales indicate high levels of reliability and validity, with the TPF scale presenting the greatest indicator of strengths relative to the three subscales (LeBuffe & Naglieri, 2012). Test-retest reliability is acceptable and strong across the TPF and BC scales with strong correlations between same-parent ratings of their children at different time points,  $r = .88, p < .01$  and  $r = .78$  and  $p < .01$ , respectively (LeBuffe & Naglieri, 2012). Additionally, high Cronbach's alpha coefficients indicate strong internal consistency for the TPF ( $\alpha = .92$ ) and BC ( $\alpha = .80$ ) scales. The DECA-P2 also demonstrates solid validity. A comparison between a clinical sample with "emotional and behavioral disturbances" ( $N = 125$ ) and a comparison sample ( $N = 126$ ) demonstrated strong, significant differences displaying evidence of the DECA-P2's ability to discriminate between groups of children with emotional and behavioral difficulties and their nonidentified peers (i.e., criterion-related validity). LeBuffe and Naglieri (2012) also examined "irrelevant variance" to determine group differences across race and ethnicity and the appropriateness of using the DECA-P2 with minoritized children. Data suggests negligible differences between Black, White, and Hispanic children.

### ***Treatment Acceptability***

**Treatment Evaluation Questionnaire-Parent Form.** The Treatment Evaluation Questionnaire-Parent (TEQ-P; Kelley et al., 1989) is a 21-item parent-rated acceptability measure (see Appendix E). Parents in the treatment group completed the TEQ-P post-intervention to assess their perceived acceptability of TIK. The three subscales of treatment are Acceptability (11 items), Effectiveness (8 items), and Time Required to complete the intervention (2 items). Parents provided ratings of their experience in the intervention on a 6-point Likert scale from 1 (*strongly disagree*) to 6 (*strongly agree*). Total scores can range from 21 to 126, with 110 or higher indicating high parent-reported acceptability (Kratochwill et al., 2003). Scores indicate adequate ratings for each subscale at or above 55, 36, or 9 for acceptability, effectiveness, and time required, respectively (Kratochwill et al., 2003). The TEQ-P was adapted from the Treatment Evaluation Inventory (TEI; Kazdin, 1980), which has been shown to have high internal consistency ( $\alpha = .97$ ) and construct validity (Newton & Sturme, 2004).

### ***Parent Interviews***

Parent interviews were conducted post-intervention with parents in the treatment group to assess their perceived efficacy, barriers, treatment acceptability, and perspectives on TIK's

alignment with their culture and parenting philosophies. Interview questions regarding effectiveness, barriers, and acceptability were developed to align with subscales from the TEQ-P and previous researcher questions to gather information related to the acceptability and feasibility of the intervention (see Appendix F; Korest, 2021). Additionally, parents were asked about their thoughts on the intervention's efficacy, delivery, and alignment with their personal and cultural views of parenting. The data collected from parent interviews provide additional information from the parents' perspectives that may not be apparent from the quantitative data. Following the last intervention session, the GRA conducted the interviews via Zoom after collecting the one-month follow-up surveys.

## **Procedures**

### ***Recruitment***

Parents were recruited through community partners in early childcare settings in Michigan and through social media posting in parenting groups and using the primary investigator's (PI) connections after receiving approval from MSU-IRB (IRB Approval #7571, Received on November 29, 2022). Eligible parents agreed to complete data collection measures at pre- and post-intervention, along with a one-month follow-up data point one month after the intervention ends. Additionally, parents assigned to the treatment group agreed to complete a video-recorded parent interview following the one-month follow-up data collection. Parents in both groups received the TIK program, with the WLC group receiving the intervention after the one-month follow-up surveys. Parents in both conditions received up to \$60 in incentives to participate and complete surveys, and parents in the treatment group received an additional \$15 for the parent interview.

### ***Conditions***

**Tuning in to Kids (TIK; Havighurst & Harley, 2007).** The TIK program includes six two-hour sessions facilitated by a certified trainer in a group format. These sessions were held virtually to reduce barriers to accessing the service (e.g., transportation issues, busy schedules; Breitenstein et al., 2014) and reduce contact due to the COVID-19 global pandemic. Facilitators followed a manual with core material that was followed sequentially in addition to optional materials that can be delivered at any time based on parent needs. TIK programs are meant to be delivered as a six-session, weekly, two-hour program.

Each session covers a different topic related to understanding emotions and how to coach children through their emotional experiences (see Table 5). The six sessions build upon the last, focusing on (1) raising emotionally intelligent children, (2) naming emotions, (3) understanding the child’s emotional experience, (4) self-care, problem-solving, and coaching fears/worries, (5) emotion coaching a child’s anger, and (6) emotionally intelligent parenting. Participants were sent a packet of handouts, worksheets, and supplemental materials to follow during the facilitated sessions and use outside the intervention sessions. Between each weekly session, parents were asked to practice implementing their new skills and reflect on the topics covered. After each session, the group facilitator and GRA completed the TIK Program Fidelity Checklist to ensure fidelity to the program. This form allows facilitators to record notes and questions from parents that can be addressed in the following session. Parents were asked to indicate which home activities they completed between sessions.

Table 5. Tuning in to Kids Group-Facilitated Sessions

Session Number	Session Title
1	Setting Out- How to Raise Emotionally Intelligent Children
2	Naming the Emotion
3	Understanding your child’s emotional experience
4	Self-care, problem-solving, and coaching fears and worries
5	Emotion Coaching and your child’s anger
6	Emotionally intelligent parenting: now and in the future

**Waitlist Control (WLC).** Parents randomly assigned to the WLC were assessed during pre- and post-intervention. During the six weeks of the intervention for the TIK group, parents in the WLC group were given an electronic book called *The Emotionally Intelligent Child: Effective Strategies for Parenting Self-Aware, Cooperative, and Well-Balanced Kids* (Katz & Hadani, 2022). The book provides evidence-based strategies and general information about raising emotionally intelligent children. Parents were directed to read approximately one chapter per week reading the book. Giving the WLC parents a book covering similar content is advised due to the needs identified by participating parents. Eligible parents indicated that their child struggles with emotion regulation; thus, leaving them without treatment or intervention may be unethical before they are granted access to the TIK intervention (Kazdin, 2021). After they

completed the measures post-intervention, they were contacted to participate in the TIK intervention.

### ***Project Personnel and Training***

Project personnel included the PI and two graduate students who served as GRAs. The PI is a Michigan State University doctoral candidate in School Psychology, completing this project partially fulfilling the requirements to obtain a Doctor of Philosophy in School Psychology. The PI is the primary researcher responsible for designing the study, recruiting participants, collecting materials, providing incentives, managing data collection, training the GRA, and analyzing the data. Additionally, the PI and a doctoral-level GRA obtained facilitator training for TIK with the program developers and served as the TIK intervention facilitators. The doctoral-level GRA assisted the PI with intervention sessions, data collection, and conducting and coding parent interviews. A specialist-level GRA assisted with interview transcriptions and coding the audio-recorded parent interviews.

### ***Treatment Phases***

**Pre-Intervention.** Eligible parents read and signed the informed consent forms outlining the (1) purpose of the study, (2) potential risks associated with the study, (3) benefits from participation, and (4) notes related to confidentiality throughout the study (see Appendix G). Parents were randomly assigned to either the TIK or WLC group. Parents in both groups completed the DERS, PESQ, CCNES, and DECA-P2 before the intervention began. Once the measures were completed, parents in the TIK condition were sent an anonymized poll to schedule the six TIK sessions with the facilitator. Parents in the WLC group were given *The Emotionally Intelligent Child: Effective Strategies for Parenting Self-Aware, Cooperative, and Well-Balanced Kids* (Katz & Hadani, 2022).

**Intervention Phase.** Parents attended weekly two-hour sessions throughout the TIK group's intervention phase. The facilitator delivered the intervention using HIPAA-compliant Zoom, facilitated discussions, and provided weekly materials. The GRAs completed a fidelity checklist for each session and took attendance for every session.

**Post-Intervention.** After the TIK intervention ended, all parents had one week to complete the DERS, PESQ, CCNES, and DECA-P2. Parents who received TIK also completed the TEQ-P and were contacted to complete the parent interview following the post-intervention questionnaires.

**One-Month Follow-up.** One month after the study ended, all parents were asked to complete the following measures: DERS, PESQ, CCNES, and DECA-P2. After completing the follow-up questionnaires, parents in the WLC group received information to schedule the TIK program, and parents in the treatment group completed their parent interviews with the doctoral-level GRA.

### ***Data Analysis***

**Treatment Engagement and Fidelity.** Treatment fidelity was calculated using the percentages of items completed from the fidelity checklists. Averages of the six sessions were computed for the TIK group and compared to an 80% completion goal, aligning with the standards of treatment implementation (Durlak & DuPre, 2008). Fidelity rates were also calculated to include the percentage of sessions with optional material. Additionally, parent attendance was collected to evaluate participant engagement as a fidelity measure.

**Treatment Efficacy.** Measures of treatment efficacy (i.e., parent and child outcomes) were analyzed using mixed between-within subjects' analysis of variance (ANOVA) to assess the main effects of each independent variable and whether the interaction between them is significant. Mixed ANOVAs are often used in applied research using longitudinal data to examine within-person measures (i.e., time, parental emotion regulation, parental emotion coaching beliefs and attitudes, parental emotion socialization practices, and children's social-emotional competence) and between-groups factors (i.e., treatment condition; Ross & Masters, 2022). They are especially helpful in applied research to examine how a given treatment impacts each individual over time (Singh et al., 2013).

**Treatment Acceptability.** The TEQ-P was used to collect treatment acceptability data for parents receiving TIK, and total scores were calculated for each parent and averaged across the group. Scores are considered highly acceptable at 110 or higher (Kratochwill et al., 2003). Parent interviews were coded for themes related to barriers, acceptability, and effectiveness of treatment.

**Parent Interviews.** The interview audio recordings were initially transcribed using the Otter.ai software and were checked for accuracy by a GRA. The transcripts were analyzed using an exploratory, thematic, inductive analysis approach. This approach allows the data to drive the themes and codes from the interview rather than use predetermined codes to match the interview content (Braun & Clarke, 2012). The thematic analysis approach allowed the data to speak for

itself and provide additional context to the quantitative outcomes. The PI led the research team in a six-phase process to examine the patterns in the qualitative data and guide the analysis (Braun & Clarke, 2012). The first phase of the analysis consisted of the PI and GRAs becoming familiar with the data by listening to the audio recordings and reading the transcripts. The next two phases allowed the research team to generate initial codes emerging from the data (e.g., “difficulty using emotion coaching”) and use those codes to begin capturing broad themes from the codes (e.g., “changes in child behavior”). Through an iterative process, the team continued to review the potential themes and their relationship to emergent codes. In this phase, the PI examined whether certain codes should be themes and vice versa. The fifth phase consisted of naming and defining the themes to ensure they were distinct or combined if necessary. The final phase is producing the data report, including extracting example quotes from participants and including them in Chapter 4 of this dissertation (Braun & Clarke, 2012).

CHAPTER 4  
RESULTS

**Quantitative Results**

Results of Little’s MCAR test revealed that data was missing completely at random ( $x^2 = .000, p = 1.000; > .05$ ); thus, all data are present in the analyses. Group-level analyses and trends are presented in the sections below. Individual-level change in the TIK group across parental emotion regulation, emotion coaching, emotion dismissing, problem-focused reactions, expressive encouragement, and parent-reported change in children’s self-regulation are captured in Table 6.

Table 6. Individual Parent-Reported Change Across Time by Variable

ID	Sessions Attended	TEQ-P	DERS	EC	ED	PFR	EE	Child SR
500	6	94.0	-15.0	+2.0	-2.0	+0.6	+0.8	+14.0
501	6	97.0	-15.0	+4.0	+2.0 <sup>a</sup>	+0.8	+0.8	+12.0
507	6	95.0	+23.0 <sup>a</sup>	+1.0	-1.0	-0.8 <sup>a</sup>	+1.0	+6.0
512	6	96.0	-45.0	+7.0	-21.0	N/C	+2.3	+8.0
521	5	89.0	-5.0	N/C	-4.0	+1.0	+0.7	+12.0
522	2	84.0	+11.0 <sup>a</sup>	N/C	N/C	+0.6	+0.3	+14.0
523	5	99.0	-6.0	+3.0	-5.0	N/C	-0.2 <sup>a</sup>	+8.0
526	5	111.0	-7.0	-3.0 <sup>a</sup>	-11.0	-0.4 <sup>a</sup>	-0.3 <sup>a</sup>	+10.0
528	4	96.0	-5.0	-1.0 <sup>a</sup>	-1.0	N/C	-0.3 <sup>a</sup>	-8.0 <sup>a</sup>

*Note.* DERS = Difficulties in Emotion Regulation. EC = Emotion Coaching. ED = Emotion Dismissing. PFR = Problem-Focused Reactions. EE = Expressive Encouragement. SR = Self-Regulation. NC = No change.

<sup>a</sup> Change between pre and post occurred in the opposite intended direction.

***Research Question 1. As measured by attendance and intervention completion, were Black parents engaged, and did they complete Tuning in to Kids?***

Parent engagement and program completion were measured by attendance at weekly sessions and reported engagement with audio recordings. Overall, seven of the nine parents (78%) who received the TIK program completed the program as determined by attending five or more sessions (Havighurst et al., 2019). Four parents attended all six sessions, three attended five



sessions, one attended four, and one parent only attended two. One of the GRAs reviewed recordings of each session and completed fidelity checklists using the checklists provided in the TIK manual, to see whether the facilitator covered the intended material. The TIK facilitator adhered to the program manual with strong fidelity at 100% across all sessions (see Table 7), meeting the criteria of adequate adherence greater than 80% (Durlak & Dupre, 2008). Some sessions included optional activities, making the per-session fidelity percentages exceed 100% in some cases.

Table 7. Attendance and Percentages of Group Facilitator Fidelity Scores for the TIK Group

Session (Title)	<i>n</i>	Fidelity	Optional Material*
Session 1 (Setting Out: How to Raise Emotionally Intelligent Children)	6	100%	100%
Session 2 (Naming the Emotion)	9	100%	114%
Session 3 (Understanding Your Child’s Emotional Experience)	8	100%	120%
Session 4 (Self-care, Problem-Solving, and Coaching Fears and Worries)	6	100%	120%
Session 5 (Emotion Coaching and Your Child’s Anger)	8	100%	108%
Session 6 (Emotionally Intelligent Parenting: Now and in the Future)	8	100%	117%
<b>Total</b>		<b>100%</b>	<b>111%</b>

\*Calculated percentages exceeded 100% due to the facilitator including optional material from the manual.

***Research Question 2a. Is Tuning in to Kids an effective program to improve Black parents’ emotion regulation?***

Overall, there was no statistically significant main effect for total difficulties in emotion regulation [ $F(2, 18) = 0.88, p = .770, \eta_p^2 = .005$ ], suggesting no difference in the effectiveness of the two treatment approaches across the total emotion regulation scale. While the total emotion regulation scale was not significant, it is important to note downward trends in parents’ total difficulties with emotion regulation from pre-intervention ( $M = 88.9, SD = 23.4$ ) to post-intervention ( $M = 81.8, SD = 19.6$ ) to one-month follow-up ( $M = 74.3, SD = 18.6$ ). This 14-point reduction from pre-intervention to one-month follow-up in the treatment group, on average,

indicates greater improvement in parental emotion regulation compared to the 4-point reduction, on average, in the control group. There was, however, a main effect of time for both groups on the difficulty engaging in goal-directed behavior [ $F(2, 18) = 4.51, p = .026, \eta_p^2 = .33$ ] and lack of emotional clarity [ $F(1, 19) = .09, p = .770, \eta_p^2 = .005$ ] subscales with both groups showing a reduction in scores and improvements in engaging in goal-directed behavior and emotional clarity. A summary of group-level data and interaction effects is presented in Table 8.

***Research Question 2b. Is Tuning in to Kids effective in changing Black parents' beliefs using emotion coaching parenting styles?***

A mixed between-within-subjects ANOVA was conducted to assess whether Tuning in to Kids changed parents' emotion-coaching parenting style and beliefs compared to parents in the WLC group. No statistically significant main effects were detected when comparing the participant conditions using the Parent Emotional Style Questionnaire across the emotion coaching [ $F(1, 18) = .002, p = .963, \eta_p^2 = .00$ ] and emotion dismissing, [ $F(1, 18) = .149, p = .704, \eta_p^2 = .008$ ] subscales. While the emotion coaching and emotion dismissing subscales were not significant, it is important to note a slight increase in parents' emotion coaching attitudes and beliefs pre-intervention ( $M = 44.6, SD = 4.4$ ) to post-intervention ( $M = 45.2, SD = 5.9$ ) and a decrease in parents' emotion dismissing attitudes and beliefs from pre-intervention ( $M = 41, SD = 5$ ) to post-intervention ( $M = 35.9, SD = 5.5$ ). Of note, the 4-point reduction of emotion dismissing beliefs from parents in the treatment group indicates greater improvement than a 1-point increase for parents in the WLC group. A summary of group-level data and interaction effects is presented in Table 8.

***Research Question 2c. Is Tuning in to Kids effective in increasing Black parents' use of positive emotion socialization practices (i.e., emotion-focused reactions, problem-focused reactions, expressive encouragement)?***

Statistical analyses indicated no statistically significant change in parents' positive emotion socialization practices using the Coping with Children's Negative Emotions Scale. While no subscales demonstrated statistically significant changes, it is important to note a general increase in parents' reported use of problem-focused reactions from pre-intervention ( $M = 5.5, SD = 0.6$ ) to post-intervention ( $M = 5.7, SD = 0.6$ ) to one-month follow-up ( $M = 5.7, SD = 0.9$ ) and expressive encouragement from pre-intervention ( $M = 4.9, SD = 1.1$ ) to post-intervention ( $M = 5.5, SD = 0.9$ ). Parents also reported a general reduction in negative practices,

such as distressed reactions from pre-intervention ( $M = 4.0, SD = 0.8$ ) to one-month follow-up ( $M = 3.2, SD = 0.9$ ), punitive reactions from pre-intervention ( $M = 3.3, SD = 1.2$ ) to post-intervention ( $M = 2.7, SD = 1.4$ ), and minimization reactions from pre-intervention ( $M = 3.1, SD = 1.1$ ) to post-intervention ( $M = 2.9, SD = 1.5$ ). Overall, parents in the treatment group reported greater changes in positive emotion socialization practices (i.e., problem-focused reactions and expressive encouragement) between pre- and post-intervention compared to parents in the WLC group. A summary of group-level data and interaction effects is presented in Table 8.

***Research Question 2d. Is Tuning in to Kids effective in indirectly improving children's social-emotional competence?***

DECA-P2 Total Protective Factors (TPF) T-scores, on average, slightly increased from pre-intervention ( $M = 28.0, SD = 0$ ) to post-intervention ( $M = 29.7, SD = 2.7, \text{range} = 28\text{-}35$ ) to one-month follow-up ( $M = 30.2, SD = 3.0, \text{range} = 28\text{-}37$ ) for the TIK group. However, according to the DECA-P2 technical manual, this increase was not clinically significant (see Appendix B-Table 1 in LeBuffe & Naglieri, 2012). There was also improvement in the self-regulation subscale of the DECA-P2 in both groups from pre-intervention ( $M = 47.3, SD = 6.4, \text{range} = 36 - 56$ ) to one-month follow-up ( $M = 57.6, SD = 10.1, \text{range} = 40 - 72$ ) for the TIK group and from pre-intervention ( $M = 49.7, SD = 8.4, \text{range} = 35 - 62$ ) to one-month follow-up ( $M = 64.5, SD = 7.6, \text{range} = 50 - 72$ ) for the WLC group, indicating greater improvement in self-regulation in the WLC than the TIK group. There was a substantial main effect of time on self-regulation at post-intervention,  $F = (2, 18) = 19.38, p < .000, \eta_p^2 = .68$ , with both groups showing a statistically significant improvement in parent-reported self-regulation over time. A summary of group-level data and interaction effects is presented in Table 9.

***Research Question 3. Do Black parents find Tuning in to Kids an acceptable and feasible program?***

Yes, the average total score from the TEQ-P ( $M = 95.7, SD = 7.3$ ) indicates overall moderate acceptability yet did not meet the threshold for high acceptability (i.e., 110) for the TIK group. One parent rated their acceptability as meeting the threshold for high acceptability, with a score of 111. Six parents' acceptability ratings were slightly under the threshold (score ranges between 94 and 99), indicating moderate acceptability. Two parents' acceptability ratings were considered adequate overall acceptability (84 and 89). Subscales on the TEQ-P of Acceptability ( $M = 52.3, SD = 4.5$ ), Effectiveness ( $M = 34.5, SD = 4.5$ ), and Time Required ( $M = 8.8, SD =$

1.0), were compared to satisfactory average ratings of 55, 36, or 9, respectively. Three parents' scores reached adequate acceptability (scores ranging from 55 to 59), four parents' scores achieved adequate effectiveness (scores ranging from 36 to 44), and six parents' scores reached adequate time required (scores ranging from 9 to 10). Overall, most parents found Tuning in to Kids an acceptable and feasible program.

### **Qualitative Results**

Six parents from the TIK group participated in parent interviews. Of the remaining three parents, one canceled their interview and did not wish to reschedule, one did not respond to multiple attempts to schedule an interview, and the last parent did not attend four scheduled interviews, resulting in them not completing the interview. Analysis of the parent interviews yielded eight themes related broadly to intervention engagement and barriers, effectiveness (i.e., parenting practices and regulation, child behavior and regulation, parent-child relationship), acceptability (i.e., peer support), and perceptions of cultural and values-alignment of TIK for Black parents of preschoolers. To maintain the integrity of the parents' responses and qualitative interviews, direct quotes were edited only for clarity (i.e., removing repeat words) and were cut for length.

Table 8. Baseline Comparisons and Interaction Effects Between Condition across Time Points on Parent Outcomes

Variable	TIK Group ( <i>n</i> = 9)			WLC Group ( <i>n</i> = 12)			<i>Interaction Effects</i>		
	Pre	Post	F-up	Pre	Post	F-up	<i>F</i>	<i>p</i>	$\eta_p^2$
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>			
<b>Difficulties in Emotion Regulation Scale</b>									
NER	14.6 (4.2)	13.8 (5.2)	12.4 (3.4)	13.8 (5.9)	14.1 (5.2)	13.8 (5.3)	0.99	.39	0.10
GDB	14.3 (6.1)	15.2 (3.7)	11.4 (2.7)	12.5 (3.4)	13.6 (2.8)	12.6 (3)	1.45	.26	0.14
ICD	14 (4.4)	12.6 (4.6)	11 (4.6)	14.5 (4.9)	14.2 (4.9)	12.9 (5.7)	0.30	.742	0.03
LEA	14 (3.4)	13.7 (3.1)	12 (3.5)	15.2 (4.0)	14.1 (3.1)	14.1 (4.6)	0.78	.474	0.08
LAERS	20.8 (8.1)	17.1 (5.2)	16.6 (4.3)	18.3 (6.0)	17.3 (6.3)	17.9 (6.1)	0.93	.414	0.09
LEC	11.2 (3.7)	9.4 (3.4)	10.9 (4.5)	11.8 (3.4)	10.8 (3.4)	11 (3.7)	0.45	.643	0.05
Total	88.9 (23.4)	81.8 (19.6)	74.3 (18.6)	86.2 (21.4)	84 (19.7)	82.3 (23.8)	0.76	.48	0.08
<b>Parental Emotional Style Questionnaire</b>									
EC	44.6 (4.4)	45.2 (5.9)	45.0 (5.7)	45.0 (6)	45.0 (6.1)	44.5 (8.8)	0.09	.916	0.01
ED	41 (5.0)	35.9 (5.5)	37.1 (5.8)	38.8 (7.6)	38.3 (6)	39.9 (7.6)	2.11	.151	0.20
<b>Coping with Children's Negative Emotions Scale</b>									
EFR	5.6 (0.7)	5.0 (0.6)	5.4 (0.7)	5.3 (1.4)	5.4 (1.2)	5.4 (1.2)	1.87	.183	0.17
PFR	5.5 (0.6)	5.7 (0.6)	5.7 (0.9)	5.2 (1.2)	5.2 (1.1)	5.3 (1.2)	0.19	.829	0.02
EE	4.9 (1.1)	5.5 (0.9)	5.3 (1.0)	4.5 (0.9)	4.9 (0.9)	4.9 (1.0)	0.63	.547	0.07
DR	4.0 (0.8)	3.2 (0.9)	3.2 (0.9)	3.2 (1.1)	3.2 (1.0)	3.0 (0.9)	1.32	.293	0.13
PR	3.3 (1.2)	2.7 (1.4)	2.9 (1.1)	3.7 (1.6)	3.6 (2.0)	3.7 (1.9)	0.56	.579	0.06

Table 8. (cont'd)

MR	3.1 (1.1)	2.9 (1.5)	3.2 (1.2)	3.8 (1.5)	3.8 (1.7)	3.8 (1.7)	0.36	.702	0.04
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*Note.* NER = nonacceptance of emotional responses. GBD = difficulty engaging in goal-directed behavior. ICD = impulse control difficulties. LEA = lack of emotional awareness. LAERS = limited access to emotion regulation strategies. LEC = lack of emotional clarity. EFR = emotion-focused reactions. PFR = problem-focused reactions. EE = expressive encouragement. DR = distressed reactions. PR = punitive reactions. MR = minimization reactions.

Table 9. Baseline Comparisons and Interaction Effects Between Condition across Time Points on Children’s Social-Emotional Competence T-Scores

Variable	TIK Group ( <i>n</i> = 9)			WLC Group ( <i>n</i> = 12)			Interaction Effects		
	Pre <i>M (SD)</i>	Post <i>M (SD)</i>	F-up <i>M (SD)</i>	Pre <i>M (SD)</i>	Post <i>M (SD)</i>	F-up <i>M (SD)</i>	<i>F</i>	<i>p</i>	$\eta_p^2$
TPF	28.0 (0)	29.7 (2.7)	30.2 (3.0)	28.0 (0)	30.1 (1.8)	30.9 (2.3)	0.20	.818	0.02
SR	47.3 (6.4)	55.8 (5.5)	57.6 (10.1)	49.8 (8.5)	62.8 (7.2)	64.5 (7.6)	2.41	.118	0.21
BC	70.8 (2.3)	69.2 (2.7)	70 (2.1)	70.8 (2.0)	70.2 (2.1)	70.3 (2.6)	0.47	.628	0.02
Attach	50.4 (11.5)	50.3 (13.3)	56.3 (11.6)	47 (12.4)	51.7 (8.6)	55.5 (9.6)	0.64	.533	0.03
Initiative	54.4 (9.2)	57.3 (7.2)	55.3 (7.7)	53.8 (9.0)	57.7 (5.6)	57.8 (7.3)	0.35	.709	0.04

*Note.* TPF = Total Protective Factors. SR = Self-Regulation. BC = Behavioral Concerns. Attach = Attachment/Relationships.

### ***Intervention Engagement and Barriers***

Allowing facilitated discussions between parents in the program was noted as a key component of parents' engagement during the virtually-delivered TIK program. For example, Parent 512 shared how important it was to discuss with the other parents outside of the lecture-style content, stating, "I really liked more when we were bouncing ideas off of each other as parents more so than like the lecture style." They appreciated the opportunity to have questions posed by the lead facilitator, which was flexible for "pulling from us as participants I felt when she was discussing new concepts or a strategy to approach and...there was definitely freedom I felt, if we did have a question about something." Openness to participate flexibly facilitated discussions with parents in the group through multiple modes of communication (i.e., unmuting, typing in the chat, using Jamboard). On the other hand, when discussing the virtual nature of the program, this same parent noted that variability in other participants' engagement impacted how they interacted with the material, asking, "How you could tell when people were really engaged, and certain people were engaged versus other parents where maybe they weren't."

Some parents noted difficulty integrating emotion coaching into their existing parenting practices because moving through the five steps felt unnatural, and they were nervous about their child's reactions to a new parenting approach. Many parents expressed hesitancy in integrating a parenting practice with their children because they did not know how they would respond and in knowing how and when to use emotion coaching. Parent 521 shared, "So I think there was difficulty...knowing when to apply the method and how my kids will take it. If I didn't like apply the method," which may indicate a need to provide live coaching opportunities with parents as they practice implementing the strategies with their children.

### ***Efficacy***

**Parenting Practices and Beliefs.** Parents shared how difficult it was to use emotion coaching in the beginning, and Parent 521 shared that "as time went by, I learned to apply coaching method only to instances that apply and to instances that would not apply, then I was forced to use methods that I know best." Parent 522 noted how the emotion coaching method helps to correct their child and provide an alternate method of helping them problem-solve:

And then so, I think the strategy in the intervention actually goes a long way in correcting some ways and in giving some extra insights on how to deal with problems occurring between parents and children and then the way we like educate them.

Several parents remarked that adults and parents tend to believe “they know best,” which can lead to misunderstandings between parents and their children. By attending to children’s emotions, parents recognized they were beginning to understand and seek their child’s perspective when emotions arose. Parent 521 said, “Because from a point where you want to understand where the kid is coming from, you also, as a parent, want to...ensure that you get the most out of the relationship.”

While the program focuses on teaching children about their emotions and ways to regulate them, time was spent discussing how positive parental emotion regulation is key to effective emotion coaching. Several parents recognized a change in their abilities to regulate their emotions and how it impacts their parenting practices, using many relaxation strategies for themselves and their children. Parent 512 said:

I am not 100% a different parent, but especially when, like, like, I think, in one group we talked about, like emotional regulation or whatever. So definitely, when I'm more regulated, and like when I feel like I'm more calm or able to be there for him. I'm definitely more clued in and using tips and tools provided versus just shooting him down.

Parents expressed that emotions are okay and how this reframing of emotional expression has changed since completing TIK. Parent 523 shared, “It's okay for my kid to show all the emotion, despite being told, okay, pretend they're likely not to cry in front of other people. That it's fine if they show emotion.” Parent 512 shared how they are “normalizing a bit more of how he's feeling versus just being like, you're fine. Or, like, it's gonna be okay.” Parent 501 shared how they do not believe all people think emotions are acceptable and how important it is to explore emotions with their child.

I don't think a lot of people know or think that having those emotions is okay. And I think that was important and just being okay with talking about their emotions, and then kind of just guiding them to letting them solve their problem.

**Child Behavior and Regulation.** Parents noted that they recognized an improvement in their children’s ability to express their emotions and why they felt certain emotions. Parent 523 mentioned, “After this program, I felt that my kid can be able to express themselves confidently in front of others. And again, it says that my kid could... open up more to me.” Parent 501 further stated that their child was more comfortable expressing their emotions:

I feel like he just was able to express himself more and tell about his emotions, he felt more comfortable talking about his emotions, and just kind of just feeling more so free to just, I guess, behave in a certain way. Just because he felt comfortable.



Parent 521 noted that their child appeared to regulate their emotions independently after being in this parenting program, and they had a better relationship with their emotions. She noted, “So I think it was okay. If I say, I think it taught my child the skills to kind of bond with their emotions.” Another parent shared how the program has “really been helping me and [my son] with his strong emotions or with his emotions, period. I don’t wanna call them strong, but just like with his emotions.”

While reducing behavioral problems and concerns is not the primary target of TIK, parents indicated that they have seen a reduction in their child’s challenging behaviors. Parent 526 talked about how they did not see much change at the beginning of the program, but “coming to the end of it, I noticed the change in their behavior, which was good, and it really made a difference.” On the other hand, Parent 501 shared that their child exhibited more challenging behaviors as a result of being more comfortable with expressing himself, stating that “it kind of backfires in that he does feel that comfort to kind of whine and kind of, you know, just kind of just feel more comfortable being upset more often.”

**Parent-Child Relationship.** When parents had a better understanding of children’s range of emotions, they were better able to empathize with them. When asked how Parent 521 thought about how emotion dismissing was discussed, they shared how they were more empathetic using the emotion coaching model and empowering their child:

So, it was beneficial to me, since I cultivated the skills of actively listening, empathetic responses, and I can now develop problem-solving strategies that would empower my child. Also, I think that they learn from me somehow to navigate in challenging situations and improving their confidence and resilience.

Paired with increased empathy, parents acknowledged a greater intention to listen to their children rather than dismissing their emotions and perspectives. Parent 523 shared their experience learning that “I’d say that It’s okay to listen to your kids. It’s okay to give them a listening ear.” Parent 512 shared how they shifted from tuning out their child to providing more opportunities to listen to their child and prompt for more information:

And before I would, like, seriously, tune him out at times. Like, I don’t have time to listen to this like, we gotta go, we gotta do this. We got to do that. Or like, okay, yeah, whatever. But now, not all the time. But I will say there’s been an increase of my listening, like really listening to what he’s saying. And posing questions to him, or telling him, like, it’s okay to feel that way or like, I imagine a lot of other kids are like, I felt that way.

All of these improvements in the parent-child relationship are reflected well in parents' recognition of their child as a whole person. Several parents reflected on recognizing that they are not all-knowing beings in their relationships with their children. Parent 526 had an insight about how they had to challenge the notion that they are always right, sharing, "I know what is right and what is wrong as a parent, but I realize no, I'm not always right. And that children are people, too. And they should be listened to." Similarly, parent 512 shared how children are not always treated like people with emotions in the same way as adults, stating

And it's like a kid's a kid like, people, adults, we have emotions, how can you expect a kid to like not have emotions about things or to not feel things...I don't wanna say like robots or like, even possessions in a way. Like, they don't get to feel things...they're not allowed to be whole people.

### ***Acceptability***

Because of the virtual nature of the program delivery, the facilitators recorded each session and made the audio recordings available for parents to review after sessions or catch up on material they had missed. Parent 526 expressed how they used the recordings when "the time for the meetings coincided with a part-time job that I had. So I didn't manage to attend all of them. But I listened to the recordings that were sent." Because each session built upon the last, parents could keep up with the material by listening to audio recordings and following the slides.

Parents discussed their parenting approaches throughout the sessions before participating in the program. They described how the program helped provide alternative strategies to help support their child. Parent 501 shared about using the resources and strategies as a different way to parent their child and "offering different ways of how to handle their emotions themselves because he's more so kind of leaning on the support." Parent 522 also shared that the program allowed parents to put their skills to use immediately rather than dragging them out. They shared that the strategies were presented "in such a way that I could put it into use, and then I know other participants will also be able to put the like strategy into use."

Parents appreciated the opportunity to practice the skills in small groups rather than listening to the sessions as lectures. Parents in the program could watch the facilitators role-play scenarios with direct scripts, and they had the opportunity to practice with scripts before moving to real-world examples from their lives to role-play the skills in real situations they have encountered with their children. Parent 523 shared that using breakout rooms helped separate from the larger group to practice role-playing, and "it was so engaging because in the breakout

rooms, you are able to get chances and pick out, rather act it out.” Parent 512 indicated, “I liked the role-playing that we were asked to do in the breakout rooms.” These role-plays allowed parents to practice their skills while receiving feedback and working through the discomfort using a new parenting approach.

Several parents indicated appreciating the sense of community in a group with other parents experiencing similar challenges with their children. Parent 523 shared that they appreciated hearing from other parents with similar issues and experiences, stating that “the best part was being able to talk to the real people and getting to understand where they come from, about their experiences [with] their family.” It made the breakout rooms more enriching to bounce ideas for implementing the strategies in the real world with their children. Parent 512 talked about their experience sharing strategies with other parents with similar experiences:

I really appreciated when we were put into smaller groups. And I was getting to talk to other parents... remember, there was at least one gentleman who he also had an infant almost around the same age as my infant. And I felt like we really empathized well. And so together, we were talking about the strategies and doing things and like bouncing things off of each other.

Toward the end of the program, time was spent discussing how parents can share the information they learned with their friends and family members who care for their children. The parents shared concerns about getting family members and their broader community on board with the emotion-coaching parenting approach. Several parents indicated how important this group was for them and their desire to share what they learned with others. Parent 512 shared how important it would be to share this information with other mothers in their community:

But even sometimes in like, your friends groups, especially, you know, as a mom, you develop like mom friendships and you have those mom, you know, group chats and stuff going and it would be cool if like, within some of those, I could be like, hey, like, have you tried asking your kid this?

### ***Alignment with Culture and Values***

Throughout the program and parent interviews, participants shared how the program aligned with some of their parenting values. In their interviews, parents shared how TIK may differ from how they have done things, but the strategies align with how they have been trying to parent their children. Parent 522 shared, “I think it's aligned with my quality to some extent. And then it's added some...good instincts into me.” Other parents shared about how they have attended parenting classes in the past, and participating in TIK provided them another

opportunity to learn about strategies and approaches that align with their values. For example, parent 501 shared that “we have already been kind of taken steps and to parenting classes. And then when we, you know, kind of saw this program. We were, we were like, Yeah, we could really benefit from it.”

Relatedly, some parents spoke about how the program doesn’t necessarily align with their parenting practices, but they see how the framework aligns with their values. Parent 521 shared their perspective using these strategies coming from an older generation with a different way of parenting:

Um, I come from an older generation. So from what I will start from when I was talking about my parents, I wouldn't say I kind of think that the whole model was based on patience and listening, something that we weren't like quite used to. But as for me, I would like own them. Yeah. So I think they are aligned with me.

A few parents talked about how this program allowed them to change their parenting and take a gentle approach. Parent 523, for example, said, "It's okay that I can still parent them gently, and they'll listen to me. Yeah. And I feel that with time, I'm achieving what I wanted instead of having something harsher.” Parent 512 elaborated on the broader focus for millennial parents to change the landscape of parenting in the future:

A lot of us I see in our community, millennials, and people that are a little bit younger than millennials, are really trying to use tactics that are much more. I don't know if you want to call it gentle parenting...we're recognizing that the strategies that our parents used may not necessarily have been the most effective... I do feel like our generation is trying to break some of that, that resistance to like, emotions.

One parent spoke to the realities and difficulties of raising Black children, specifically Black boys., sharing how Black children are perceived in society and how societal pressures influence parenting approaches. Parent 512 shared how this program helped them realize how Black males either hide their feelings or dismiss others:

I thought about this more, especially by coming through this program, and raising Black boys like, then we get upset when we have like males walking around who dismiss other people's emotions or can't, put out there, how they're feeling. And so like, that's another reason why I've been huge on like him expressing himself because I'm like, I'm raising this Black boy who eventually one day will be somebody's partner.

Some parents shared how family members are often confused or try to interject as they use emotion coaching with their children. Many parents shared frustration with implementing emotion coaching in their parenting due to the challenges of competing beliefs among members of their families and communities. Parent 501 shared that “I guess, you know, trying to just deal

with other people in their two cents and their own beliefs about how parenting should work how you should be caring for your child.” These parents share an appreciation for changing the narrative in parenting their children, as they see an opportunity to create healthier relationships with their children because “it was really shifting the mindset of what we've seen you in our household growing up, and how many of us parent based on how we grew up” (Parent 512).

Lastly, parents were overwhelmingly positive about TIK’s existing curriculum and its sensitivity to individuals’ beliefs and values. The program’s flexibility in presenting material allows facilitators to present the information neutrally or within the context of specific cultures. Many parents shared the same sentiment as Parent 526, who stated, “I think it was best as it was.” Parent 522, for example, elaborated and shared:

It was...presented in such a way that it doesn't bring about discrimination when it comes to like cultural values and stuff. So, because it's really set up in such a way that is neutral and in such a way that teach people and then it's actually aligned with positive value.

## CHAPTER 5

### DISCUSSION

Universal evidence-based interventions are those that are not only carried out as intended but also lead to the intended benefits and are found to be acceptable by their participants. This pilot study aimed to examine the fidelity, engagement, efficacy, and acceptability of the Tuning in to Kids parenting program within a group ( $N = 21$ ) of Black, U.S.-based parents of preschoolers. Establishing evidence for using TIK in new contexts and with diverse parent populations is essential to determine its utility across cultures. A joint display in Table 10 illustrates overall trends and connections between the quantitative and qualitative data collected from parents in the treatment group.

#### **Treatment Engagement and Fidelity**

Treatment engagement and fidelity are essential when examining an intervention's efficacy because intervention outcomes should be interpreted cautiously if the intervention is not implemented as planned (Sanetti et al., 2021; Witt & Elliott, 1985). If low fidelity is reported with high effectiveness, researchers cannot demonstrate the intervention's effectiveness in a given study (Brown-Chidsey et al., 2008). The facilitator delivered TIK virtually with excellent fidelity and across sessions (ratings of 100% or higher), meeting the threshold of adequate fidelity with ratings of 80% or higher (Durlak & Dupre, 2008). Further, these fidelity scores are higher than the standard ratings of adequate fidelity and align with previous literature on in-person TIK programs (Bølstad et al., 2021; Duncombe et al., 2016; Edrissi et al., 2019; Havighurst et al., 2010; Qiu & Shum, 2022; Wilson et al., 2012). Within the TIK literature, most of the research displays fidelity ratings above 90% within predominantly White samples (as seen in Table 1). Fidelity in this study of Black parents was 100% adherence by the facilitators in each session, with five of the six sessions exceeding 100% by including optional material presented in the manual (see Table 7). Further, these fidelity findings suggest that TIK can be delivered virtually with fidelity using videoconferencing platforms.

In addition to fidelity ratings, attendance was taken per session to examine parent-level fidelity and engagement. Full completion of the TIK program is demonstrated by attending five or more sessions (Havighurst & Harley, 2007). Seventy-eight percent (7 out of 9) of parents physically attended five or more virtual sessions, less than the 80% of parents who completed TIK programs in previous literature (Havighurst et al., 2010, 2019; Wilson et al., 2016). This

rate, however, is consistent with, and exceeds, a previous examination of the Incredible Years Parenting program with a majority Black sample, with parents averaging 55% attendance across all sessions (Brotman et al., 2003). Parents were also allowed to listen to the audio recordings from previous sessions to catch up with any missed material, which counted toward parent attendance. Parents noted that the virtual sessions through Zoom helped accommodate schedules and reduced the need for childcare, transportation, or barriers related to COVID-19 restrictions or concerns (Chi & Demiris, 2015; Cook et al., 2021). Notable differences in outcomes from parents who attended fewer sessions are discussed in the relevant sections below.

Delivering parenting groups virtually allowed parents to learn skills and tend to responsibilities without disrupting their schedules. The parent interviews support the importance of providing alternative options for parents who cannot consistently attend in-person parenting groups but still wish to learn the content. However, one parent noted how using a virtual platform makes it difficult to know when other participants are fully engaged. These adequate fidelity scores and attendance rates are promising for virtually delivered parenting programs that are used to reduce implementation barriers often common in group parenting programs (Cook et al., 2021). Specifically, this information can support continued examination of treatment adherence and overall attendance for Black parents participating in group-based parenting programs.

Table 10. Joint Display of Quantitative and Qualitative Results

Variable of Interest	Quantitative Results	Qualitative Results	Exemplar Quotes
Attendance and Engagement	7 of the 9 (78%) parents attended at least 5 sessions (indicating adequate intervention dosage)	Parents shared how it was difficult to know when others were engaged in the program content. Others expressed gratitude for being able to engage with other parents learning the new strategies from TIK.	<p>“How you could tell when people were really engaged, and certain people were engaged versus other parents where maybe they weren't.”</p> <p>“I really liked more when we were bouncing ideas off of each other as parents more so than like the lecture style.”</p>
Parental Emotion Regulation	TIK parents reported fewer difficulties in overall ER, compared to WLC parents though not statistically significant. Parents in both groups reported statistically significant fewer difficulties specifically in GDB and LEC.	Parents discussed how the program allowed them to better regulate their emotions in response to their children’s difficult emotions.	<p>“[W]hen I'm more regulated, and like when I feel like I'm more calm or able to be there for him. I'm definitely more clued in and using tips and tools provided versus just shooting him down.</p>



Table 10. (cont'd)

<p>Emotion Coaching and Emotion Dismissing</p>	<p>TIK parents reported an increase in EC beliefs/practices and a greater reduction of emotion dismissing beliefs/practices, though not statistically different from the control group.</p>	<p>Parents recognized some difficulty in actively using the emotion coaching framework but shared fewer instances of dismissing their children's emotions.</p>	<p>"[A]s time went by, I learned to apply coaching method only to instances that apply and to instances that wouldn't apply, then I was forced to use methods that I know best."           "And before I would, like, seriously, tune him out at times. Like, I don't have time to listen to this...But now, not all the time. But I will say there's been an increase of my listening, like really listening to what he's saying."</p>
<p>Emotion Socialization Practices</p>	<p>TIK parents engaged in more PFR and greater EE than parents in the WLC group, though not statistically different. Parents also reported fewer DR, MR, and PR to their children's negative emotions, though not statistically different.</p>	<p>Parents reported taking more time to listen to their children and help them problem-solve rather than reacting harshly. They spent more time allowing their children to process their emotions compared to before being in TIK.</p>	<p>"And I think that was important and just being okay with talking about their emotions, and then kind of just guiding them to letting them solve their problem."           "So, it was beneficial to me, since I cultivated the skills of actively listening, empathetic responses, and I can now develop problem-solving strategies that would empower my child."</p>

Table 10. (cont'd)

<p>Children's Social-Emotional Competence</p>	<p>Parents reported overall better social-emotional competence in the TIK group, though not statistically different from the control group. Parents in both groups reported statistically significant improvements in their children's self-regulation throughout the study.</p>	<p>Parents in the TIK group spoke to their children's ability to express their needs and emotions after using the emotion coaching framework. Some parents shared that the increase in emotion expression came with more challenging behaviors.</p>	<p>"[C]oming to the end of it, I noticed the change in their behavior, which was good, and it really made a difference."           "I will say that the only thing that in a way seems like it kind of backfires is that he does feel that comfort to kind of whine and kind of, you know, just kind of just feel more comfortable being upset more often."</p>
<p>Acceptability</p>	<p>TIK parents reported moderate acceptability. Only 1 of the 9 (11%) parents indicated high acceptability.</p>	<p>Parents discussed concerns with the time necessary to participate in the program, while others shared that the virtual delivery made it more accessible to meet other parents sharing similar experiences.</p>	<p>"[T]he time for the meetings coincided with a part-time job that I had. So I didn't manage to attend all of them. But I listened to the recordings that were sent."           "[T]he best part was being able to talk to the real people and getting to understand where they come from, about their experiences [with] their family."</p>

Table 10. (cont'd)

<p>Alignment with Culture and Values</p>	<p>No Quantitative Data Collected</p>	<p>Parents shared how the experience in TIK differed from how their communities and families view parenting. They appreciated the insight from the program as it aligned with their goals for future parenting. Parents also discussed how parenting Black children requires more thought in preparing them for the world.</p>	<p>“[I]t was really shifting the mindset of what we've seen you in our household growing up, and how many of us parent based on how we grew up.”</p> <p>“It was laid down...presented in such a way that it doesn't bring about discrimination when it comes to like cultural values and stuff.”</p> <p>“I thought about this more, especially by coming through this program, and raising Black boys like, then we get upset when we have like males walking around who dismiss other people's emotions or can't, put out there, how they're feeling.”</p>
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*Note.* ER = emotion regulation. EC = emotion coaching. GBD = difficulty engaging in goal-directed behavior. LEC = lack of emotional clarity. PFR = problem-focused reactions. EE = expressive encouragement. DR = distressed reactions. PR = punitive reactions. MR = minimization reactions.

## **Treatment Efficacy**

### ***Parental Emotion Regulation***

While parental emotion regulation plays a key role in parenting practices and children's emotion regulation (Bariola et al., 2011; Crandall et al., 2015; Dix, 1991; Morris et al., 2017), it is not well-studied within the parenting intervention literature. Previous literature suggests that TIK effectively improves parents' emotion regulation in predominantly White samples (Havighurst et al., 2010, 2013). The current study's findings provided preliminary trend data to support TIK's ability to impact parents' difficulties with emotion regulation compared to parents in a WLC group. Total and subscale emotion regulation scores all demonstrated statistically non-significant downward trends from pre-intervention to post-intervention for parents in the TIK group compared to the WLC group. Parents in the TIK group demonstrated either stable scores across time or reductions in difficulties with emotion regulation for Black parents, which adds to the literature addressing the bidirectional relationship between parental and child emotion regulation (Bariola et al., 2011). Across both groups, there was a significant main effect of time on parental changes in goal-directed behavior ( $\eta_p^2 = .33$ ) and lack of emotional clarity ( $\eta_p^2 = .005$ ) on the DERS, indicating large and small effect sizes, respectively. Because these changes were exhibited in both groups, this finding may indicate that parents' access to the TIK program and *The Emotionally Intelligent Child* (Katz & Hadani, 2022) contributed to fewer difficulties in goal-directed behavior and greater emotional clarity.

Another explanation for improvement in both groups is maturation. Further research is necessary to understand if this main effect of time may be best attributed to natural maturation in parents or the positive effects associated with accessing any type of parenting support resources. Researchers have demonstrated the bidirectional relationship within predominantly homogenous samples; however, the findings of the current study align with these previous findings, suggesting that Black parents' emotion regulation can improve with direct programming (i.e., group intervention or bibliotherapy). Two parents in the treatment group unexpectedly reported increases in their difficulties in emotion regulation between pre- and post-test. One of those parents attended all six sessions while the other only attended two calling into question whether they received an adequate dosage of intervention. In sum, not all Black parents may see personal benefit to engaging with the TIK program

The parent interviews emphasize that parents recognized a change in their emotion regulation after participating in TIK, sharing that they took more time to check in with their emotions as they communicated with their children through emotion coaching. They recognized the importance of regulating themselves before attending to their child's emotions, a critical step in emotion coaching. Parents' personal reflections provide preliminary evidence supporting the need to investigate parental emotion regulation in Black parents. Black parents participating in TIK can benefit from the discussions around emotion regulation just as parents from previous examinations have (e.g., Havighurst et al., 2010, 2013). Additionally, this suggests that discussions and materials concerning emotion coaching and regulation can lead parents from a variety of backgrounds to reflect on their own emotional processes as they implement emotion coaching with their children. Morris and colleagues (2007) recognized the impact of parental characteristics such as reactivity and regulation on a child's emotion regulation and adjustment. Parents in the present study acknowledged the direct impact of their emotion regulation on a change in parenting practices and greater attention to their child's behavior and emotional processes.

### ***Parental Emotional Style***

Parents in the treatment group reported a slight statistically non-significant increase in parents' ratings of emotion coaching styles and attitudes and a slight statistically non-significant decrease in emotion dismissing styles and attitudes compared to parents in the WLC group. This finding aligns with previous findings where parents did not report significant changes in emotion coaching (Havighurst et al., 2013, 2015, 2019; Wilson et al., 2016) after completing TIK. However, the results provide preliminary data to support TIK's initial use to assist parents in integrating a new emotional approach to parenting compared to parents in the WLC group. These findings mirror those found in a previous study examining changes in emotion coaching and emotion dismissing in a sample of parents in the U.S. after completing the parent-administered adaptation called TIKOL (Williams & Carlson, 2023). A possible explanation for the similarities in these studies could be the assessment of skills in a similar sample of parents in the U.S. These results could be due to several possibilities. In the current study, the parents were recruited from an unstudied population of Black parents of preschoolers. These results support that TIK allows Black parents to use a new parenting style to engage with their children's emotional reactions. Two parents in the treatment group indicated using less emotion coaching between pre- and post-

test. These opposite outcomes could be due to many reasons, including the consideration that those two parents did not attend all six TIK sessions.

Along with the promising results of the quantitative measures, parents reported in their interviews how they used emotion coaching more and felt themselves dismissing their child less, consistent with other emotion coaching programs (Coard et al., 2007; Porzig-Drummond et al., 2014). They discussed how attending to their child's emotions often reduced the typical behaviors they have seen in the past. Because emotion coaching is generally a practice employed by Black parents (Labella, 2018), these findings suggest that TIK could be an appropriate program to support parents from a strengths-based framework, continuing to build skills that have shown to be essential to Black parenting. In addition to these promising results, future investigations can assess whether cultural adaptations could further add to the content from a culturally specific approach by using examples that are specific and relevant to the parents in the group, such as using video materials with Black parents and incorporating emotion coaching in common situations that Black children and families often face (Coard et al., 2007).

### ***Parental Emotion Socialization Practices***

When assessing Black parents' positive emotion socialization practices, there were statistically non-significant positive trends in parents' reported problem-focused reactions and expressive encouragement from pre- to post-intervention for parents in the TIK group compared to those in the WLC group. There were also statistically non-significant reductions in negative emotion socialization practices (i.e., distressed emotions, punitive reactions, and minimizing reactions) for Black parents in the TIK group from pre- to post-intervention, which is consistent with other parenting programs in the literature (Coard et al., 2007; Porzig-Drummond et al., 2014; Williams & Carlson, 2023). Aligning with previous TIK literature variable changes in parents' emotion socialization practices have been measured using the Coping with Children's Negative Emotions Scale across different parenting groups (Bjørk et al., 2022; Chan et al., 2021; Havighurst et al., 2004, 2019; Qiu & Shum, 2022; Wilson et al., 2016). While these results are non-significant, the greater magnitude of change demonstrated by parents in the TIK group provides preliminary evidence that TIK can influence Black parents' emotion socialization practices.

Black parents use a myriad of practices to parent their children, and those practices are generally dependent on the situation and the societal implications and potential consequences

(Leerkes & Bailes, 2019; McLoyd et al., 2019; Nelson et al., 2013; Nelson, Leerkes, et al., 2012). Given the need to adjust parenting practices, binary terms such as “negative” and “positive” may not be appropriate in labeling parenting practices as they are often adaptive, especially for Black parents (McLoyd et al., 2019). Future parenting research should consider how using these binary terms can show prejudice toward different parent groups, such as Black parents, who are often positioned as using “negative” parenting practices. To further support TIK’s use with Black parents, future examinations may consider if culturally adapting the program to address using emotion coaching to help navigate systemic barriers may be even more effective for Black parents (Dunbar et al., 2015, 2022).

Expressive encouragement and problem-focused reactions are directly taught in TIK, suggesting that the improvements may be due to direct instruction in the program curriculum. These positive changes in parents’ reported practices align with other emotion-focused programs (Brotman et al., 2003; Chronis-Tuscano et al., 2016) and other examinations of Black parents’ existing parenting practices, as emotional expression is a pertinent element of African American culture (Boykin & Toms, 1985; Garrett-Peters et al., 2011; McLoyd et al., 2019). Parents reported improvements in open communication with their children during the parent interviews. This may be due to the focus on allowing children to sit in the emotions they feel rather than dismissing them. Parents also indicated that their children expressed their emotions more and tried to be more descriptive as they talked about their emotional reactions to situations. Emotion-focused reactions, however, are related directly to the emotion coaching instruction in the program. The increase in reported emotion-focused reactions between post-intervention and the one-month follow-up may indicate that Black parents need more time to integrate emotion-focused reactions into their parenting styles in addition to problem-focused reactions. Greater changes may be explored in allowing Black parents to practice using the skills with their children in addition to the role play opportunities in the TIK program.

### ***Children’s Social-Emotional Competence and Behaviors***

There was a slight statistically non-significant improvement in parent-reports of their children’s Total Protective Factors for parents in the TIK group and a statistically significant main effect of time of their children’s self-regulation for parents in both groups. According to the DECA-P2 manual (LeBuffe & Naglieri, 2012), neither of those improvements are deemed clinically significant; however, this finding is important to provide preliminary information to

support TIK as an indirect means to improve children's overall social-emotional competence (i.e., TPF scores). Because children were not active participants in TIK, it is difficult to determine if behavioral changes resulted from their parent's involvement in the program or external factors. Additionally, the main effect of time on children's self-regulation in both groups ( $\eta_p^2 = .68$ ) may indicate natural maturation as children get older and are better able to regulate their emotions and behavior. This large effect size suggests that regardless of the parents' assigned group, children may naturally experience improvements in self-regulation over time. This main effect may also be due to parents in both groups having access to parenting resources (i.e., TIK and *The Emotionally Intelligent Child*) throughout the study. According to parent reports in the interviews, several parents indicated that they saw positive improvements in their children's challenging behaviors and an acknowledgment of their children learning from their parents' use of emotion coaching strategies. Previous literature demonstrates children's improvements in emotional competence and emotion labeling when directly involved in parenting programs (Brotman et al., 2003; Chronis-Tuscano et al., 2016; Porzig-Drummond et al., 2014; Salmon et al., 2014).

Parents' involvement in TIK appears to be associated with greater emotional understanding for young children (Bjørk et al., 2022) and reduced problematic behavior (Qiu & Shum, 2022) compared to children with parents in a control group. Parents reported noticeable changes in their children's behavior following their involvement in the program. This indicates a promise for parents to see a change in their child's challenging behaviors due to their increased use of emotion coaching. Additionally, parents shared in their interviews how the program has helped their children learn to calm themselves. One parent did share that as their child became more comfortable expressing their emotions, they began to act out more in public, which may speak to the improved emotion expression but continued difficulties with behavioral challenges. Because of the variability in parent-reported changes in children's behavior, additional research should examine how involvement in an emotion-focused parenting program can lead to improvements in children's behaviors (Coard et al., 2007). The results of the current study suggest that children do not need to be directly involved in parenting programs to benefit from them. Further investigation and longitudinal data may help determine the longevity of behavioral changes and address how children with greater challenging behaviors continue to respond to their parents' new style.



## **Treatment Acceptability**

Similar to previous TIK findings, parents rated the program as highly acceptable and were amenable to using the strategies in their parenting despite some misalignment with previous parenting practices. One of the greatest strengths of TIK was the ability to help parents reframe their parenting beliefs and make a shift to healthier and more positive methods of parenting, which is consistent with other qualitative evaluations of parenting programs (Coard et al., 2007; Kohl & Seay, 2015). Specifically, this is similar to Hernandez and colleagues' (2020) examination of TIK in a rural community in the U.S. One parent in the treatment group only attended two parent sessions, and they indicated the lowest acceptability rating (89.0), demonstrating adequate acceptability. This parent also indicated a change in emotion regulation opposite of the intended effect, which may have contributed to their lower acceptability rating compared to parents with higher ratings and higher attendance.

Parents in both studies emphasized some initial resistance to the strategies taught but were able to recognize the benefits of reframing their beliefs to adopt emotion coaching within their parenting practices (Hernandez et al., 2020). Like other evaluations of parenting programs, parents reported how pleased they were with the program and their desire to share the information they learned with family and friends (Coard et al., 2007). Lastly, parents were overwhelmingly vocal about the importance of peer support from other parents in the program, even expressing a desire for more peer engagement throughout the program. Creating a positive learning community filled with other parents enhanced their ability to glean pertinent information from the program by acting as peer support and peer models during parenting sessions (Kane et al., 2007; Wright, 2015). Black parents can benefit from the virtual delivery of TIK; however, future examinations of the virtual delivery of the program may require participants to leave their cameras on throughout the sessions to foster a more cohesive learning community and better assess individual engagement outside of attendance and parent report. This data emphasizes how parent engagement and fidelity can contribute to efficacy and acceptability outcomes.

## **Limitations**

The present study is limited by several factors, including (a) attrition and small sample size, (b) parent self-report, (c) generalizability of results, and (d) technological challenges.

### ***Attrition and Small Sample Size***

One limitation of this study is the combination of attrition and a small sample, with three out of 21 (14%) parents dropping out after enrolling. While losing 14% of participants may seem minor, losing those parents in an already small sample size may have contributed to the lack of power in the quantitative data with the final count of participants ( $N = 21$ ). Eight participants did not complete the study components and were either dropped or self-eliminated due to incomplete pre data. Six participants did not respond to communication to complete the pre-survey before starting the program, and two participants dropped out of the study due to scheduling conflicts. Researchers identify time, motivation, and difficulties with employment and transportation as reasons participants may drop out of intervention studies (Chi & Demiris, 2015), especially during a pandemic (Cook et al., 2021). This attrition rate may give insight into difficulties in implementation success in real-world settings for parents despite the virtual online therapy approach which was hoped to promote accessibility.

While the current research is a pilot study and the quantitative results were trending in the anticipated direction, the sample ( $N = 21$ ) may be too small to statistically determine how effective this program is for parents in real-world settings and may have underpowered the analysis results, which may risk a Type II error (Serdar et al., 2021). Future research should engage in effectiveness trials with larger samples in community and clinical settings to determine how likely parents are to drop out of these programs and address barriers to completion, which may further support the promising preliminary data in the current study. Additionally, due to the small sample and even smaller sample of parents completing parent interviews, the rigor of qualitative methods was limited to more exploratory procedures. With a larger sample of interviews specifically, future examinations should consider employing more rigorous qualitative methodology, such as data-checking with participants, incorporating an iterative process in data planning and analyses, and engage in a triangulation framework to better establish validity of interpretation between quantitative and qualitative data.

### ***Parent Self-Report***

Another limitation is using parent reports for all outcome measures instead of multiple data collection methods. Because parents completed surveys several times, they may have responded with socially desirable responses, wishing to present themselves positively. In addition to responding positively, parents in the treatment group may have responded in ways

that align with the content of the parenting program and may not accurately represent their behaviors and attitudes. Future research should consider using observational data to measure parents' use of emotion coaching and children's behavior. It would be important to employ multiple raters to ensure inter-rater reliability. Using multiple methods to measure parent and child outcomes will strengthen data collection and analyses in future research.

### ***Generalizability of Results***

Because of the small, homogenous sample size, it would be difficult to generalize this data to Black parents with different backgrounds. For example, 95% of the parents in this study identified as African American, which may help examine the effectiveness for African American parents; however, Black parents represent many ethnicities within the African diaspora. Most participating parents had some college experience, making this a generally more educated sample. These results may not generalize to parents with less education and should be interpreted cautiously.

### ***Technological Challenges***

While technology served as an asset for parents participating in the study, there were notable challenges with recruiting participants through email contacts, social media, and other media-related recruitment efforts. Because recruitment was conducted solely online and through personal contacts, there was an influx of responses to the study screener, resulting in duplicate or bot responses. Using an online survey tool, such as QualtricsXM, provides an easy method of data collection and allows for internal bot detection. However, using an online tool such as this opens the door for fabricated responses, especially when incentives are available in exchange for participation. In the future, it may be helpful to limit exposure to broader social media recruitment efforts and recruit directly from community centers and local clinics.

### ***Implications for Research***

This research was conducted to add to the parenting intervention literature, specifically in emotion-focused programs for Black parents in the United States. This study presented promising findings related to the fidelity, engagement, efficacy, and acceptability of the TIK program for a new, understudied sample of Black, U.S.-based parents. The results of this study build upon the vast research examining the effectiveness of TIK and other emotion-focused parenting programs. This is the first study to evaluate TIK with a Black sample and to provide mixed-methods data using TIK in the U.S. As parenting literature grows, it is critical to examine

parenting programs and their utility for parents from diverse backgrounds. The literature on emotion-focused parenting programs is conducted with primarily White samples; thus, it is essential to examine their effectiveness with parents and caregivers from marginalized backgrounds.

Additional research is needed to understand treatment fidelity and engagement for parenting programs delivered through virtual means, given the barriers to access to treatment for parents. Given the technological age and future advancements, virtually delivered programs provide a gateway to accessing effective programs for parents and caregivers to help them best support their children. This study gathered treatment fidelity from the program facilitator and engagement data via parent attendance throughout the program. Future research should continue to examine the utility of delivering effective parenting programs virtually and assessing parent fidelity between sessions (e.g., homework).

Finally, the qualitative interviews provide an additional lens to examine parents' experiences with the TIK program. Quantitative data suggests that the program effectively improved parents' use of emotion coaching and children's emotional competence within this small sample. Still, the qualitative interviews provide a fresh perspective beyond the typical quantitative approach, allowing parents to speak directly about their experiences in the program. Black parents in this study shared which program components were most helpful and how certain parts did not align with their parenting ideologies. These findings extend the qualitative research of TIK collected in a rural Appalachian region of the U.S. (Hernandez et al., 2020), suggesting that qualitative data is essential to fully understanding parents' experiences in TIK and other parenting programs. Future research should consider collecting qualitative data to include the parent voice in research findings and improve researchers' understanding of program acceptability across diverse cultures.

### **Implications for Practice**

Many parenting programs focus on behavior management, and TIK provides an alternative pathway for supporting parents while engaging in psychoeducation about children's social and emotional development. Clinicians may consider facilitating these groups in community or clinical settings to help parents and caregivers better understand their children's emotional development when behavior is not the primary concern for a child.

The qualitative data collected in this study sets the stage for clinical implications related to adapting TIK to fit the parents' needs best. One consideration for using TIK is to use the flexible nature of the manual to adapt the content to fit parents' needs. Generally, parents reported that TIK was sensitive to their cultural beliefs; however, future examinations should consider creating and using visual materials (e.g., handouts, video scenarios) with parents from diverse backgrounds to help make the information more relatable for parents (Kohl & Seay, 2015).

### **Conclusion**

This study used a mixed-method, randomized-waitlist control trial to assess the fidelity, efficacy, and acceptability of the Tuning in to Kids parenting program for Black parents of preschoolers. The results of this study indicated that TIK had high facilitator fidelity, parent-reported engagement, and adequate attendance; however, quantitative outcome data does not reflect a significant improvement in parental emotion regulation, use of emotion coaching principles and positive parenting practices, and children's emotional competence and self-regulation. Quantitative outcomes exhibited trends in the intended direction; however, further investigations are needed to assess the extent of effectiveness of TIK in a larger sample of Black parents. Qualitative data, however, suggests that TIK positively impacted Black parents' emotion socialization practices and beliefs. These findings add to the TIK literature by assessing the program's efficacy in a new sample of Black parents in the United States, demonstrating similar findings for parents and children in prior literature. This study also adds to the literature examining the effectiveness and utility of virtually delivered parenting programs by providing further evidence supporting their utility and reducing access barriers.

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APPENDIX A

TUNING IN TO KIDS PROGRAM FIDELITY CHECKLIST

Tuning in to Kids

Program Fidelity Checklist

Session 1

Date: \_\_\_\_\_

Facilitators: \_\_\_\_\_

Activity	Covered (Y/N)	Comments
Introduction to the Program		
Warm-up exercise		
Guidelines/rules for the group		
Structure of the sessions		
Normalizing children's behavior		
Emotional intelligence		
Emotion Coaching		
Resources		
Having family fun		
Friendship skills		
Role plays		
Home activities		
<ul style="list-style-type: none"> <li>• Emotion Talk Time</li> </ul>		
<ul style="list-style-type: none"> <li>• Noticing emotions at a lower intensity</li> </ul>		
<ul style="list-style-type: none"> <li>• Diaries</li> </ul>		

Notes:

APPENDIX B

DIFFICULTIES IN EMOTION REGULATION SCALE

**Instructions:** Please select the response that is *most true* for you.

	<i>Almost Never</i>	<i>Sometimes</i>	<i>About half the time</i>	<i>Most of the time</i>	<i>Almost always</i>
1. I am clear about my feeling	5	4	3	2	1
2. I pay attention to how I feel	5	4	3	2	1
3. I experience my emotions as overwhelming and out of control	5	4	3	2	1
4. I have no idea how I am feeling	5	4	3	2	1
5. I have difficulty making sense out of my feelings	5	4	3	2	1
6. I am attentive to my feelings	5	4	3	2	1
7. I know exactly how I am feeling	5	4	3	2	1
8. I care about what I am feeling	5	4	3	2	1
9. I am confused about how I feel	5	4	3	2	1
10. When I'm upset, I acknowledge my emotions	5	4	3	2	1
11. When I'm upset, I become angry with myself for feeling that way	5	4	3	2	1
12. When I'm upset, I become embarrassed for feeling that way	5	4	3	2	1
13. When I'm upset, I have difficulty getting work done	5	4	3	2	1
14. When I'm upset, I become out of control	5	4	3	2	1

15. When I'm upset, I believe that I will remain that way for a long time	5	4	3	2	1
16. When I'm upset, I believe that I'll end up feeling very depressed	5	4	3	2	1
17. When I'm upset, I believe that my feelings are valid and important	5	4	3	2	1
18. When I'm upset, I have difficulty focusing on other things	5	4	3	2	1
19. When I'm upset, I feel out of control	5	4	3	2	1
20. When I'm upset, I can still get things done	5	4	3	2	1
21. When I'm upset, I feel ashamed of myself for feeling that way	5	4	3	2	1
22. When I'm upset, I know that I can find a way to eventually feel better	5	4	3	2	1
23. When I'm upset, I feel like I am weak	5	4	3	2	1
24. When I'm upset, I feel like I can remain in control of my behaviors	5	4	3	2	1
25. When I'm upset, I feel guilty for feeling that way	5	4	3	2	1
26. When I'm upset, I have difficulty concentrating	5	4	3	2	1
27. When I'm upset, I have difficulty controlling my behaviors	5	4	3	2	1
28. When I'm upset, I believe there is nothing I can do to make myself feel better	5	4	3	2	1

29. When I'm upset, I become irritated with myself for feeling that way	5	4	3	2	1
30. When I'm upset, I start to feel very bad about myself	5	4	3	2	1
31. When I'm upset, I believe that walling in it is all I can do	5	4	3	2	1
32. When I'm upset, I lose control over my behaviors	5	4	3	2	1
33. When I'm upset, I have difficulty thinking about anything else	5	4	3	2	1
34. When I'm upset, I take time to figure out what I'm really feeling	5	4	3	2	1
35. When I'm upset, it takes me a long time to feel better	5	4	3	2	1
36. When I'm upset, my emotions feel overwhelming	5	4	3	2	1



APPENDIX C

PARENTAL EMOTION STYLE QUESTIONNAIRE

Below you will see statements that describe feelings in yourself and your child. For each statement, please decide how much you agree or disagree.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. When my child is angry, I want to know what he/she is thinking.	1	2	3	4	5
2. When my child is scared, it's an opportunity for getting close.	1	2	3	4	5
3. When my child is worried, it's time to solve a problem	1	2	3	4	5
4. Anger is an emotion worth exploring.	1	2	3	4	5
5. I try to change my child's worried moods into cheerful ones.	1	2	3	4	5
6. I prefer my child to be happy rather than overly emotional.	1	2	3	4	5
7. Sadness is something that one has to get over.	1	2	3	4	5
8. When my child gets angry, my goal is to get him/her to stop	1	2	3	4	5
9. I help my child get over sadness so he/she can move on to other things.	1	2	3	4	5
10. When my child is angry, it's an opportunity for getting close.	1	2	3	4	5
11. When my child is scared, I take some time to try to experience this feeling with him/her.	1	2	3	4	5

12. When my child is angry, it's time to solve a problem.	1	2	3	4	5
13. When my child is sad, I am expected to fix the world and make it perfect.	1	2	3	4	5
14. Childhood is a happy-go-lucky time, not a time for feeling worried.	1	2	3	4	5
15. When my child is sad, it's time to problem solve.	1	2	3	4	5
16. Childhood is a happy-go-lucky time, not a time for feeling sad or angry.	1	2	3	4	5
17. When my child gets worried, my goal is to make him/her feel better.	1	2	3	4	5
18. When my child is worried, I want to know what he/she is thinking.	1	2	3	4	5
19. When my child is angry, I take some time to try to experience this feeling with him/her.	1	2	3	4	5
20. When my child gets sad, it's a time to get close.	1	2	3	4	5
21. I try to change my child's angry moods into cheerful ones.	1	2	3	4	5

APPENDIX D

COPING WITH CHILDREN’S NEGATIVE EMOTIONS SCALE

In the following items, what is the likelihood that you would respond in the ways listed for each scenario? For each response, please choose a number from 1-7.

1. If my child becomes angry because he/she is sick or hurt and can't go to his/her friend's birthday party, I would:

	<i>Very Unlikely</i>	<i>Unlikely</i>		<i>Somewhat Likely</i>		<i>Likely</i>	<i>Very Likely</i>
Send my child to his/her room to cool off	1	2	3	4	5	6	7
Get angry at my child	1	2	3	4	5	6	7
Help my child think about ways that he/she can still be with friends (e.g., invite some friends over after the party)	1	2	3	4	5	6	7
Tell my child not to make a big deal out of missing the party	1	2	3	4	5	6	7
Encourage my child to express his/her feelings of anger and frustration	1	2	3	4	5	6	7
Soothe my child and do something fun with him/her to make him/her feel better about missing the party	1	2	3	4	5	6	7

2. If my child falls off his/her bike and breaks it, and then gets upset and cries, I would:

	<i>Very Unlikely</i>	<i>Unlikely</i>		<i>Somewhat Likely</i>		<i>Likely</i>	<i>Very Likely</i>
Remain calm and not let myself get anxious	1	2	3	4	5	6	7

Comfort my child and try to get him/her to forget about the accident	1	2	3	4	5	6	7
Tell my child that he/she is over-reacting	1	2	3	4	5	6	7
Help my child figure out how to get the bike fixed	1	2	3	4	5	6	7
Tell my child it's OK to cry	1	2	3	4	5	6	7
Tell my child to stop crying or he/she won't be allowed to ride his/her bike anytime soon	1	2	3	4	5	6	7

3. If my child loses some prized possession and reacts with tears, I would:

	<i>Very Unlikely</i>	<i>Unlikely</i>		<i>Somewhat Likely</i>		<i>Likely</i>	<i>Very Likely</i>
Get upset with him/her for being so careless and then crying about it	1	2	3	4	5	6	7
Tell my child that he/she is over-reacting	1	2	3	4	5	6	7
Help my child think of places he/she hasn't looked yet	1	2	3	4	5	6	7
Distract my child by talking about happy things	1	2	3	4	5	6	7
Tell him/her it's OK to cry when you feel unhappy	1	2	3	4	5	6	7
Tell him/her that's what happens when you're not careful	1	2	3	4	5	6	7

4. If my child is afraid of injections and becomes quite shaky and teary while waiting for his/her turn to get a shot, I would:

	<i>Very Unlikely</i>	<i>Unlikely</i>		<i>Somewhat Likely</i>		<i>Likely</i>	<i>Very Likely</i>
Tell him/her to shape up or he/she won't be allowed to do something he/she likes to do (e.g., watch TV)	1	2	3	4	5	6	7
Encourage my child to talk about his/her fears	1	2	3	4	5	6	7
Tell my child not to make a big deal of the shot	1	2	3	4	5	6	7
Tell him/her not to embarrass us by crying	1	2	3	4	5	6	7
Comfort him/her before and after the shot	1	2	3	4	5	6	7
Talk to my child about ways to make it hurt less (such as relaxing so it won't hurt or taking deep breaths).	1	2	3	4	5	6	7

5. If my child is going over to spend the afternoon at a friend's house and becomes nervous and upset because I can't stay there with him/her, I would:

	<i>Very Unlikely</i>	<i>Unlikely</i>		<i>Somewhat Likely</i>		<i>Likely</i>	<i>Very Likely</i>
Distract my child by talking about all the fun he/she will have with his/her friend	1	2	3	4	5	6	7
Help my child think of things that he/she could do so that being at the friend's house without me wasn't scary (e.g., take a favorite book or toy with him/her)	1	2	3	4	5	6	7

Tell my child to quit over-reacting and being a baby	1	2	3	4	5	6	7
Tell the child that if he/she doesn't stop that he/she won't be allowed to go out anymore	1	2	3	4	5	6	7
Feel upset and uncomfortable because of my child's reactions	1	2	3	4	5	6	7
Encourage my child to talk about his/her nervous feelings	1	2	3	4	5	6	7

6. If my child is participating in some group activity with his/her friends and proceeds to make a mistake and then looks embarrassed and on the verge of tears, I would:

	<i>Very Unlikely</i>	<i>Unlikely</i>		<i>Somewhat Likely</i>		<i>Likely</i>	<i>Very Likely</i>
Comfort my child and try to make him/her feel better	1	2	3	4	5	6	7
Tell my child that he/she is over-reacting	1	2	3	4	5	6	7
Feel uncomfortable and embarrassed myself	1	2	3	4	5	6	7
Tell my child to straighten up or we'll go home right away	1	2	3	4	5	6	7
Encourage my child to talk about his/her feelings of embarrassment	1	2	3	4	5	6	7
Tell my child that I'll help him/her practice so that he/she can do better next time	1	2	3	4	5	6	7

7. If my child is about to appear in a recital or sports activity and becomes visibly nervous about people watching him/her, I would:

	<i>Very Unlikely</i>	<i>Unlikely</i>		<i>Somewhat Likely</i>		<i>Likely</i>	<i>Very Likely</i>
Help my child think of things that he/she could do to get ready for his/her turn (e.g., to do some warm-ups and not to look at the audience)	1	2	3	4	5	6	7
Suggest that my child think about something relaxing so that his/her nervousness will go away	1	2	3	4	5	6	7
Remain calm and not get nervous myself	1	2	3	4	5	6	7
Tell my child that he/she is being a baby about it	1	2	3	4	5	6	7
Tell my child that if he/she doesn't calm down, we'll have to leave and go home right away	1	2	3	4	5	6	7
Encourage my child to talk about his/her nervous feelings	1	2	3	4	5	6	7

8. If my child receives an undesirable birthday gift from a friend and looks obviously disappointed, even annoyed, after opening it in the presence of the friend, I would:

	<i>Very Unlikely</i>	<i>Unlikely</i>		<i>Somewhat Likely</i>		<i>Likely</i>	<i>Very Likely</i>
Encourage my child to express his/her disappointed feelings	1	2	3	4	5	6	7
Tell my child that the present can be exchanged for something the child wants	1	2	3	4	5	6	7

NOT be annoyed with my child for being rude	1	2	3	4	5	6	7
Tell my child that he/she is over-reacting	1	2	3	4	5	6	7
Scold my child for being insensitive to the friend's feelings	1	2	3	4	5	6	7
Try to get my child to feel better by doing something fun	1	2	3	4	5	6	7

9. If my child is panicky and can't go to sleep after watching a scary TV show, I would:

	<i>Very Unlikely</i>	<i>Unlikely</i>		<i>Somewhat Likely</i>		<i>Likely</i>	<i>Very Likely</i>
Encourage my child to talk about what scared him/her	1	2	3	4	5	6	7
Get upset with him/her for being silly	1	2	3	4	5	6	7
Tell my child that he/she is over-reacting	1	2	3	4	5	6	7
Help my child think of something to do so that he/she can get to sleep (e.g., take a toy to bed, leave the lights on)	1	2	3	4	5	6	7
Tell him/her to go to bed or he/she won't be allowed to watch any more TV	1	2	3	4	5	6	7
Do something fun with my child to help him/her forget about what scared him/her	1	2	3	4	5	6	7



10. If my child is at a park and appears on the verge of tears because the other children are mean to him/her and won't let him/her play with them, I would:

	<i>Very Unlikely</i>	<i>Unlikely</i>		<i>Somewhat Likely</i>		<i>Likely</i>	<i>Very Likely</i>
NOT get upset myself	1	2	3	4	5	6	7
Tell my child that if he/she starts crying then we'll have to go home right away	1	2	3	4	5	6	7
Tell my child it's OK to cry when he/she feels bad	1	2	3	4	5	6	7
Comfort my child and try to get him/her to think about something happy	1	2	3	4	5	6	7
Help my child think of something else to do	1	2	3	4	5	6	7
Tell my child that he/she will feel better soon	1	2	3	4	5	6	7

11. If my child is playing with other children and one of them calls him/her names, and my child then begins to tremble and become tearful, I would:

	<i>Very Unlikely</i>	<i>Unlikely</i>		<i>Somewhat Likely</i>		<i>Likely</i>	<i>Very Likely</i>
Tell my child not to make a big deal out of it	1	2	3	4	5	6	7
Feel upset myself	1	2	3	4	5	6	7
Tell my child to behave or we'll have to go home right away	1	2	3	4	5	6	7
Help my child think of constructive things to do when other children	1	2	3	4	5	6	7

tease him/her (e.g., find other things to do)							
Comfort him/her and play a game to take his/her mind off the upsetting event	1	2	3	4	5	6	7
Encourage him/her to talk about how it hurts to be teased	1	2	3	4	5	6	7

12. If my child is shy and scared around strangers and consistently becomes teary and wants to stay in his/her bedroom whenever family friends come to visit, I would:

	<i>Very Unlikely</i>	<i>Unlikely</i>		<i>Somewhat Likely</i>		<i>Likely</i>	<i>Very Likely</i>
Help my child think of things to do that would make meeting my friends less scary (e.g., to take a favorite toy with him/her when meeting my friends)	1	2	3	4	5	6	7
Tell my child that it is OK to feel nervous	1	2	3	4	5	6	7
Try to make my child happy by talking about the fun things we can do with our friends	1	2	3	4	5	6	7
Feel upset and uncomfortable because of my child's reactions	1	2	3	4	5	6	7
Tell my child that he/she must stay in the living room and visit with our friends	1	2	3	4	5	6	7
Tell my child that he/she is being a baby	1	2	3	4	5	6	7

APPENDIX E

TREATMENT EVALUATION QUESTIONNAIRE – PARENT FORM

Please evaluate the intervention by circling the number which best describes your agreement or disagreement with each statement. Please answer each question.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Slightly Disagree</i>	<i>Slightly Agree</i>	<i>Agree</i>	<i>Strongly Agree</i>
<b>1.</b> This was an acceptable intervention for my child’s problem behavior.	1	2	3	4	5	6
<b>2.</b> Most parents would find this intervention appropriate for behavior problems.	1	2	3	4	5	6
<b>3.</b> The intervention was effective in changing my child’s problem behavior.	1	2	3	4	5	6
<b>4.</b> I would suggest the use of this intervention to other parents.	1	2	3	4	5	6
<b>5.</b> My child’s behavior problem was severe enough to warrant the use of this intervention.	1	2	3	4	5	6
<b>6.</b> Most parents would find this intervention suitable for the behavior problem described.	1	2	3	4	5	6
<b>7.</b> The intervention did <u>not</u> result in negative side effects for my child.	1	2	3	4	5	6

<b>8.</b> The intervention would be appropriate for a variety of children.	1	2	3	4	5	6
<b>9.</b> The intervention was a fair way to handle my child's problem behavior.	1	2	3	4	5	6
<b>10.</b> I liked the procedure used in the intervention.	1	2	3	4	5	6
<b>11.</b> The intervention was a good way to handle my child's behavior problem.	1	2	3	4	5	6
<b>12.</b> Overall, the intervention was beneficial for my child.	1	2	3	4	5	6
<b>13.</b> The intervention quickly improved my child's behavior.	1	2	3	4	5	6
<b>14.</b> The intervention produced a lasting improvement in my child's behavior.	1	2	3	4	5	6
<b>15.</b> The intervention improved my child's behavior to the point that it would not noticeably deviate from other children's behavior.	1	2	3	4	5	6
<b>16.</b> Soon after starting the intervention, I noticed a positive change in my child's problem behavior.	1	2	3	4	5	6
<b>17.</b> My child's behavior remained at an improved level even after the	1	2	3	4	5	6

intervention was discontinued.						
<b>18.</b> Using the intervention not only improved my child’s behavior in the home but also in other settings.	1	2	3	4	5	6
<b>19.</b> When comparing my child with a peer before and after the use of the intervention, my child’s and peer’s behavior was more alike after using the intervention.	1	2	3	4	5	6
<b>20.</b> The intervention produced enough improvement in my child’s behavior, so the behavior no longer was a problem.	1	2	3	4	5	6
<b>21.</b> Other behaviors related to the problem behavior also were improved by the intervention.	1	2	3	4	5	6

## APPENDIX F

### POST-INTERVENTION PARENT INTERVIEW

#### Barriers and Engagement

1. What challenges or barriers did you face in completing this intervention?
2. Did you find this intervention to be engaging?

#### Acceptability

3. What were your overall impressions of this intervention?
4. Did the strategies discussed in the program make sense to you?
5. How did the concepts in this program align with your parenting philosophy or style?
6. What were the best parts of this intervention?
7. What parts did you not like or not find helpful?
8. How could this intervention be improved to help you more?
9. Would you refer this program to a friend or family member who needed support with their child?

#### Efficacy

10. How do you think this intervention changed how you think about parenting your child's emotions?
11. Do you think the intervention increased your skills in helping your child with their emotions?
12. Did you feel that you saw a change in your child's behavior due to your participation in this program?

#### Alignment with Parenting Values/Philosophy

13. How do you feel TIK aligned with your parenting values before doing the intervention?
14. Do you feel that this intervention aligns with your cultural values and beliefs around parenting?
15. This program emphasizes how dismissive parenting can lead to unintended effects on children later. What did you think about how emotion dismissing was presented?
16. How could this program have better integrated your beliefs and values about parenting?

## APPENDIX G

### RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

Study Title: Investigating the Efficacy of Tuning in to Kids to Explore Emotion Socialization in Black Parents of Preschoolers

Researcher and Title: Briana Williams, MA, Doctoral Candidate

Department and Institution: Department of Counseling, Educational Psychology, and Special Education

Contact Information: [will3460@msu.edu](mailto:will3460@msu.edu), (517) 618-1798

#### **BRIEF SUMMARY**

You are being asked to participate in a research study for a dissertation study that will investigate a parenting program. Researchers must provide a consent form to inform you about the research study, convey that participation is voluntary, explain the risks and benefits of participation, including why you might or might not want to participate, and empower you to make an informed decision. You should feel free to discuss and ask the researchers any questions you may have.

You are being asked to participate in a research study for an emotion-focused parenting program to improve children's social-emotional development. Your participation in this study will take about four months. You will be asked to complete various measures before the intervention begins, during, immediately after, and one month after the intervention is complete.

#### **PURPOSE OF RESEARCH**

This research study will examine the impact of the Tuning in to Kids parenting program for Black parents. You have been selected as a possible participant because of your interest. From this research, the research team hopes to learn how effective the intervention is in benefiting the parent and child's emotional knowledge and understanding and whether the program is acceptable and feasible for parents. Your participation in the study will take approximately ten weeks if assigned to the first group and 20 weeks if assigned to the second group.

#### **WHAT YOU WILL BE ASKED TO DO**

If you volunteer to participate in this study, you will be asked to complete a variation of the Tuning in to Kids program. You will be randomly assigned to one of two randomized groups. The first group will receive the parenting program for six weeks via Zoom. The second group will receive a book on raising emotionally intelligent children immediately and the 6-week intervention after six weeks. Once eligibility has been determined, participating parents will be assigned a random subject number so that information collected throughout the study will not be connected to your personal information and survey responses. Some participants may be asked to participate in a 30-minute interview with a research assistant over Zoom. The table below describes the measures you will be asked to complete and the timeline to complete the intervention.

#### *Data Collection Timeline*

	Tuning in to Kids	Waitlist Control
Phase	Measures	

Pre-Intervention (2 weeks)	Difficulties in Emotion Regulation Scale (DERS) Parental Emotional Style Questionnaire (PESQ) Coping with Children’s Negative Emotions Scales (CCNES) Devereux Early Childhood Assessment for Preschoolers, Second Edition (DECA-P2)	
Implementation Phase	Treatment Fidelity Checklist – <i>completed weekly after each in-person session</i> Participant Attendance	No data collected
Post-Intervention (1 week)	Difficulties in Emotion Regulation Scale (DERS) Parental Emotional Style Questionnaire (PESQ) Coping with Children’s Negative Emotions Scales (CCNES) Devereux Early Childhood Assessment for Preschoolers, Second Edition (DECA-P2) Treatment Evaluation Questionnaire-Parent (TEQ-P) – <i>TIK parents only</i>	
Post-Intervention Interviews	Phone/video interviews with a select number of participants	No interviews conducted
Follow Up (1-month post-intervention)	Difficulties in Emotion Regulation Scale (DERS) Parental Emotional Style Questionnaire (PESQ) Coping with Children’s Negative Emotions Scales (CCNES) Devereux Early Childhood Assessment for Preschoolers, Second Edition (DECA-P2)	
Implementation of TIK (6 weeks)	No data collected	Participant Attendance Treatment Evaluation Questionnaire-Parent (TEQ-P) – <i>following the end of the program</i>

**POTENTIAL BENEFITS**

The study participants will be provided with an evidence-based parenting program to improve their and their child’s emotional regulation and development. Participation in the parenting program may improve your relationship with your child and increase your knowledge of children’s social-emotional development.

**POTENTIAL RISKS**

There are no foreseeable risks associated with this study. The potential risks of participating in this study may include discomfort in completing the intervention and answering sensitive questions about your parenting style and your child.

**PRIVACY AND CONFIDENTIALITY**



The data for this project will be kept confidential. *Each participant will be assigned a random ID number that will be used in place of names to maintain confidentiality. The names collected during the screening process will not be used for data collection purposes outside of determining eligibility during the screening process and maintaining necessary communication throughout the study. All rating forms will be kept in a password-encrypted file on a computer only accessible by the research team.*

The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain anonymous. Data will be collected via the internet with identifiers, and no IP addresses will be collected.

**YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW**

You have the right to say no to participating in the research. You can stop at any time after it has already started. There will be no consequences if you stop, and you will not be criticized. You will not lose any benefits that you usually receive.

**COSTS AND COMPENSATION FOR BEING IN THE STUDY**

There are no costs for the participants of this study. All materials will be provided free of charge. Participants can receive up to \$75 in gift cards, which be provided for completing various components of the research study. Participants will receive compensation for the following tasks:

- \$20 for completing the initial surveys
- \$20 for completing all forms after the intervention
- \$15 for completing forms after the one-month follow-up
- \$20 for post-intervention interview

**CONTACT INFORMATION**

If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researcher Briana Williams through email ([will3460@msu.edu](mailto:will3460@msu.edu)) or phone (517-618-1798). You may also contact Dr. John Carlson through email ([carlsoj@msu.edu](mailto:carlsoj@msu.edu)) or by phone (517-432-4856).

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University’s Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or email [irb@msu.edu](mailto:irb@msu.edu) or regular mail at 4000 Collins Rd, Suite 136, Lansing, MI 48910.

**DOCUMENTATION OF INFORMED CONSENT.**

Your signature below means that you voluntarily agree to participate in this research study.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**You will be sent a copy of this form to keep**