

Relations among parental psychopathology, emotion socialization and child emotion  
regulation and adjustment in high risk families

Ashley C. Maliken

A dissertation  
submitted in partial fulfillment of the  
requirements for the degree of

Doctorate of Philosophy

University of Washington

May 19, 2014

Program Authorized to Offer Degree:  
Department of Psychology  
University of Washington  
Graduate School

## TABLE OF CONTENTS

List of Figures.....	iv
List of Tables .....	v
Acknowledgements .....	vi
Abstract.....	vii
Chapter 1: Introduction.....	1
Parental Psychopathology, Parenting and Child Adjustment.....	4
Parental Psychopathology and Child Adjustment.....	4
Parental Psychopathology and Parenting.....	10
Emotion Socialization and Child Adjustment.....	15
Parental Psychopathology and Emotion Socialization Behavior .....	17
Meta-Emotion Philosophy .....	20
Aims and Hypotheses .....	21
Chapter 2: Methods .....	26
Participants .....	26
Procedures .....	27
Time 5 .....	29
Time 7 .....	31
Measures.....	31
Chapter 3: Results.....	40
Overview of Data Analytic Plan.....	40
Preliminary Analyses.....	41
Relations between Reported and Observed EC Behavior .....	42
Multiple Imputation for Dealing with Missing Data .....	43
Relations between Maternal Psychopathology & Child Adjustment and ER .....	46
Relations between Maternal Psychopathology and EC Parenting Behavior .....	48
Mediation Analyses .....	49
Exploratory Moderation Analysis .....	50
Chapter 4: Discussion.....	52
Differences between Observed and Self-Reported EC Behavior.....	55

Relations between Maternal Psychopathology & Child Adjustment and ER	59
Maternal EC Behavior as a Mediator of the Relation between Maternal Psychopathology and Child Adjustment and ER .....	63
Limitations.....	64
Conclusion.....	67
References .....	69

## LIST OF FIGURES

Figure Number	Page
1. Overview of larger study .....	88
2. Summary of missing data at study baseline and 6-month follow-up.....	89

## LIST OF TABLES

Table Number	Page
1. Descriptive Statistics for key variables.....	90
2. Correlations between EC Intervention dose, child age and predictor and mediator variables.....	91
3. Correlations between EC Intervention dose, child age and outcome variables....	92
4. Correlations between EC as measured using the PMEI and PCIECRS .....	93
5. Descriptive Statistics for predictor variables included in multiple imputation model .....	94
6. Regression coefficients for maternal psychopathology and child adjustment and emotion regulation for all children .....	95
7. Regression coefficients for maternal psychopathology and child adjustment and emotion regulation for boys only .....	96
8. Regression coefficients for maternal psychopathology and child adjustment and emotion regulation for girls only .....	97
9. Regression coefficients for maternal psychopathology and maternal emotion coaching parenting behavior.....	98
10. Regression coefficients for maternal psychopathology and maternal emotion coaching parenting behavior model for boys only .....	99
11. Regression coefficients for maternal psychopathology and maternal emotion coaching parenting behavior model for girls only.....	100
12. Regression coefficients for model of maternal emotion coaching behavior as a mediator of the relation between maternal psychopathology and child externalizing behavior .....	101
13. Regression coefficients for model of maternal emotion coaching behavior as a mediator of the relation between maternal psychopathology and boys externalizing behavior .....	104
14. Regression coefficients for model of maternal emotion coaching behavior as a mediator of the relation between maternal psychopathology and girls externalizing behavior .....	107
15. Regression coefficients for model of maternal emotion coaching behavior as moderator of the relation between maternal psychopathology and child externalizing behavior .....	110

## ACKNOWLEDGEMENTS

The author wishes to express sincere appreciation to the families who participated in the current study. The author would also like to thank Lynn Fainsilber Katz for her support and mentorship over the past six years, as well as her friends and family near and far for their boundless and unending love and encouragement. They provided the balance and the grounding, and it is to them that the author owes her sanity. Finally, the author would like to thank her biggest cheerleader and champion, her mother, for a lifetime of courageous love and limitless support. This is for you, Ma.

## Abstract

A significant body of research suggests that the way parents socialize children around emotion plays an integral role in children's psychosocial adjustment and the development of effective emotion regulation abilities. Evidence suggests that parent's own attitudes and philosophy about emotion, which has been termed their meta-emotion philosophy (MEP), guides how parents respond to their children's emotions. Parents who are accepting and coaching of emotions have children who show effective emotion regulation abilities and few behavior problems. However, most of the literature on the relation between child adjustment and emotion socialization parenting behavior comes from data collected in normative populations. Little is understood about how risk factors such as parental psychopathology may impact parents' emotion socialization abilities. Parental psychopathology has been found to have a significant negative impact on child adjustment, but to date very little research has examined whether parental psychopathology disrupts emotion socialization parenting behaviors, and the related impact on child adjustment and emotion regulation.

This study examined the mediating role of parental emotion socialization in the relation between parental psychopathology and child emotion regulation and adjustment. Using data from a larger project examining the impact of a parenting intervention on families who have experienced intimate partner violence (IPV), fifty mother-child dyads were assessed at two time points. At Time 1, parental psychopathology was assessed using questionnaire data, and parent emotion coaching was measured using a semi-structured interview with the mother and observational data from a parent-child interaction task. At Time 2, child adjustment and emotion regulation was assessed using child- and parent-report measures. Results from the final sample of 42 families were supportive of the literature, and demonstrated that parental psychopathology does influence child emotion regulation and adjustment. However, the relation between parental psychopathology and emotion socialization practices was not supported. Similarly, the hypothesis that

emotion socialization practices would mediate the relation between parental psychopathology and child adjustment was not supported. These surprising results are discussed with regards to limitations of this sample and future directions.

## CHAPTER 1

### Introduction

Extensive research suggests that children's ability to regulate their emotions, including being able to successfully navigate emotionally arousing situations in order to reach their desired goals or outcomes, is a crucial component of children's overall social functioning and psychological well-being (Cicchetti, Ackerman, & Izard, 1995; Eisenberg & Fabes, 1992). The development of effective emotion regulation (ER) skills is thought to relate to successful social and behavioral functioning (Campos, Mumme, Kermoian, & Campos, 1994), while ineffective or maladaptive ER is thought to be a core dimension that underlies psychopathology and other adjustment problems (Maliken & Katz, 2013; Eisenberg, et al., 2001; Frick & Morris, 2004). For example, toddlers with externalizing problems often show more difficulty regulating anger, while children who have internalizing problems show challenges effectively moderating sadness (Eisenberg et al., 2001). Similar results have been found for adolescents, in that those who are less effective or slower in regulating their emotions demonstrate greater internalizing and externalizing symptoms (Silk, Steinberg, & Morris, 2003).

In addition to temperament and genetic contributors, the development of children's emotion regulation skills is heavily influenced by interactions with their environment (Calkins, 1994; Saarni, 1999). For much of their early life, parents represent the center of that environment, and are therefore thought to have the strongest influence in the emotion socialization of their children. How parents think

about and respond to their own emotions and their children's emotions has been found to play an important role in how they socialize children around emotions (Eisenberg, Cumberland, & Spinrad, 1998). Previous research has suggested that these thoughts, beliefs and feelings about emotion reflect parents' underlying philosophy of emotion, which has been termed *parental meta-emotion philosophy* (PMEP; Gottman, Katz, & Hooven, 1997).

Emotion coaching (EC) and emotion dismissing (ED) are two main aspects of PMEP that contribute to distinctly different emotion socialization practices and related child outcomes. Parents who have a more emotion coaching approach to parenting tend to be aware of low intensity emotions in themselves and their children, view negative emotions as an opportunity for closeness or instruction, and are more validating and labeling of emotions (Gottman, Katz, & Hooven, 1997). EC has been shown to relate to increased child competencies such as empathy and motivation in toddlerhood (Brophy-Herb et al., 2011) and lower levels of behavioral problems in middle childhood and adolescence (Gottman et al., 1996; Shortt, Stoolmiller, Smith-Shine, Eddy, & Sheeber, 2010; Katz & Hunter, 2007). Children whose parents are more EC also tend to have greater social competence and better peer relationships as compared to those whose parents are less EC (Denham, Mitchell-Copeland, Strandberg, Auerbach, & Blair, 1997; Katz, Hunter & Klowden, 2008; Katz & Windecker-Nelson, 2004). Conversely, parents who exhibit more ED behaviors tend to ignore or deny the presence of negative emotion, convey that emotions should be changed as quickly as possible, and are less validating of

emotions (Gottman, et al., 1997). Higher levels of ED parenting behavior have been linked with greater externalizing problems during middle childhood (Lunkenheimer, Shields, & Cortina, 2007).

Current understanding of how parents' emotion socialization behaviors influence children's development of effective ER stems almost exclusively from research with normative populations (Suveg, Zeman, Flannery-Schroeder, & Cassano, 2005). A small but growing literature has begun to suggest that these emotional socialization processes may be disrupted in certain high-risk samples, such as low income families (Brophy-Herb et al., 2011), families with a history of intimate partner violence (IPV; Katz & Windecker-Nelson, 2006), or families with a history of child maltreatment (Shipman et al., 2007). However, what is absent from the literature is a targeted examination of how parental psychopathology may impact PMEP and parenting behaviors specifically related to emotion socialization, and the subsequent impact on child adjustment and ER. Given data suggesting that being exposed to parental psychopathology can have a widespread negative impact on child adjustment (Cummings & Davies, 1994; Zahn-Waxler, Iannotti, Cummings & Denham, 1990), in part through its impact on parenting practices (Gotlib & Goodman, 1999), this dearth of research is a crucial gap in the literature that needs exploration.

The current study explored the potential mediating role of parent emotion socialization behavior in explaining the mechanism by which parental psychopathology negatively impacts children's ER and adjustment. To lay the

theoretical foundation for that examination, the literature related to the impact of parental psychopathology on child adjustment and ER more broadly will be explored, focusing on overall parenting behavior in the context of psychopathology. Then, research on how parental emotion socialization impacts child adjustment and ER, as well as the limited literature on how parental psychopathology may interfere with these socialization behaviors will be reviewed. Finally, a novel approach to understanding the impact of parental psychopathology on emotion socialization parenting behavior and the impact on child emotion regulation abilities will be proposed and subsequently examined.

It is proposed that the relation between parental psychopathology and child adjustment and ER will be partially mediated by parents' emotion socialization practices. This hypothesis will be tested using a high-risk sample of families with a history of exposure to IPV. Since previous research suggests that female survivors of IPV are at increased risk for psychopathology, such as depression (Cascardi and O'Leary, 1992; Jaffe, Wolfe, Wilson & Zak, 1986), and posttraumatic stress disorder (Houskamp & Foy, 1991), this sample is anticipated to have elevated levels of psychopathology as compared to a community sample. Results will be discussed in terms of contribution to the overall literature on factors that negatively impact parental emotion socialization, as well as in the context of potential approaches to intervention.

## **Parental Psychopathology, Parenting and Child Adjustment**

### *Parental Psychopathology and Child Adjustment*

Considerable evidence has demonstrated that parental psychopathology has a significant negative impact on child adjustment and emotion regulation abilities. Maternal depression has been related to increased internalizing problems such as anxiety and depression (Elgar, McGrath, Waschbusch, Stewart, & Curtis, 2004; Downey & Coyne, 1990), and externalizing problems in both boys and girls (van der Molen, Hipwell, Vermeiren, and Loeber, 2011; Kim-Cohen et al., 2005; Marchand, Hock & Windaman, 2002; Shaw, Keenan & Vondra, 1994), as well as problems with emotion regulation in general (Garber et al., 1991). Similarly, having a mother with high levels of anxiety or depression early in childhood predicts children's adjustment problems over time (Barnett, Schaafsma, Guzman, & Parker, 1991; Spence, Najman, Bor, O'Callaghan, & Williams, 2002). In fact, the prevalence of psychiatric disorders among children of depressed parents, beginning at a very early age, is estimated to be approximately two to five times higher than in a normative sample (Gross, Shaw, Moilanen, Dishion and Wilson, 2008; Beardslee, Keller, Lavori, Staley & Sacks, 1993).

The impact of maternal depression and anxiety on child adjustment has been observed across the lifespan of children, with various cross-sectional and longitudinal studies suggesting that these forms of psychopathology can impact children's adjustment both immediately and over the course of their development (Downey & Coyne, 1990). For example, cross-sectional data suggest that infants who are exposed to maternal depression are more likely to demonstrate cognitive disturbances (Grace, Evindar, & Stewart, 2003) and difficulties in self-regulation

(Field, 1995) than infants whose mothers are not depressed. The impact of exposure to maternal psychopathology during infancy has also been shown to persist beyond a child's earliest years, and contribute to adjustment problems later in development as well. For example, in a longitudinal study done by Halligan et al., children who were exposed to maternal depression during infancy show elevated rates of anxiety disorders in adolescence. Of note, these results were found when controlling for repeated exposure to maternal depression that may have occurred during the intervening years, suggesting exposure to maternal depression during infancy is particularly detrimental to child adjustment (Halligan, Murray, Martins, & Cooper, 2007).

However, infancy is not the only time during which exposure to maternal psychopathology is detrimental to children. Exposure to maternal depression in early childhood can lead to increased depressogenic cognitions (Goodman and Gotlib, 2002) and socioemotional struggles (Murray et al., 1999). Similarly, adolescents are two times more likely to develop depression when exposed to maternal depression during childhood (Hammen & Brennan, 2003), and the rate of internalizing and externalizing behaviors in children of depressed mothers is significantly higher than in children whose mothers are not depressed (Marchand, Hock & Widaman, 2002). Interestingly, longitudinal data has suggested that chronicity of exposure to maternal depression during the first 10 years of life puts children at increased risk for non-depressive psychological symptoms (e.g., anxiety, conduct problems, substance use) in adolescence, while severity of maternal depression, even if only for a period of

one to two months, increased the risk for depressive symptoms (Hammen & Brennan, 2003). The data demonstrating the link between exposure to maternal depression during childhood and child adjustment is consistent and robust, and is likely due, at least in part, to the fact that mothers and children spend more time together and have more opportunities for interaction during infancy and childhood than at later ages.

Research on the specific impact of exposure to maternal depression during adolescence is less definitive, in part because data are often retrospective, assessing exposure to maternal psychopathology during earlier childhood. However in general the data suggest a detrimental impact on adolescent development and beyond. For example, one study suggests that adolescents with depressed mothers showed increased internalizing and externalizing behaviors years later, in early adulthood, particularly when other risk factors (e.g., divorce, IPV) were present (Forehand, Biggar, & Kotchick, 1998). However this sample of adolescents did not show increase symptoms of these problems during the adolescent period, suggesting a delayed effect of exposure to maternal depression on adjustment. This delayed effect model has been supported in other samples and with different ages of exposure. For example, research has shown that maternal anxiety and depression during early childhood contributes to adolescent depression and anxiety symptoms around age 14, even when controlling for other risk factors such as poverty and marital dissolution (Spence, Najman, Bor, O'Callaghan, & Williams, 2002). However, this effect was strengthened when children were repeatedly exposed to maternal depression and

anxiety over the course of their development, suggesting cumulative risk for children may be more detrimental than brief exposure. The cumulative risk of exposure to maternal and paternal psychopathology symptoms has similarly been supported in other samples. For example, research conducted in a community sample in Australia showed that the presence of maternal or paternal depressive symptoms increased the risk of adolescents having a depressive disorder, and that the maternal and paternal depressive symptoms had an additive effect on adolescent's externalizing symptoms (Brennan, Hammen, Katz, & Le Brocque, 2002). Further analyses suggest that adolescents exposed to the co-occurrence of maternal depression and paternal substance abuse had a greatest risk of depression symptoms, over and above exposure to either in isolation or no exposure to parental psychopathology.

Despite the generally strong data supporting a negative impact of maternal and paternal depression and anxiety on infant, child and adolescent adjustment, these results become a bit more difficult to interpret when reporter bias is taken into consideration. More specifically, some data have suggested that teacher and child report differ significantly from maternal report when assessing child psychopathology symptoms, specifically in the context of maternal psychopathology, in that maternal psychopathology contributes to over-reporting of child symptoms (De Los Reyes & Kazdin; 2005; Briggs-Gowan, Carter & Schwab-Stone, 1996; Kroes, Veerman & DeBruyn, 2003; Richters, 1992). For example, in one study of children ages 9 – 12 years, teacher and child self-report were significantly different than maternal report of externalizing behaviors (Briggs-Gowan, Carter & Schwab-

Stone, 1996). Additionally, mothers in that sample who had higher levels of anxious and depressive symptoms reported a larger number of child behavior and mood problems than either teachers or the children themselves (Briggs-Gowan, Carter & Schwab-Stone, 1996). In a sample of male children ages 6 – 12 who were receiving treatment in either residential or daycare facilities, mothers with above-average levels of psychopathology as measured by the Symptom Checklist (SCL-90; Derogatis, 1977) reported higher levels of internalizing and externalizing behavior problems in their sons than did mothers with average or below-average levels of psychopathology (Kroes, Veerman & DeBruyn, 2003). Teachers, however, did not report any significant difference in behavior problems between children of mothers with and without significant psychopathology. While these conflicting data highlight the importance of using multiple informants when assessing child behavioral problems, particularly in the context of parental depression and anxiety, the general consensus that exposure to parental psychopathology is detrimental to child adjustment still persists among researchers (Kroes, Veerman & De Bruyn, 2003; Downey & Coyne, 1990).

Looking beyond depression and anxiety, for which there is the greatest amount of research, children whose parents have substance-abuse problems are at increased risk for negative psychological outcomes, including internalizing and externalizing problems, conduct disorder and attention deficit hyperactivity disorder, as compared to those whose parents do not abuse substances (Fals-Stewart, Kelley, Fincham, Golden, & Logsdon, 2004; Nunes et al., 2000; Clark, Cornelius, Wood &

Vanyukov, 2004). Children whose parents have substance abuse disorders are also more likely to develop their own substance use issues when compared to children whose parents do not abuse substances, and that exposure to parental substance use during adolescence is particularly risky with regards to teens developing their own substance use issues (Biederman, Faraone, Monuteaux, & Feighner, 2000). Evidence also suggests that children of parents with antisocial personality disorder are at risk for developing externalizing problems (Frick et al., 1992), and preliminary data suggests that children of mothers with borderline personality disorder are at high-risk for developing a variety of psychosocial problems (Weiss et al., 1996). And while the bulk of research examines the impact of maternal psychopathology on child adjustment, data suggest that similar associations are present between paternal depression and substance use and poor child adjustment (Phares & Compas, 1992; Connell & Goodman, 2002; Brennan, Hammen, Katz, & Le Boreque, 2002). These data support the idea that exposure to parental psychopathology is a very significant risk factor for children in the development of behavioral and emotional problems.

#### *Parental Psychopathology and Parenting*

One mechanism that has been proposed to explain the relation between parental psychopathology and maladaptive child adjustment and ER is parenting behavior. Parental psychopathology such as depression (Elgar et al., 2004) and post-traumatic stress disorder (Appleyard & Osofsky, 2003) can be incompatible with effective parenting behavior, impairing parents' ability to interact with their children in an appropriate way (Hinshaw et al., 2000; Reid, Webster-Stratton and Baydar,

2004; Webster & Hancock, 1998). Depressed mothers in particular have been found to be less attentive to their children's needs and less able to accurately interpret the function or intention of their children's behaviors than non-depressed mothers (Callendar, Olson, Choe, & Sameroff, 2011; Miller-Lewis et al., 2006; Bugental, 2000). In a longitudinal study, parent's negative perceptions of their children were shown to mediate the relation between depressive symptoms and use of physical punishment, with physical punishment being linked to later child externalizing problems over and above externalizing problems at the first time point (Callendar et al., 2011). Similarly, substance-abusing mothers have been found to be more punitive, authoritarian and aggressive towards their children than non-substance-abusing mothers (Hien & Miele, 2003; Miller, Smyth, & Mudar, 1999), and to engage in more severe discipline practices (Bauman & Dougherty, 1983). Mothers with trauma histories were also found to utilize more punitive and physical discipline tactics and psychological aggression with their children as compared to mothers with no trauma history (Cohen, Hien, & Batchelder, 2008). These types of parenting practices have been shown to contribute to poor child adjustment and increased behavioral problems (Afifi, Brownridge, Cox, & Sareen, 2006).

Psychopathology can also disrupt parents' ability to respond consistently and appropriately to their children, which has similarly negative consequences for child adjustment (Lovejoy, Graczyk, O'Hare & Neuman, 2000; Patterson & Stouthamer-Loeber, 1984). Some depressed parents demonstrate a more disengaged or permissive parenting style, with inadequate supervision and monitoring and less

responsiveness to child behavior (Lyons-Ruth et al., 1986; Cohn, Campbell, Matias, & Hopkins, 1990), while others are more authoritarian, engaging in intrusive behaviors, criticism of their child, and use of corporal punishment and other harsh discipline practices (e.g., Callendar, Olson, Choe, & Sameroff, 2011; Tarullo, DeMulder, Ronsaville, Brown, & Radke-Yarrow, 1995; Chung, McCollum, Lee, & Culhane, 2004). Employing either of these parenting styles with too much frequency has been shown to negatively relate to child adjustment. More specifically, it has been theorized that these patterns of responding to children contribute to poor socialization of children by their parents (Hetherington & Clingempeel, 1992). This is in part because engaging in permissive or authoritarian parenting practices are marked by inconsistent or imbalanced parental control and warmth (Berg-Nielsen, Vikan, & Dahl, 2002), two domains of parenting behavior have been suggested by early socialization research to be paramount to child adjustment (Baumrind, 1971).

Parents' responses to their children's behavior have been shown to be disrupted when parents suffer from anxiety disorders. In a community sample of parents of adolescents, parental anxiety disorder was found to be positively associated with parental rejection and overprotection of their children, the combination of which can lead to a dysfunctional parent-child bond (Lieb, Wittcehn, Höfler, Fuesch, Stein & Merikangas, 2000). Schizophrenia has also been suggested to impact parental consistency and appropriateness with their children. In general parents with schizophrenia tend to have more difficulty maintaining close and reciprocal relationships with their children, are more remote, intrusive and

insensitive with their children (Riordan, Appleby & Faragher, 1999) and have more chaotic lifestyles (Sacker, Done, Crow & Golding, 1995). However the data regarding the impact of schizophrenia and other psychotic disorders on parenting practices is quite limited, in part because of concerns about custody loss if help is sought managing symptoms (Sand, 1995). Similarly, there is a dearth of research on the ways in which parents with personality disorders differ in their interaction patterns with their children as compared to parents without personality disorders (Berg-Nielsen, Vikan, & Dahl, 2002).

Parental psychopathology may also contribute to child adjustment problems because of increased parental negative affect or atypical affective patterns (Goodman & Gotlib, 1999). For example, depression is often associated with higher baseline levels of negative affect and lower positive affect (Cole, Michel, & Teti, 1994). The increase in negative affect specifically has been shown to influence how parents interact with their children. Negative affectivity has been linked with more anger, hostility and inconsistency during parent-child interaction, independent of the child's behavior (Weiner, 1985; Dumas, 1984). Parents may be attributing more negative behaviors to their children as a result of their own negative affect (Richters, 1992), thereby responding to their children in ways that are inappropriate for a given interaction. Depressed mothers are also more likely to display more sadness and less positive affect than non-depressed mothers, and are less likely to match their children's positive affect during interactions with them (Field, Healy, Goldstein, & Guthertz, 1990).

These data suggest that the negative impact of parental psychopathology on the psychosocial adjustment of children may be because of the impact of psychopathology on parenting behavior. However the potential relation between parental psychopathology and parenting behaviors specifically related to child emotion socialization has only received limited exploration in the literature. As mentioned above, some researchers have theorized that parental psychopathology impacts parent's ability to demonstrate positive control and warmth with their children, which are two key socialization processes implicated in healthy child adjustment (Berg-Nielsen, Vikan, & Dahl, 2002; Baumrind, 1971). Given the intimate relation between emotion regulation and psychopathology (Aldao, Nolen-Hoeksema, & Schweizer 2010; Gross, 1998), and the disruptions in ER that are demonstrated by parents with psychopathology (Aldao, Nolen-Hoeksema, Schweizer 2010), it follows that their ability to effectively socialize their children around emotions may be impacted. However, this hypothesis has received very little empirical examination. At the same time, there is a great deal of research showing that parents play a key role in socializing their children around emotions (Calkins, 1994; Saarni, 1999), and that ineffective emotion socialization has been linked with the development of maladaptive ER and related behavioral problems in children (Eisenberg, Cumberland, et al., 2001; Frick & Morris, 2004). Given the link between parental psychopathology and children's psychosocial adjustment and ER abilities, and data indicating that parent's emotion socialization practices also influence children's adjustment and ER abilities, it follows that parent's emotion

socialization behaviors as a specific domain of parenting behaviors may mediate the relation between parental psychopathology and children's adjustment.

### *Emotion Socialization and Child Adjustment*

The role of parental emotion socialization in child adjustment has been well explored in normative populations (Suveg, Zeman, Flannery-Schroeder, & Cassano, 2005). Emotion socialization parenting includes indirect behaviors, such as parental imitation of child emotions, and expression and regulation of their own emotions (Klimes-Dougan, et al., 2007), as well as more direct behaviors such as parental reactions to children's emotions, discussion of emotions with their children, and coaching around emotions (Eisenberg, Cumberland, & Spinrad, 1998; Halberstadt, 1991; Gottman, Katz, & Hooven, 1997). Successful socialization involves teaching children how to manage their emotions in ways that contribute to adaptive functioning. This includes teaching children skills such as labeling emotions in themselves and others, understanding mores around socially appropriate expression, and engaging in effective ER (Shipman, Schneider, & Sims, 2005).

The impact of parental emotion socialization behaviors on child adjustment has been widely demonstrated (Denham & Grout, 1993; Garside & Klimes-Dougan, 2002). When parents use socializations behaviors characterized by validation and support, children ranging from preschoolers to adolescents learn constructive ways of regulating their emotions and show healthy psychosocial functioning (Eisenberg, Cumberland, & Spinrad, 1998; Wolfradt, Hempel, & Miles, 2003). These types of positive socialization behaviors have been found to be particularly important with

regard to children's displays of negative emotions or in the context of stressful situations (Eisenberg et al., 1997; Gottman, Katz, & Hooven, 1997; Katz, Hunter & Klowden, 2008), in that parental reactions that minimize or punish children's negative emotions tend to be related to poorer ER and increased child externalizing behaviors (Gottman, Katz, & Hooven, 1996). Conversely, greater emotion coaching behaviors have been associated with lower levels of behavior problems (Shortt, Stoolmiller, Smith-Shine, Eddy, & Sheeber, 2010; Katz & Hunter, 2007) and greater social competence (Denham, Mitchell-Copeland, Strandberg, Auerbach, & Blair, 1997; Katz, Hunter & Klowden, 2008). Understanding the relation between parenting behavior, emotion socialization practices and child adjustment is important because of the unique impact these behaviors are thought to have, beyond other aspects of parenting (Klimes-Dougan, et al., 2007; Izard, Fine, Mostow, Trentacosta, & Campbell, 2002). Both behavioral and neuroscience research suggest that preventing future maladaptive emotion dysregulation in children requires early practice in effective socioemotional communication as it relates to both positive and negative emotion (Izard, 1991; Kochanska & Askan, 1995), and parental socialization of emotions is the avenue by which much of this socioemotional communication happens. Emotion socialization, particularly coaching children around emotions, has also been found to be distinct from other, more general parenting behaviors or traits, such as harshness or warmth (Sheeber, Shortt, Low, & Katz, 2010). Parental emotion socialization behaviors contribute to how children organize and display various affective states over time, and may be implicated in the

development of emotional and behavior problems (Malatesta & Wilson, 1988). In fact, the transdiagnostic approach to adjustment problems suggests that difficulties with ER may underlie a variety of emotional and behavioral problems seen in children (Aldao, Nolen-Hoeksema, & Schweizer 2010). Therefore, ineffective parental emotion socialization, and the related impact on children's development of effective ER, may be one important factor contributing to various behavioral problems later in childhood.

Of particular interest to the current study are the links between parental emotion socialization practices and parental psychopathology, which is not yet well understood (Morris, Silk, Steinberg, Myers, & Robinson, 2007). Available evidence on emotion socialization in parents with psychopathology, as well as the literature supporting the importance of effective emotion socialization in child emotion regulation and adjustment, provides rationale for examining parental emotion socialization as a potential mediator between psychopathology and child adjustment.

#### *Parental Psychopathology and Emotion Socialization Behavior*

Evidence of the relation between parental psychopathology and parent's emotion socialization abilities is very limited, which is surprising given that parental psychopathology has been demonstrated to play a significant role in children's socio-emotional development. Additionally, that a relation exists between parental psychopathology and parental emotion socialization skills seems a logical hypothesis. Given that disturbances in ER are considered a core component of psychopathology (Aldao, Nolen-Hoeksema, & Schweizer 2010), parents with

psychopathology may themselves have deficits in effective ER, and may therefore be less skillful at teaching these processes to their children.

Preliminary evidence supports this hypothesis. For example, parental modeling of emotions implicitly teaches children how to respond to emotional stimuli, which emotions are acceptable to show and how emotions should be managed (Morris et al., 2007). Because of the deficits in ER central to psychopathology (e.g., Aldao, Nolen-Hoeksema, & Schweizer 2010; Gross, 1998), parents with psychopathology may be inadvertently modeling maladaptive strategies for their children (Goodman & Gotlib, 1999). In addition to experiencing and likely modeling an increase in negative affect, depressed adults tend to rely on maladaptive ER strategies while being less skillful at adaptive strategies (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Martin & Dahlen, 2005). Studies have demonstrated that children of depressed parents tend to match the affective states of their parents (Inoff-Germain, Nottelmann, & Radke-Yarrow, 1992), and have a restricted repertoire of adaptive emotion regulation strategies (Garber, Braafladt, & Zeman, 1991; Silk, Shaw, Skuban, Oland, & Kovacs, 2006). This suggests that through their parents' modeling, children may learn and mimic maladaptive ER strategies, which may contribute to subsequent difficulties in children's ER. Similarly, as a result of deficits or disruptions in their own ER, parents are often less able to provide corrective feedback about ineffective ER behaviors in their children that need refinement (Carlson & Sroufe, 1995; Bradley, 2000). Taken together, parents with

psychopathology may be modeling maladaptive ER strategies while simultaneously showing limited ability to teach children effective ER behaviors.

With regard to more explicit emotion socialization behavior, it has also been found that mothers with psychopathology who were more supportive of their children, encouraged them to express negative emotion, and facilitated problem solving had children with fewer externalizing behaviors than mothers with psychopathology who were less supportive or encouraging of these processes (Suveg, Shaffer, Morelen, & Thomassin, 2011). This may indicate that parental positive responsiveness to emotion can protect children from the effects of maternal psychopathology, and that the absence of consistent parental nurturance commonly associated with psychopathology can lead to children developing emotional and behavioral difficulties. Similarly, parental warmth, which has been shown to buffer children from the impact of inconsistent or harsh parental discipline (McKee et al., 2007), is often absent when parents are depressed, putting these children at an even greater risk. Being supportive and encouraging of emotional expression is part of effective emotion socialization, and appears to be disrupted in parents with psychopathology.

These studies represent an important first step in supporting the hypothesis that parental psychopathology may negatively impact parental emotion socialization behaviors, which in turn may relate to negative psychosocial outcomes in children. In order to examine these socialization behaviors more directly, it is important to have a guiding framework or operational definition of emotion socialization. For the

purposes of this study, Parent Meta Emotion Philosophy (PMEP) will provide that framework.

### **Meta-Emotion Philosophy**

Previous research has suggested that parental emotion socialization behaviors are guided by an organized by a set of beliefs, thoughts and feelings about emotions, which has been referred to as their Parent Meta Emotion Philosophy (PMEP; Gottman, Katz, & Hooven, 1996). How parents think about and respond to their own emotions and their children's emotions may inform how well they are able to socialize their children around emotion. PMEP includes 4 main dimensions describing parent's approach to emotion: parental awareness, acceptance, regulation, and coaching of emotion. These dimensions combine to form their overall PMEP. Two main PMEP's have been described: emotion coaching and emotion dismissing. Data suggests that parents vary in the degree to which they have an emotion coaching PMEP. Parents who are high in emotion coaching have children with better adjustment (Gottman, Katz & Hooven, 1996), while parents who are low in emotion coaching have children with behavioral and adjustment problems (Gottman, Katz, & Hooven, 1996). Emotion coaching includes behaviors such as providing emotional scaffolding, praising, validation, and appropriate self-disclosure (Gottman et al., 1996; Cleary & Katz, 2008; Eisenberg, Cumberland, & Spinrad, 1998). As these behaviors are all important components of effective emotion socialization, EC provides a useful framework for operationalizing this construct.

In terms of potential clinical application, better understanding the relation between parental EC behaviors and psychopathology may provide a novel avenue by which to intervene with families to enhance child adjustment. EC has been shown to be amenable to intervention efforts in a community sample of parents, and changes in EC have been found to relate to improved parental ER (Havighurst, Wilson, Harley, & Prior, 2009). This suggests that EC interventions may provide a way to enhance or alter parental ER, thereby helping them to be more effective at socializing their children around emotions. In the same study, improvements in EC were also found to be related to improvements in child adjustment (Havighurst, Wilson, Harley, & Prior, 2009). Including instruction specifically related to emotion socialization may be one avenue by which families currently not benefitting from available parenting interventions can be treated effectively (Maliken & Katz, 2013). As is it often families with parental psychopathology that are underserved by existing intervention programs (McMahon et al., 2006; Webster-Stratton & Hammond, 1990), gaining a better understanding of how EC parenting behavior is influenced by the presence of parental psychopathology may open the door to designing more effective interventions for these families.

### **Aims and Hypotheses**

This study examined the potential mediating role of parental emotion socialization behavior in the relation between parental psychopathology and child emotion regulation. This was one of the first studies to explore this relation in general, and the first study to examine it using the framework of PMEP, and more

specifically EC, to operationalize emotion socialization (Katz, Maliken, & Stettler, 2012). The degree to which parents have an EC approach to parenting may be impacted by the presence of psychopathology. To date, however, no research has examined whether EC is disrupted as a function of parental psychopathology (Katz, Maliken & Stettler, 2012). However, given EC includes behaviors such as parental encouragement of emotional expression, which are shown to be disrupted as a result of psychopathology (Goodman & Gotlib, 1999) it is likely that other facets of EC may be similarly affected.

The current study had one exploratory aim and two primary aims. The exploratory aim was conducted first, as the results informed subsequent analyses. The exploratory aim examined whether there were significant differences between reported and observed EC parenting behavior. In examining the existing data on EC and parenting, the relation between self-reported EC and observations of coaching behavior has rarely been explored. There are limited studies where these two measurement methods have been used together (Brophy-Herb et al., 2011; Havighurst, Wilson, Harley, & Prior, 2009), with both higher self-reported EC and observed coaching behavior being related to better child adjustment. However the direct relation between the two measurement methods has never been tested. Gaining clarity regarding the relation between these two measurement methods is useful to inform further research, as collecting observational data of parent-child interactions can be time consuming and expensive. Identifying similarities or differences between these two reporting methods will also be helpful in determining if our general

reliance on self-report data to assess EC is problematic due to potential reporter bias. Previous research has suggested that unconscious ideologies (Bem, 1981) may skew parents' perceptions of their own behavior, such that they may be unable to provide an accurate report on how they behave with their children. For example, in low-risk community samples, parents rarely report interacting differently with male and female children as a function of child sex, and yet data have repeatedly shown distinctly different behavioral patterns (Fagot, 1978). Similarly, in situations of high conflict, parents may engage in behaviors that are more effective and easier in the short-term (Lang, Craske, Brown, & Ghaneian, 2001), which may not match their self-reported, more idealized behaviors. These disparities between self-reported and observed behavior may be even more pronounced in the presence of parental psychopathology because of evidence suggesting a disconnect between depressed parents perceptions of their own and their children's behavior as compared to the perception of an objective observer (Furey & Basili, 1988). Yet to date, no research has directly compared observed versus self-reported EC behavior in parents.

For the exploratory aim, mean scores of self-report and observed EC parenting behaviors were examined to see if there is a significant relation between the two measurement methods. It was anticipated that these two methods of reporting would be positively and significantly correlated, suggesting that mothers perceptions of their coaching behavior accurately reflects their observed behavior. If the results were highly correlated, only one set of analyses would be required for the primary aims. However if these measurement methods were found to be negatively correlated

or if their relations were non-significant, the analyses for the primary aims would need to be run using both self- and observed- measurement.

With regard to the primary aims, they were: 1) to examine the relation between parental psychopathology and EC parenting behavior and 2) to examine whether EC parenting behavior mediated the relation between parental psychopathology and child adjustment and ER. For the first aim, EC parenting behavior was assessed using both self-reported EC behaviors as well as observed EC behavior. It was predicted that parents with greater levels of psychopathology would have lower levels of both self-reported and observed EC behavior. No additional hypotheses were proposed regarding the potential differences between self-report versus observational data related to EC parenting behaviors, as it was unknown how much overlap would exist between these two measurement methods.

The second aim of the study was to examine whether EC parenting behavior mediated the relation between parental psychopathology and child adjustment and ER. It was hypothesized that this mediation would be significant, in that emotion socialization parenting practices would explain the relation between parental psychopathology and child adjustment and ER. It was further hypothesized that there would be a great deal of overlap in the significant models irrespective of whether the outcome was child adjustment or ER, as children with ER difficulties also often demonstrate increased adjustment problems such as externalizing behaviors and anxiety. There were no specific hypotheses about whether there will be overlap in

the significant models based on which measurement method was used to assess parental EC.

## CHAPTER 2

### Methods

#### **Participants**

Fifty mother-child dyads (child age  $M = 118.8$  months,  $SD = 21.3$  months) were recruited for participation in this study, which was designed as a 6-month follow-up to a larger longitudinal study examining the impact of a parenting intervention for families with a history of IPV. Of those recruited for this subsequent study, a total of 28 mother-child dyads participated (Table 1 for descriptive data). These families did not differ significantly from those who did not participate in the follow-up on key demographic and predictor variables (e.g., child age, sex and ethnicity, family income, mother's education, ethnicity, and symptoms of psychopathology). Attrition between those recruited and those whose data were collected resulted from an inability to contact families after repeated attempts ( $n = 17$ ), unreturned packets after agreeing to participate ( $n = 3$ ) and mothers deciding not to participate ( $n = 2$ ). However, given the availability of data on many of these missing families from the earlier timepoint of data collection, multiple imputation was employed as a way to maximize available data (which included 12 families with complete data at both timepoints, and 30 families with missing data at either T5, T7, or partially missing from both timepoints). Therefore, the final dataset used for analyses consisted of 42 mother-child dyads. The remaining 8 families were dropped due to incomplete data at both timepoints of data collection. No significant differences were found between those 42 families included in the final analyses and

those 8 excluded from analyses on key demographic or predictor variables (child age, sex and ethnicity, family income, mother's education, ethnicity, and symptoms of psychopathology).

Of the final sample, approximately half of the families had female children (52.4%), and 47.6% of the mothers identified their child as Caucasian (9.5% African American; 2.4% Asian; 9.5% American Indian; 31% Other; 19% Hispanic). Mother's ethnicity was similarly diverse (33.3% Caucasian; 14.3% African American; 7.1% Asian; 4.8% American Indian; 2.4% Native Hawaiian or Pacific Islander; 31% Other; 14.3% Hispanic). The sample was diverse with regards to mothers' educational background, ranging from a middle school education (4.8%) to graduate education (4.8%), with the majority of mothers reporting some college (33.3%; 21.4% missing data). While salaries ranged from under \$10,000 to over \$100,000 per year, over half of the mothers' reported an income of less than \$20,000 per year (57.1%). Participation in the intervention group ranged from 0 – 12 groups attended ( $M = 5$ ,  $SD = 5$ ). For the purposes of this study, observational, interview and questionnaire data from the fifth (Timepoint 5; T5; occurring after the family had received their dose of the intervention, described below) and seventh assessment (Timepoint 7; T7; occurring 6 months after receiving their dose of the intervention) points were used (Figure 1).

## **Procedures**

Families were originally part of a larger, NIMH-funded study on the impact of a parenting intervention on survivors of IPV. Mothers and their children were

recruited through distribution of flyers to local domestic violence agencies and brief presentations in support groups. Individuals who were interested in participating were asked to call the study office for a brief screening to assess their eligibility. To be eligible for participation, families must have (1) been out of the violent relationship for at least six months, (2) have at least one child between the ages of six and 12, (3) be able to speak in English comfortably. Mothers were also required to be able to read and write in English. Participants who were screened into the study then completed a brief interview to obtain basic demographic information and history of IPV. A safety assessment was also performed to ensure that parents were not at imminent risk, and that their involvement in the study did not pose a threat to their own family, other involved families or researchers. During the initial two visits, family demographics were collected (Figure 1). Families were then randomized to either receive a 12-week parenting intervention or to a control condition. The intervention provided mothers with instruction related to emotion coaching, including how to be more aware of their own and their children's emotions, and how to support their children in using effective emotion regulation strategies.

At T5, mothers and their children participated in a laboratory assessment. During that visit they engaged in a 10-minute interaction designed to assess how parents and children resolve areas of disagreement. Physiological data was recorded, but was not analyzed as part of this study. The interactions were video-recorded for later behavioral coding. In addition to the parent-child interaction, mothers completed the Parent Meta-Emotion Interview (PMEI; Katz & Gottman, 1986) and

questionnaires assessing their own psychological functioning and their child's adjustment. Children also completed questionnaires about their adjustment, specifically symptoms of depression and anxiety. Approximately six months after their laboratory assessment, mothers and children were re-contacted to participate in Time 7 ( $N = 28$  successfully re-contacted) of data collection. Both mother and child completed additional questionnaires examining children's emotional regulation and psychological functioning. Children also completed the Child Meta-Emotion Interview (CMEI; Katz & Windecker-Nelson, 2002).

**Time 5.** Families were scheduled for an approximately 2.5 hour-long visit at either a local domestic violence agency ( $n = 28$ ) or at the University of Washington ( $n = 4$ ), depending on the family's geographic location. These visits were run by a Research Assistant (either a graduate student or hired employee) and an undergraduate assistant, both of whom had been thoroughly trained on all relevant procedures, as well as safety and mandated reporter protocols. Upon arrival at the facility, mothers and children were prepared by staff for the parent-child interaction. Mothers were given a packet of questionnaires to complete following the visit, asking questions about their own psychopathology and their perceptions of children's behavior. Children completed a packet of questionnaires during the in-person visit assessing their own adjustment, specifically depression and anxiety. Of those families whose data is included in these analyses, 10 were unable participate in the in-person visit, primarily due to missing appointments or lack of transportation.

However, partial data were collected from these families via telephone interview and mailing of questionnaires.

Emotion coaching behavior. To assess observed emotion coaching behavior, families participated in an interaction task designed to examine how mothers and their children resolve areas of disagreement. Each participant completed the Issues Checklist (Robin & Foster, 1989) to identify areas of disagreement in their day to day interactions (e.g., doing homework, fighting with siblings; see Appendix 1). Participants noted how often they have discussed these issues in the past month, and indicated on a five point Likert-scale how angry they got during these conversations (1 = calm, 3 = a little angry, 5 = angry). Mother and child also both indicated how “hot” of an issue this was for them overall, i.e., how much conflict does it generate. If children were unable to read or demonstrated difficulty completing the questionnaire independently, the research assistant provided help. Upon completion, the research assistant examined their individual answers to find areas of agreement and/or disagreement, and then engaged the mother and child in a brief discussion of the topics indicated to be issues of relatively higher conflict in their household.

After briefly discussing two to three areas of disagreement with the research assistant, mother and child were instructed to spend 10 minutes discussing one child-related and one mother-related area of disagreement and attempt to make progress on these topics. This interaction was video recorded for later behavioral coding.

Following completion of the parent-child interaction, the Parent Meta-Emotion Interview (PMEI) was conducted with the mother to assess self-reported EC

behavior (see Appendix 2). The interview lasted between 45 and 60 minutes, and was audio-recorded for later coding using the Meta-Emotion Coding System (Katz, Mittman, & Hooven, 1994).

**Time 7.** Families were re-contacted for follow-up approximately six months after completion of T5. Questionnaire data were obtained by mailing a packet to the family's home with an enclosed, pre-paid self-addressed envelope. If children consented to participate in the Child Meta-Emotion Interview (CMEI), it was scheduled to be completed over the phone at their convenience (see Appendix 3). Like the PMEI, the CMEI (Katz & Windecker-Nelson, 2002) is a semi-structured interview designed to assess children's Meta-Emotion Philosophy. Children's responses were audio-recorded for later coding using the Child Meta-Emotion Interview Coding System (Hessler, Hunter, Katz, & Windeck-Nelson, 2005).

## **Measures**

### **Time 5**

Mothers' Psychopathology. Measures of maternal depression, anxiety and post-traumatic stress symptoms were used to assess mothers' psychopathology.

*Center for Epidemiological Studies – Depression (CES-D):* Maternal depressive symptoms were assessed using the CES-D (Radloff, 1977), a widely used 20-item self-report measure of depressive symptomology (Appendix 4). The CES-D uses a four-point Likert scale (1=Rarely or none of the time, less than 1 day; 4=most or all of the time, 3-7 days) to assess how frequently various behaviors, thought and feelings have occurred during the past week. The CES-D has been shown to have

good internal consistency in both general population samples (.85) and in a sample of psychiatric patients (.90; Radloff, 1977; Aneshensel, Clark, & Frerichs, 1983). The CES-D also accurately differentiates between individuals who are or are not in treatment for depression (Boyd, Weissman, Thompson, & Myers, 1982). A score of 16 or higher has been widely used as the cutoff point for high depressive symptoms (Radloff, 1977). Mothers' score for overall depressive symptoms was used for this study ( $\alpha = .89$ ).

*State-Trait Anxiety Inventory for Adults - Form Y (STAI)*: Maternal anxiety was assessed using the STAI (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983), a 40-item self-report measure of state- and trait-levels of anxiety (Appendix 5). The STAI asks participants to describe how they feel in a particular moment using a four-point Likert scale (1=not at all, 4=very much), as well as how they feel more generally (1=almost never, 4=almost always). Both the state- and trait-subscales of the STAI have demonstrated good internal consistency (.93 and .90, respectively; Spielberger et al., 1983). While no official clinical cut-off exists, Spielberger and colleagues found that mean anxiety scores in a normative group of women was 34.2 ( $SD = 9.87$ ), and therefore recommend using a cut-off of 44 to represent high anxiety, which is 1SD above the mean (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). Mothers' reports of trait level anxiety were used for the purposes of this study ( $\alpha = .92$ ).

*Posttraumatic Diagnostic Scale (PDS)*: Maternal symptoms of post-traumatic stress disorder (PTSD) were measured using the 49-item PDS (Foa, Cashman,

Jaycox, & Perry, 1997; Appendix 6). The PDS follows the diagnostic criteria for PTSD, and has shown high internal consistency of the various subscales ( $\alpha = .78-.84$ ) as well as for the total scale ( $\alpha = .92$ ). The PDS has also shown good validity with other measures of PTSD. The commonly used symptom severity rating scale is 1 – 10 representing mild symptoms, 11 – 20 representing moderate symptoms, 21 – 35 representing moderate to severe symptoms and  $>36$  representing severe symptoms (McCarthy, 2008;  $\alpha = .94$ ).

Observed Emotion Coaching Behavior. Mothers EC parenting behavior was assessed using the Parent Child Interaction Emotion Coaching Rating Scale (PCIECRS; Katz, Maliken, & Kawamura, 2012; Appendix 7). The PCIECRS is a global coding system developed to assess EC parenting behaviors. Using a five point Likert scale (1=Not at all, 5=Very Frequently), this 32-item scale assesses how frequently mothers engage in general parenting behaviors, as well as EC and ED behaviors, during a parent-child interaction. Interactions were coded by two advanced graduate students and a research assistant who were trained to reliability ( $\alpha = .60$  or higher), and inter-rater reliability was conducted on one-third of the interactions ( $\alpha = .82$ ). Analyses of internal consistency were conducted for the three scales (general parenting behavior, EC behavior, ED behavior). As EC and ED behaviors are not considered to be orthogonal, it is likely that ED behaviors as measured by the PCIECRS will be negatively correlated with EC behavior. However, for the purposes of this study and more direct comparison with the EC behaviors assessed using the PMEI, only the observed EC behaviors will be

analyzed. The EC subscale score was comprised of 16-items ( $\alpha = .653$ ), such as “Did the parent listen with empathy to the child”, “Did the parent demonstrate acceptance of their own and/or their child’s negative emotions”, and “Did the parent name and label her own and/or her child’s emotion as they arose during the interaction”.

Self-Reported EC Behavior. The Parent-Meta Emotion Interview was used to assess mothers’ self-reported EC behavior. The PMEI is a semi-structured interview asking questions regarding their experiences with and attitudes towards anger, sadness and fear in themselves and their children (Katz & Gottman, 1986). Mothers are provided with prompt questions (e.g., “What is it like for you to be sad”, “How do you know when your child is angry?”), and allowed to freely respond without further cuing. This interview, which typically lasts between 45 – 60 minutes, was coded using the Meta-Emotion Coding System (Katz, Mittman, & Hooven, 1994). This global coding system assesses parent’s awareness and acceptance of their own and their children’s emotions, as well as EC (see Appendix 8). Items related to each of these scales are coded separately for each of three emotions (sadness, anger, and fear) on a five point Likert scale (1=strongly disagree, 5=strongly agree). Coaching of emotion consists of items tapping the degree to which mothers show respect for the child’s experience of emotion, talk about the situations the generate emotion, provide comfort around emotion, and teaching children how to use strategies to deal with their emotions that are age- and situation-appropriate.

Interviews were coded by this writer after training to reliability ( $r = .70$  or higher) for three months using a separate set of training tapes. To ensure reliability of

the emotion coaching subscale, Cronbach's alphas were computed for each emotion. Each emotion was composed of 6 items (Sadness  $\alpha = .626$ ; Anger  $\alpha = .603$ ; Fear  $\alpha = .991$ ). Emotion coaching scores were kept separate for each emotion to determine if mothers coach their children differently based on the emotion being displayed.

Child Adjustment. Child adjustment was measured via mother- and self-report questionnaires assessing child depression, anxiety, and overall internalizing and externalizing behavior problems.

*Childhood Depressive Inventory (CDI):* The CDI (Kovacs, 1992) is a 27-item self-report measure of depressive symptoms in children ages seven through 17 (Appendix 9). Each item includes three statements reflecting particular depressive symptoms (0=lack of depression, 1=may indicate depression, 2=indicative of depression) that children respond to by selecting which best reflects their feelings in the past two weeks. Studies have suggested a clinical cut-off of 13 for clinical settings, and 19 for screening at-risk children and adolescents, although the validity of these cut-off scores is somewhat controversial (Matthey & Petrovski, 2002). The CDI yields a total score, as well as five scale scores reflecting negative mood, interpersonal problems, ineffectiveness, anhedonia and negative self-esteem. For the purposes of this study, the total score will be used to assess children's depressive symptoms ( $\alpha = .88$ ).

*Self-Report for Childhood Anxiety Related Disorders (SCARED):* The SCARED (Birmaher, Khetarpal, Cully, Brent & McKenzie, 1999) is a 41-item self-report instrument used to screen for childhood anxiety disorders, including general

anxiety disorder, panic disorder, separation anxiety and social phobia (Appendix 10). It asks children to rate the severity of symptoms in the past three months using a three point Likert scale (0=Not True or Hardly Ever, 2=Very True or Often True). The SCARED has demonstrated strong internal consistency ( $\alpha = .91$ ), and validity ( $\alpha = .92$ ; Muris, Merckelbach, van Brakel, & Mayer, 1999), with a commonly accepted clinical cut-off score of  $\geq 25$  (Birmaher, Khetarpal, Cully, Brent & McKenzie, 1999). For the purposes of this study, the total score will be used to address children's overall anxiety symptoms ( $\alpha = .91$ ).

*Child Behavior Checklist (CBCL):* The CBCL (Achenbach & Rescorla, 2001) is a 120-item questionnaire completed by parents assessing children's behavioral or emotional problems during the past six months (Appendix 11). T-scores for factors relating to children's internalizing and externalizing behaviors will be used for this study, with the cut-off point for the normal range is a T-score  $< 60$ , borderline is from 60 to 63, and the clinical range is  $\leq 64$ . The CBCL has repeatedly demonstrated good inter-rater reliability ( $\alpha = .93-.96$ ), internal consistency ( $\alpha = .78-.97$ ), and acceptance criterion validity (Achenbach & Rescorla, 2001).

## **Time 7**

Child Adjustment. Child adjustment was assessed using the same measures administered at Time 5. In addition, child emotion regulation was measured at Time 7.

Child Emotion Regulation. Child emotion regulation was assessed at Time 7 via self-report questionnaires and the Child Meta-Emotion Interview.

*Children's Sadness Management Scale (CSMS):* The CSMS (Zeman, Shipman & Penza-Clyva, 2001) is a 12-item questionnaire which assesses how children use various strategies to manage sadness using a three-point Likert scale (1=hardly ever, 3=often), yielding three scales: inhibition, dyregulated expression, and emotion regulation coping (Appendix 12). The CSMS has demonstrated good internal consistency (.62 - .77) and construct validity (Zeman, et al., 2001). The emotion regulation coping subscale was used for analysis in this study ( $\alpha = .60$ ).

*Children's Anger Management Scale (CAMS):* The CAMS (Zeman, Shipman, & Penza-Clyve, 2001) is an 11-item questionnaire that mirrors the CSMS and assesses how children use various strategies to manage anger using a three-point Likert scale (1=hardly ever, 3=often), yielding three scales: inhibition, dyregulated expression, and emotion regulation coping (Appendix 13). The CAMS has also demonstrated good internal consistency (.62 - .77) and construct validity (Zeman, et al., 2001). The emotion regulation coping subscale was used for analysis in this study ( $\alpha = .61$ ).

*Children's Worry Management Scale (CWMS):* The CWMS (Zeman, Cassano, Suveg, & Shipman, 2010) is a 10-item questionnaire similar to the CSMS and CAMS, assessing how children use various strategies to manage worry using a three-point Likert scale (1=hardly ever, 3=often), yielding three scales: inhibition, dysregulated expression and emotion regulation coping (Appendix 14). Initial analyses suggest good reliability, as well as convergent validity with other indices of

emotion management (Zeman, Cassano, Suveg, & Shipman, 2010). The CWMS has been shown to discriminate between children with and without clinically significant anxiety (Zeman, Cassano, Suveg, & Shipman, 2010). The emotion regulation coping subscale was used for analysis in this study ( $\alpha = .45$ ).

*Emotion Expression Scale for Children (EESC)*: The EESC (Penza-Clyve & Zeman, 2002) is a self-report measure that assesses emotional expression in children which yields two scales: poor awareness and expressive reluctance (Appendix 15). It has shown good construct validity in comparison with other measures assessing emotion regulation behavior, and high internal consistency of the scale scores ( $\alpha = .83$  and  $\alpha = .81$ , respectively). The expressive reluctance subscale was used for the purposes of this study ( $\alpha = .74$ ).

*Child Meta Emotion Interview (CMEI)*: The CMEI was administered to assess child ER. The interviews were conducted by an advanced undergraduate research assistant who had been trained to criterion. Children are provided with prompt questions (e.g., “What is it like for you to be sad”, “How do you know when your mother is angry?”), and allowed to freely respond without further cuing. This interview, which typically lasts between 25 – 40 minutes, was coded using the Child Meta-Emotion Interview Coding System (Hessler, Hunter, Katz, & Windecker-Nelson, 2005). This global coding system assesses children’s awareness, acceptance, and regulation of their own emotions, as well as their perceptions of mothers’ responses to various emotions. Items related to each scale are coded separately for

each of three emotions (sadness, anger and fear) on a five point Likert scale (1=strongly disagree, 5=strongly agree) (Appendix 16).

Interviews were coded independently by two individuals trained to reliability ( $r = .60$  or higher) using a separate set of training tapes. Inter-rater reliability was conducted on one-third of the CMEI interviews ( $\alpha = .78$ ). To ensure reliability of the subscales, Cronbach's alphas were computed. As the primary outcome of interest for this study was child ER, the emotion remediation subscale score for sadness, anger and fear was used. Each subscale was composed of 5 items (Sadness  $\alpha = .827$ ; Anger  $\alpha = .827$ ; Fear  $\alpha = .759$ ).

## CHAPTER 3

### RESULTS

#### **Overview of Data Analytic Plan**

Preliminary analyses were conducted first to examine descriptive statistics for variables of interest, and transformation procedures were attempted for skewed and kurtotic variables. Correlations were then conducted between parental psychopathology, child emotion and adjustment, and various demographic and descriptor variables to determine appropriate controlling variables for the mediational analyses. Once descriptive information for the variables of interest had been identified, the exploratory hypothesis regarding whether or not there are differences in observed- versus reported-emotion coaching parenting behavior was tested. Results indicated that these two measurement methods were not significantly correlated, thus the data on emotion coaching parenting behavior were not combined for the subsequent test of mediation.

Multiple imputation was then conducted to correct for missing data (described in more detail below). Upon creating the final pooled data set, the relation between predictor and outcome, and predictor and mediator variables were examined per the procedures outlined by Baron and Kenny as the first step in the mediation analyses (1986). A series of multiple regression analyses were then run to explore parental emotion coaching as a mediator of the relation between parental psychopathology and child adjustment and ER. As these results were not significant, exploratory analyses were conducted as a last step to determine if the interaction

effect between parental psychopathology and emotion coaching parenting behavior was related to child adjustment.

### **Preliminary Analyses**

Descriptive statistics were run for the predictor, mediator and outcome variables of interest (Table 1). All data were found to be normally distributed except for mothers' coaching of child fear. Transformation of these data was attempted and due to the significantly skewed nature of the data, normality could not be achieved. Therefore, this variable was dropped from subsequent analyses. Given that the CEMS-W had a very low alpha, and mediational tests were planned to be done independently by child emotion, outcome variables related to child fear (i.e., CEMS-W, CMEI – Fear) were also dropped from final analyses. All other variables were retained. As predicted, mothers in this sample showed scores on the CES-D ( $M = 20.7$ ,  $SD = 9.73$ ) and STAI ( $M = 44.75$ ,  $SD = 11.24$ ) that were above the clinically significant cut-offs in the literature, and scores on the PDS ( $M = 23.1$ ,  $SD = 13.91$ ) in the moderate to severe range. Additionally, while the average scores on self- and mother-report of child adjustment and ER did not indicate clinically significant levels of symptoms (where cut-offs were available), 32.1% of children demonstrated clinically significantly internalizing problems as measured by the CBCL (10.7% borderline), 28.6% demonstrated clinically significant externalizing problems as measured by the CBCL (7.1% borderline), 29.6% demonstrated clinically significant depression as measured by the CDI, and 29.6% demonstrated clinically significant anxiety as measured by the SCARED.

Relations between key variables and demographics were then examined to determine potential covariates for the subsequent analyses. First, independent sample *t*-tests were conducted exploring the relation of child sex and key variables. Results showed that the mothers' of girls were significantly more depressed ( $t = -2.219$ ,  $df = 28$ ), and that girls had more anxiety than boys ( $t = -2.435$ ,  $df = 25$ ). Given the limited differences between boys and girls, and the limited power given the small sample size, child sex was not used as a controlling variable for subsequent analyses.

Given the hypothesis that child age may be related to the mediators and outcomes of interest, and because changes in cognitive and emotional development that happen between ages six and 14, the potential relation between child age and the proposed mediators was then examined (Tables 2 and 3). Similarly, the relation between dose of intervention and mediators and outcomes of interest was also examined to determine if intervention dose, which was intended *a priori* to be used as a control, required controlling. Children's age ranged from 74 – 171 months with an average age of 118.81 months (approximately nine and a half years old;  $SD = 21.3$  months). Families ranged in the dose of the intervention they received from 0 – 12 sessions, with families attending an average of 5 sessions prior to these data being collected ( $SD = 5$ ). Given that both age and dose were significantly correlated with a number of mediator and outcome variables, both were used as controlling variables for all subsequent analyses related to testing mediation.

### **Relation between Reported and Observed EC Behavior**

The first analysis was to address the exploratory aim of determining whether there were differences between mothers' reported EC behavior, as measured using the PMEI, and observed EC behavior, as measured using the PCIECRS . It was hypothesized that these two methods of reporting EC behavior would not be significantly different. To address this aim, bivariate correlations between mothers' coaching of sadness and anger, as well as their observed EC behavior, were run. As noted above, PMEI coaching of fear was excluded due to the non-normality of the data. Contrary to expectation, none of the measures of EC behavior were significantly correlated with each other (Table 4). Therefore, all subsequent analyses were run separately with each of the proposed mediators.

### **Multiple Imputation for Dealing with Missing Data**

Given the significant amount of missing data at both timepoints, and the fact that only 12 families had complete data for both T5 and T7 (Table 1), case-wise deletion of subjects would have significantly reduced the overall sample size. Therefore, multiple imputation (MI) was employed using SPSS Version 21, to create plausible values for missing data from the data available. As is commonly recommended, data were imputed five separate times in order to create five complete datasets (Rubin, 1996). MI has been shown to be appropriate for longitudinal datasets with a high percentage (up to 50%) of missing data even with small sample sizes (Graham, 2009; Graham & Shafer, 1999). The primary analyses for this study were then run using pooled information from the five created datasets, which

includes both between-imputation and within-imputation variance, thereby better accounting for the uncertainty of imputation.

Prior to conducting multiple imputation, the data were analyzed to determine if there were patterns in the missing data or if missingness was consistent with the assumptions of missing at random (MAR). To be considered MAR means there are no significant differences between a research subject that is missing data and a research subject that is not missing data on variables of interest. Additionally, MAR means that for subjects who are missing data, the data that are missing can be related to other variables but not to the data that are missing. For example, the assumption of MAR is met if the probability of a subject not reporting his or her income is related to marital status but not to income itself. As MAR cannot be verified, because the data in question are unavailable due to subject non-response, we instead must rely on available data to support the assumption.

For these data, patterns of missingness were analyzed first using diagnostic software provided by SPSS and by visual analysis. More than 90% of subjects were missing at least one data point, and approximately 23% of all values were missing. The percentage of missing data for each variable of interest is shown in Table 1, and patterns in the missing data are outlined in Figure 2. Analysis of the patterns of missingness supported the assumptions of MAR for a variety of reasons. First, visual inspection revealed no clear patterns in the missing data. The assumptions of MAR are further supported in this sample because MI is being used to deal with missing data at the level of entire questionnaires and/or timepoint, rather than single item

responses that participants may have intentionally skipped because of the nature of the questions (Schafer and Olsen, 1998). Additionally, no significant differences were seen on demographic variables or maternal psychopathology between those families with complete data ( $N = 12$ ) and those with missing data ( $N = 30$ ), suggesting missing data is not related to measured psychosocial factors (e.g., severity of mental health problems, family finances).

The inclusion of auxiliary variables prior to imputing missing data, particularly those that provide more complete data than is available in the key variables of interest, allows for better prediction of the missing variables and further increases confidence that the MAR assumptions have been met (Graham; 2009; Little & Rubin, 1987). These auxiliary variables provide the imputation algorithm more information about each subject and a more accurate distribution from which to draw, and can help the subsequent analyses have less bias and more power (Graham, 2009; Rubin, 1997). Variables that are the same as those to be used in the analytic model but measured at different waves of data collection are considered ideal candidates for auxiliary variables (Graham, 2009). Therefore, CBCL T-scores data from T2 and T5 as well as CDI and SCARED data from T5 were included as auxiliary predictor variables. Additionally, demographic variables were included as predictor variables. Descriptive statistics for variables included as predictors in the multiple imputation model are found in Table 5. As a final way to ensure that the imputed data are approximated as accurately as possible, and to account for the inability to fully assess for monotonicity, the automatic option was selected in SPSS.

This allows SPSS to more closely scan the data for both monotonicity and randomness of missing data, and select the appropriate method for imputing data. Should SPSS discover monotonicity, it will use the Monotone method to impute data. Otherwise, it will default to the Markov chain Monte Carlo (MCMC) method.

### **Relations between Maternal Psychopathology and Child Adjustment and ER**

The primary goal of this study was to determine if maternal EC parenting behavior mediated the relation between maternal psychopathology and child adjustment and ER in this high risk sample. Testing mediation using bootstrapping to evaluate indirect effects, rather than simply examining the relation between the independent and dependent variables, is advocated by some as a more appropriate way to evaluate these relations (e.g., Rucker, Preacher, Tormala, & Petty, 2011; Preacher & Hayes, 2008). However, statistical software is not currently able to run these types of analyses with imputed datasets (A. Hayes, personal communication, October 29, 2013; W. Wu, personal communication, November 8, 2013). Therefore, this study tested mediation using the methods outlined by Baron and Kenny (1986).

The first step in testing mediation in this study was to determine if a significant relation existed between maternal psychopathology and child adjustment and ER. It was predicted that mothers with higher levels of psychopathology would have children with lower scores on measures of adjustment and ER, indicating poorer adjustment and less adaptive ER strategies. Therefore, a series of regression analyses were run testing this relation. Given the preliminary results suggesting the

potential impact of intervention dose and child age on the outcomes of interest, these variables were entered as the first step in the regression as controls.

For each of the three measures of maternal psychopathology, nine separate regression analyses were initially run examining each of the outcomes of interest for both boys and girls combined. Maternal depression, as measured by the CES-D, significantly predicted child externalizing behavior as measured on the CBCL,  $\beta = .37$ ,  $t(41) = 2.33$ ,  $p = .02$ . Maternal depression was not significantly predictive of any other child outcome, although CMEI sadness remediation and CES-D were related at  $\beta = -.22$ , which is in the predicted direction. Similarly, maternal post-traumatic symptoms only significantly predicted child externalizing behavior  $\beta = .36$ ,  $t(41) = 2.25$ ,  $p = .03$ . The effect size of child internalizing symptoms and maternal traumatic symptoms was  $\beta = .26$ . Maternal anxiety did not significantly predict any of the proposed outcome variables, although effect size between child externalizing symptoms and maternal anxiety was  $\beta = .29$  (Table 6).

Analyses were then run for boys and girls separately to determine if collapsing across child sex may have been masking results in the relation between maternal psychopathology and child adjustment and ER. However these results were similar to those found above. Maternal depression, as measured by the CES-D, significantly predicted boys externalizing behavior as measured on the CBCL,  $\beta = .52$ ,  $t(19)=2.345$ ,  $p = .00$ . Maternal depression was not significantly predictive of any other child outcome for boys, and was not predictive of any child outcome for girls (Tables 7 and 8). However, for boys  $\beta = -.29$  for child depression as measured on the

CDI and maternal depression, and  $\beta = -.32$  for CMEI sadness regulation and CES-D. For girls,  $\beta = .29$  for child depression as measured on the CDI, and  $\beta = -.39$  for anger emotion regulation coping as measured on the CEMS, and  $\beta = .28$  for internalizing symptoms on the CBCL. Similarly, maternal post-traumatic symptoms only significantly predicted externalizing behavior for boys,  $\beta = .62$ ,  $t(19) = 3.07$ ,  $p = .00$ , and no outcomes of interest for girls. Standardized betas approaching significance for boys included CDI,  $\beta = -.31$ , child internalizing symptoms,  $\beta = .29$ , and sadness ER coping,  $\beta = .40$ . Finally, analyses conducted separately by child sex showed maternal anxiety was predictive of externalizing behavior for boys,  $\beta = .69$ ,  $t(19) = 3.35$ ,  $p = .001$ , and no outcomes of interest for girls (Tables 7 and 8). For boys,  $\beta = .41$  for CDI, and  $\beta = .35$  for child internalizing symptoms and maternal anxiety. For girls,  $\beta = .32$  for CMEI sadness remediation.

### **Relations between Maternal Psychopathology and EC Parenting Behavior**

The next step was to determine if a significant relation existed between maternal psychopathology and the proposed mediator of mothers' EC parenting behavior. The first aim of this study hypothesized that mothers who had greater levels of psychopathology would demonstrate less emotion coaching parenting behavior. Given that EC as measured by parent report and observation were not found to be significantly correlated, separate analyses were run for each of the three measures of psychopathology (CES-D, PDS, STAI) and each of the three measures of EC behavior (PMEI Sadness, PMEI Anger, PCIECRS ). The same controls of dose of intervention and child age were included in the analyses. Despite the mostly

non-significant findings with regard to the relation between maternal anxiety and the outcomes of interest, the relation between anxiety and the proposed mediators was examined, as contemporary theory on mediation does not require a significant relation between the independent and dependent variables when testing mediation (Kenny, Kashy, & Bolger, 1998). Contrary to the hypothesis, no significant relations were found between maternal psychopathology and EC parenting behavior independent of the measurement method used to assess EC (Table 9). Standardized betas for all variables were also very low, except for maternal post traumatic symptoms and PMEI anger,  $\beta = .30$ . Analyses were then run examining the relation between maternal psychopathology and EC behavior by child sex (Table 10 and 11). No significant relations were found for either boys or girls. For boys,  $\beta = -.31$  for maternal anxiety and PMEI anger coaching, and for girls  $\beta = .38$  for PDS and PMEI anger,  $\beta = .43$  for PDS and PCIECRS,  $\beta = .30$  for STAI and PMEI anger, and  $\beta = .35$  for STAI and PCIECRS.

### **Maternal EC Behavior as a Mediator of the Relation between Maternal Psychopathology and Child Adjustment and ER**

To test the full hypothesis that maternal EC parenting would mediate the relation between maternal psychopathology and child adjustment and ER, a series of linear regressions were conducted. Although the initial assumptions of mediation were not met, as none of the independent variables were predictive of the proposed mediators, analyses were run to confirm that addition of the mediator to the model did not change the relation between maternal psychopathology and child adjustment

and ER or change the effect size. These analyses were run using maternal depression, trauma and anxiety symptoms as the predictor, and child externalizing behavior as the outcome, for all children combined as well as for boys and girls separately. Contrary to the initial hypotheses, but consistent with the results from earlier analyses, maternal EC behavior did not significantly mediate the relation between maternal psychopathology and child adjustment and ER when data were analyzed for all children together, as well as when data were analyzed separately by child sex. When EC behavior was added to the regression model, the relation between maternal psychopathology and child externalizing behavior did not decrease to a non-significant level. In fact, for all models the relation stayed nearly identical in the presence of EC being added, with no significant change in  $t$  scores or  $\beta$  values (Tables 12, 13 and 14).

### **Exploratory Analysis: The Interaction Effect of Maternal Psychopathology and EC Behavior on Child Adjustment and ER**

Contrary to the hypothesis, maternal EC behavior was not found to mediate the relation between maternal psychopathology and child adjustment and ER. It is possible, however, that rather than EC behavior explaining the relation between maternal psychology and adjustment, it is the interaction between psychopathology and parenting behavior that is impacting child adjustment. Moderator variables are those that influence the strength of the relationship between two other variables. For this sample, it may be that there is a significant relation between psychopathology and child adjustment in parents with lower emotion coaching, but that the relation

between maternal psychopathology and child adjustment is not significant if parents are high in emotion coaching parenting behavior. Therefore, exploratory analyses were run to test that post-hoc hypothesis. In order to test this hypothesis, variables measuring maternal psychopathology and EC behaviors were centered, and nine interaction terms were created (CES-D, PDS, and STAI scores multiplied by each of the EC variables). Nine regression models were then run, examining the impact of both the main effects of psychopathology and EC behavior on child externalizing behavior, as well as the impact of the interaction term. Child age and dose of intervention were once again entered as controls in the first step of the model. While the main effect of maternal depression and post-traumatic symptoms on child externalizing behaviors was again seen in these models, none of the interaction terms examined were significant nor were standardized betas reflective of an effect of the interaction (Table 15).

## CHAPTER 4

### Discussion

Extensive previous research has demonstrated the influential role of parental psychopathology on the emotional and psychosocial adjustment of children (Cummings & Davies, 1994; Zahn-Waxler, Iannotti, Cummings & Denham, 1990). Parents who struggle with symptoms of depression, anxiety, substance abuse, and post-traumatic stress have been repeatedly shown to have children with greater levels of internalizing (Elgar, McGrath, Waschbusch, Stewart, & Curtis, 2004; Fals-Stewart, Kelley, Fincham, Golden, & Logsdon, 2004), externalizing (van der Molen, Hipwell, Vermeiren, and Loeber, 2011) and behavioral problems (Garber et al., 1991; Biederman, Faraone, Monuteaux, & Feighner, 2000). While it has not been explicitly determined what about exposure to parental psychopathology is so detrimental to children and their adjustment, the impact that psychopathology has on parents' approach to parenting and overall parenting practices has been proposed as one potential mechanism (Hinshaw et al., 2000; Reid, Webster-Stratton and Baydar, 2004; Webster & Hancock, 1998). To that end, research has shown that parenting behaviors, such as positive attention, warmth, use of physical discipline, and consistent, appropriate responding are altered in parents with psychopathology. These changes in how parents perceive and ultimately interact with their children may contribute to the problems in adjustment seen in children who are exposed to parental psychopathology.

One specific aspect of parenting by which parents influence their children's adjustment and psychosocial development is through their emotion socialization parenting behaviors (Suveg, Zeman, Flannery-Schroeder, & Cassano, 2005). How parents talk to their children about emotions, respond to their children's emotions, and teach their children to regulate and modulate emotional experiences and expression is an important parent of development (Denham & Grout, 1993; Garside & Klimes-Dougan, 2002). One framework that has been put forth for examining emotion socialization parenting behaviors is parental meta-emotion philosophy (Gottman, Katz, & Hooven, 1996), which is broken into two primary domains – emotion coaching and emotion dismissing. Parents who are more emotion coaching, meaning they are validating of positive and negative emotions in their children and see emotional expression as an opportunity for intimacy, have been shown to have children who are better adjusted as compared to children of parents who are less emotion coaching (Gottman, Katz & Hooven, 1996).

While these are not the only two domains of the parent-child relationship that are important for child adjustment, both parental psychopathology and emotional socialization parenting practices have been repeatedly shown to have a unique and significant impact on children. However, research to date has not examined how these two processes may be related. Rather, the current literature examining parenting practices that are impaired in parents with psychopathology is primarily focused on broader parenting constructs, such as parental modeling and discipline (Morris, Silk, Steinberg, Myers, & Robinson, 2007). The impact of parental

psychopathology on more specific, discrete aspects of parenting, such as how parents socialize their children around emotions, has received very little empirical examination.

In order to better understand the mechanism(s) by which parental psychopathology influences child adjustment, closer examination of explicit parenting behaviors is needed. Given that significant disruption in emotions and emotion regulation is characteristic of many forms of psychopathology (Aldao, Nolen-Hoeksema, & Schweizer 2010), it may be that parents with psychopathology are compromised in their ability to effectively socialize their children around their emotions. These deficits in emotion socialization parenting, measured in this study by the construct of emotion coaching, may mediate the relation between parental psychopathology and child adjustment and ER. Exploring this relation is important in order to enhance our understanding of why parental psychopathology is often so detrimental to child adjustment, as well as to inform the development of appropriate and effective interventions for these families.

The current study examined three hypotheses in the interest of further explicating this relation. First, it tested whether there were significant differences between self-report and observational methods of assessing parental emotion coaching behavior, hypothesizing that these two methods would be positively and significantly correlated. While this hypothesis was not supported, the resulting findings provide useful information with regards to guiding future studies and the development of appropriate assessment methods of emotion coaching behavior.

Second, this study proposed that higher parental psychopathology would be predictive of poorer child adjustment and emotion regulation. This hypothesis was partially supported, and interesting differences were found between parent- and self-report of child adjustment as well as by child sex, suggesting a potentially differential impact of maternal psychopathology on child adjustment. Finally, this study hypothesized that parental emotion socialization as measured by emotion coaching would partially mediate the relation between parental psychopathology and child adjustment and ER. While this hypothesis was not supported, the absence of significant results is notable and provides useful guidance to direct future research.

#### **Differences between Observed and Self-Reported EC Behavior**

Contrary to the hypothesis, maternal self-reported emotion coaching behavior, as measured using the PMEI, and observed emotion coaching behavior, as measured using the PCIECRS , were not significantly correlated (Table 4). Additionally, although not statistically significant, mother's average self-reported emotion coaching behaviors were higher than those observed and coded by researchers. This lack of a significant relation between these variables may be for a variety of reasons. For example, the lack of significant relation seen between the self-reported and observed emotion coaching parenting behavior, as well as the higher amount of self-reported emotion coaching behavior, may be related to maternal self-reporting bias. Previous research has suggested that unconscious ideologies (Bem, 1981) may skew parents' perceptions of their own behavior, such that they may be unable to provide an accurate report on how they behave with their

children. The responses of mothers in this sample may have been influenced by self-reporting bias, which often causes people to describe their behavior in the way they think is desired by the interviewer or over-report behaviors they believe will be viewed as appropriate by the researcher (Donaldson & Grant-Vallone, 2002). This well-researched phenomenon may have been compounded by the fact that these mothers knew they were enrolled in an intervention program related to emotion coaching parenting behavior. Given that the PMEI data used for these analyses was collected after the mothers had at the very least been consented to participate and therefore oriented to the nature of the program, and at most had received some dose of the intervention, they may have been primed to report on behaviors for which they anticipated interviewers would be looking. Previous research has also suggested that parents with psychopathology, when asked to report on their parenting behavior, may be more likely to describe their idealized behavior rather than their actual behavior (Furey & Basili, 1988). Additionally, the parent-child interaction that was coded using the PCIECRS was only a 10-minute interaction. Any or all of these influences may have inflated the PMEI scores, and lead to the lack of a significant relation between the two coding systems.

It may also be that the lower PCIECRS scores were the result of mothers and children being provided with an interaction prompt that did not elicit the types of emotion coaching behavior designed to be captured by this coding system. The Issues Checklist (Appendix 1) is designed to foster a conversation between parents and children about areas of conflict, and in doing so, elicit emotion on the part of one

or both participants. If successful at eliciting child emotion, the Issues Checklist would provide mothers with an in-vivo opportunity to demonstrate emotion coaching behavior. Descriptive statistics for the PCIECRS show little variability in the responses coded ( $SD = .27$ ), suggesting that perhaps there was limited child emotional expression during these interactions and therefore few opportunities for mothers to exhibit emotion coaching behaviors for coding. Additionally, the duration of the observation for the PCIECRS is only 10 minutes. This small sampling of parenting behavior may not sufficiently capture the full capabilities of the parent. The PMEI, which is usually 45 – 60 minutes long and provides mothers' with stems to cue their discussion of emotion coaching-type behaviors, may provide opportunities for richer and more varied data, and therefore more room to capture variability in parenting behavior.

The lack of significant findings may have also resulted from problems with the measures themselves. For example, this was the first time the PCIECRS coding system had been used to assess parental emotion coaching. While this coding system was modeled after the PMEI coding system, it may be that the questions are tapping different constructs and are therefore not currently comparable. Additionally, while the emotion coaching subscale of the PCIECRS demonstrated fair reliability ( $\alpha = .653$ ), improving the subscale reliability by adding novel question and/or adapting existing questions could improve reliability and allow this to be a more useful coding system. More research using this measure is needed to determine its utility as a means of assessing parental emotion coaching, as well as its relation to the PMEI

coding system, which is currently the gold standard method by which parental meta-emotion philosophy is assessed. And while the PMEI coding system has never been empirically validated, a large body of previous research has linked emotion coaching as measured using the PMEI to child adjustment and behavioral outcomes (for review, see Katz, Maliken, & Stettler, 2012). Therefore, it is considered the more reliable way of assessing this construct.

One limitation of this study more broadly that may have specifically impacted the validity of the results for this first analysis is that the PMEI was only coded by one reliability-trained coder (this author). Additionally, some of the PMEIs were conducted and coded by the same individual. Standard coding procedure, which was employed for both the CMEI and the PCIECRS, is to have at least two separate coders, both trained to reliability and who have had no or limited prior contact with the interviewee, code the interviews separately. This was not possible for the PMEI data given the lack of available reliability-trained coders, and may have influenced the data extracted from the interviews.

As outlined, there are a variety of potential reasons why these measures were not significantly positively correlated. In addition, this is the first study to utilize the PCIECRS, and therefore its validity as a measure of observed EC parenting behavior is unclear. However despite this initial hypothesis not being supported, there is no convincing reason to suggest that either of the measures of EC parenting behavior should not have been used for subsequent analyses, and in fact having two separate measures of this construct may have been illustrative in examining the ultimate

mediational hypothesis. Therefore, the original analytic plan was maintained and these two measurement methods were used separately for all subsequent analyses.

### **Relations between Maternal Psychopathology and Child Adjustment and ER**

The second hypothesis for this study was that maternal psychopathology, as assessed via maternal self-report, would be significantly related to child adjustment and ER, as assessed via both self- and parental report. This hypothesis was partially supported, as maternal depressive and post-traumatic symptoms were significantly predictive of externalizing behavior in children as reported on the CBCL. Upon further examination, it was found that this relation only, as well as the relation between maternal anxiety and child externalizing behaviors, only existed between maternal psychopathology and boy's behavior, and was not significant for girls. This relation was in the predicted direction, in that as maternal psychopathology increased, so did their report of boy's externalizing behavior. Given these differences by sex for externalizing behaviors, analyses for all other child outcome variables of interest were then run separately for boys and girls. While no other significant results were found between maternal psychopathology and child adjustment, examination of standardized betas as a marker of effect size showed some additional relations approaching significance.

While significant relations between maternal psychopathology and all other proposed child adjustment variables had been predicted, that a relation was revealed between maternal psychopathology and child externalizing behavior was not surprising given the significant levels of IPV to which these families were exposed.

Research has repeatedly shown that children exposed to IPV experience higher levels of internalizing and externalizing problems as compared to those without such exposure (e.g., Kernic, Wolf, Holt, McKnight, Huebner, & Rivara, 2003). Although clinically significant levels of externalizing behaviors were not seen for the children in this sample overall, upwards of 25% of male and female children had clinically significant levels of externalizing behaviors. Given that there were no significant differences between male and female children in levels of externalizing behaviors, these results suggest that male children's externalizing behaviors may be uniquely related to maternal psychopathology, particularly in the context of IPV.

However, while the results found partially support the hypothesis and the current literature regarding the relation between maternal psychopathology and child adjustment, it was anticipated that additional significant relations between these variables would be revealed in this sample for both male and female children. The absence of a greater number of significant findings begs the question of whether the relation seen between maternal psychopathology and boy's externalizing behavior is the result of some other influence beyond maternal psychopathology. First, it is interesting that only maternal report of child symptoms, and child not report of their own adjustment and ER, were found to be positively significantly related to maternal psychopathology. As discussed earlier, previous research has suggested that maternal psychopathology may influence the ways in which mothers observe their children, such that they perceive more problem behavior than is objectively occurring (Furey & Basili, 1988; Webster-Stratton & Hammond, 1988). Additionally, research has

shown that maternal report of child behavior problems becomes less reliable (i.e., reporting error increases) as maternal depressive symptoms increase, and that mothers who showed more depressive symptoms reported more externalizing behaviors in their sons (Gartstein, Bridgett, Dishion & Kaufman, 2009). Therefore, it may not be the case that boys with mothers who have higher levels of psychopathology are engaging in more externalizing behaviors, but rather that as mother's level of psychopathology increases, they simply perceive their male children as having more behavior problems. Future research would want to utilize additional informants for children's behavior, such as teacher or outside observer report, in order to rule-out this explanation and better understand this relation.

The lack of significant results for child self-report measures of ER (e.g., CMEI, CEMS) is also interesting. The goal of using both a semi-structured interview and questionnaires to assess children's own understanding of their emotions and their emotion regulation strategies was designed to provide children with a variety of ways to think and report about these concepts. It was anticipated that some children, due to age or developmental level, may have found it easier to speak to their emotion regulation strategies when asked the more general questions of the CMEI (e.g., "What do you do to get over feeling sad?"). Conversely, other children may have had a hard time generating strategies without cues, and instead may have found it easier to identify whether they use specific strategies as presented on the CEMS (e.g., "When I'm sad, I do something totally different until I calm down"). However it may have been that the children in this sample, who were primarily in middle-childhood,

were not yet able to think about their emotions and behaviors at this more meta-cognitive level, and that these assessment methods would be more accessible and accurate in older children. Future research should explore the applicability and validity of these measures with younger children, as well as potential differential effects of age on children's ability to report on these skills. Additionally, the alphas for many of these questionnaires were lower than is preferable, particularly in the context of the small sample size of this study, which may have been obscuring potentially significant findings.

Finally, in examining the standardized betas for the relation between maternal psychopathology and child ER and adjustment by child sex, differences in the direction of relation were noted. For example, the relation between maternal depression, anxiety and traumatic stress and boys' CDI scores was in the direction opposite from that proposed. Specifically, when mother's demonstrated higher symptom levels, boys had lower scores, reflective of fewer depressive symptoms, on the CDI. The relation between sadness ER coping as measured on the CEMS and maternal traumatic symptoms was also in the opposite direction to what was proposed, as these two variables were positively related. For girls, direction of effect for standardized betas approaching significance was in hypothesized direction except for sadness remediation as measured on the CMEI. These opposite directions of effect for boys and girls may have contributed to the overall lack of significant findings. As for the reasons for the differences in the relation between maternal psychopathology and boys and girls ER and adjustment, this may have been for a

variety of reasons. First, it is interesting that boys, with greater frequency than girls, showed results in the direction opposite from what was hypothesized for self-report measures (Tables 6, 7 and 8). It may be that boys at this age are less accurate reporters on their emotions and emotion regulation strategies. Alternatively, it may be that the impact of maternal mental health on boys' adjustment and development of emotion regulation strategies is different than the impact on girls' adjustment, either generally or in this specific context of familial exposure to IPV. However, as outlined above, the reliability of many of these measures of child adjustment and ER, particularly the child self-report measures, was relatively low. Therefore, future research with more accurate measurement methods is needed to understand the reliability and nature of these differences.

### **Maternal EC Behavior as a Mediator of the Relation between Maternal Psychopathology and Child Adjustment and ER**

The final hypothesis of this study was that maternal emotion socialization parenting practices, as measured by emotion coaching, would mediate the relation between maternal psychopathology and child adjustment and ER. Contrary to the hypothesis, no significant relation was seen between maternal psychopathology and EC parenting behavior, and the overall mediational model proposed was not supported. This lack of significant findings, both for mediation and for the relation between maternal psychopathology and EC, was maintained when analyses were run separately for boys and girls. Additionally, while not significant, the direction of the relation between maternal psychopathology and EC was very mixed, and primarily

positive, i.e., opposite of what was proposed (Tables 9-11). For both boys and girls, only CES-D and PMEI-sadness scores were negatively related, and for boys, only maternal self-report on the PDS and PCIECRS scores and STAI and PMEI-anger scores were negatively related. All the other relations between maternal psychopathology and EC behavior were positively related. In examining standardized betas, those that were approaching significance for boys were in the proposed direction, while those approaching significance for girls were all negative. Again, while these relations were not statistically significant, the direction of effect was counter to what was hypothesized and may be resultant from some of the concerns outlined above with regards to the PMEI and PCIECRS. Additionally, the differences between boys and girls may speak to different emotion coaching parenting behaviors resulting from maternal psychopathology based on child sex. However, given the limitations outlined above further research is needed to explore this possibility. That mediation was not supported in this sample is surprising, and may be the cumulative effect of the specific limitations outlined above regarding the other preceding hypotheses of this study, as well as the broader limitations detailed below.

### **Limitations**

This study had a variety of limitations that may have contributed to the lack of significant findings. For example, the small sample size ( $N=42$  families after performing multiple imputation,  $N = 12$  families with complete data for both timepoints) placed profound limitations on the power to observe meaningful effects

of the various predictors on child adjustment and ER. Given the high level of parental psychopathology in this sample, and the vast literature supporting the significant negative impact of maternal psychopathology on child adjustment and ER, we would have expected to see much more of a relation between these variables. Power analyses and a review of the literature suggest a minimum sample size of 75 – 85 in order to detect a small effect when using traditional methods of testing mediation (Shrout & Bolger, 2002). Therefore, it is probable that these relations do exist in this sample, and are simply obscured by the small sample size. Similarly, research has continually supported the negative impact of maternal psychopathology on parenting practices, and would suggest that this impact extends to emotion coaching behavior despite the lack of significant relations seen here. Future research with a larger sample of families is needed to explore what, if any, impact maternal psychopathology on EC parenting behavior, and in turn, whether or not EC parenting behavior can serve as a protective factor in child adjustment for children exposed to maternal psychopathology.

The age range being examined in this sample is also relatively broad, and included children in young childhood as well as pre-adolescence. These are fundamentally different periods in terms of emotional and behavioral development (Eisenberg, Cumberland, & Spinrad, 1998), and while age was controlled for in all analyses, that may not have completely eliminated differences in response patterns on questionnaires due to developmental level or understanding of the questions being asked. Exploration of the impact of age was not possible, as the sample size

precluded its examination as a moderating variable. As such, future studies may want to examine the questions proposed here in more narrow age groups (e.g., middle childhood, adolescence). Determining if age impacts the potential mediating role of EC parenting on the relation between maternal psychopathology and child adjustment could have important implications for developmentally appropriate intervention approaches.

Additionally, although the analyses were conducted longitudinally, only two time points of data were available, which is a statistical limitation for testing mediation. Ideally maternal psychopathology would have been assessed a time point prior to assessing maternal emotion coaching behavior in order to be more supportive of a casual relation. Additionally, some baseline data for both maternal and child functioning was available due to the longitudinal nature of the dataset from which these data were drawn (e.g., child CBCL and CDI scores, maternal CES-D and PDS scores; Table 5). However, because of the small sample size, these variables were not included as controls in the analyses in order to maximize variance available to test the study hypotheses. In future studies it would be useful to control for mother's and children's baseline level of functioning in order to determine the unique impact of emotion coaching behavior as a mediator between psychopathology and child adjustment.

Finally, while the ethnic and racial diversity of this sample was a relative strength and reflective of the region and population from which the data were collected, the measurement methods employed to assess EC parenting behavior have

not been validated cross-culturally. Cultural norms and practices around the acceptance and expression of emotion are not universal (Cole, Tamang, & Shrestha, 2006), and it may be that unique aspects of the socialization process for different ethnic and racial groups are not being sufficiently captured by the PMEI or by the PCIECRS . Future studies will want to explore the EC parenting practices for specific ethnic minority groups, and development of a more appropriate assessment tool may be warranted.

### **Conclusions**

Despite the lack of compelling results, this study had multiple strengths. It was the first study to examine the relation between EC parenting behavior and maternal psychopathology, the first study to explore the mediating role of emotion socialization parenting practices in the relation between maternal psychopathology and child adjustment, and one of the first studies to examine whether various methods of assessing parental EC behavior provide comparable information. Additionally, by employing a mixed-methods design including parent- and child-report questionnaires, observational data and semi-structured interviews, this study attempted to capture both parent and child perspectives on the key variables of interest. Finally, although not expressly recruited for parent or child psychopathology, this study utilized a high-risk sample where mothers had clinically significant levels of depression, anxiety and post-traumatic symptoms, which would have made any significant findings more generalizable to families with clinical levels of parental psychopathology. However, while this study attempted to address an

important gap in the literature, the results were generally inconclusive and did not provide support for the main hypotheses. Additionally, the results of this study were often inconsistent with the literature on the relation between maternal psychopathology, child adjustment, and maternal parenting and emotion socialization practices. Therefore, much more research is needed in this area to explicate the potential mediating role of maternal emotion socialization parenting practices on the relation between psychopathology and child adjustment.

Previous research has repeatedly shown that EC parenting behavior is related to child adjustment. Unfortunately, this study did not help explicate whether self-reported or observation data are ideal with regards to assessing this construct. Future research will want to continue to examine which measurement methods are most appropriate and accurate in the assessment of EC parenting behavior in cross-cultural samples. When developing interventions to help mothers improve their emotion coaching parenting practices, it remains unclear whether providing in-the-moment instruction for parents around how to be more coaching, validating, and accepting of their children's emotional expression is more useful, or if targeting how parents think about or respond to emotions in themselves and their children more broadly is more appropriate. Before proposing an EC-based intervention as a novel adaptation to better serve families who are currently underserved by existing parenting programs, understanding the best way to assess this construct is important.

## References

- Achenbach, T. M., & Rescorla, L. (2001). *ASEBA School-Age Forms & Profiles*. Aseba.
- Afifi, T.O., Brownridge, D.A., Cox, B.J., & Sareen, J. (2006). Physical punishment, childhood abuse and psychiatric disorders. *Child Abuse and Neglect, 30*(10), 1093-1103. Doi:10.1016/j.chiabu.2006.04.006
- Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review, 30*, 217-237. Doi:10.1016/j.cpr.2009.11.004
- Aneshensel, C.S., Clark, V.A., Frerichs, R.R. (1983). Race, ethnicity, and depression: A confirmatory analysis. *Journal of Personality and Social Psychology, 44*(2), 385-398. Doi: 10.1037/0022-3514.44.2.385
- Appleyard, K., & Osofsky, J.D. (2003). Parenting after trauma: Supporting parents and caregivers in the treatment of children impacted by violence. *Infant Mental Health Journal, 24*(2), 111-125. Doi: 10.1002/imhj.10050
- Barnett, B., Schaafsma, M.F., Guzman, A.M., & Parker, G.B. (1991). Maternal anxiety: A 5-year review of an intervention study. *Journal of Child Psychology and Psychiatry, 32*(3), 423-438. Doi: 10.1111/j.1469-7610.1991.tb00321.x
- Baron, R.M. & Kenny, D.A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic and statistical considerations. *Journal of Personality and Social Psychology, 51*(6), 1173-1182. Doi: 10.1037/0022-3514.51.6.1173
- Bauman, P.S. & Dougherty, F.E. (1983). Drug-addicted mothers' parenting and their children's development. *Substance Use and Misuse, 18*(3), 291-302.
- Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology, 4*(1), 1-103. Doi: 10.1037/h0030372
- Beardslee, W.R., Keller, M.B., Lavori, P.W., Stanley, J., & Sacks, N. (1993). The

- impact of parental affective disorder on depression in offspring: A longitudinal follow-up in a nonreferred sample. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32, 723-730.
- Bem, S.L. (1981). Gender schema theory: A cognitive account of sex typing. *Psychological Review*, 88(4), 354-364.
- Berg-Nielsen, T.S., Vikan, A., & Dahl, A.A. (2002). Parenting related to child and parental psychopathology: A descriptive review of the literature. *Clinical Child Psychology and Psychiatry*, 7(4), 529-552. Doi: 10.1177/1359104502007004006
- Biederman, J., Faraone, S.V., Monuteaux, M.C., & Feighner, J.A. (2000). Patterns of alcohol and drug use in adolescents can be predicted by parental substance use disorders. *Pediatrics*, 106(4), 792-797.
- Birmaher, B., Brent, D., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): A replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 1230-1236.
- Boyd, J. H., Weissman, M. M., Thompson, W. D., & Myers, J. K. (1982). Screening for depression in a community sample: understanding the discrepancies between depression symptom and diagnostic scales. *Archives of General Psychiatry*, 39(10), 1195.
- Bradley, S. (2000). *Affect regulation and the development of psychopathology*. New York: Guilford Press.
- Brennan, P.A., Hammen, C., Katz, A.R., Le Brocque, R.M. (2002). Maternal depression, paternal psychopathology and adolescent diagnostic outcomes. *Journal of Consulting and Clinical Psychology*, 70(5), 1075-1085.
- Briggs-Gowan, M.J., Carter, A.S., & Schwab-Stone, M. (1996). Discrepancies among mother, child, and teacher reports: Examining the contributions of maternal depression and anxiety. *Journal of Abnormal Child Psychology*, 24(6), 749-765. Doi: 10.1007/BF01664738

- Brody, L.R., & Hall, J.A. (1993). Gender and emotion. In M. Lewis & J. Haviland (Eds.), *Handbook of emotions* (pp.447-461). New York, NY: Guilford Press.
- Brophy-Herb, H. E., Schiffman, R. F., Bockneck, E. L., Dupuis, S. B., Fitzgerald, H. E., Horodynski, M., & Hillaker, B. (2011). Toddlers' social-emotional competence in the contexts of maternal emotion socialization and contingent responsiveness in a low-income sample. *Social Development, 20*, 73-92.
- Bugental, D.B. (2000). Acquisition of the algorithms of social life: A domain-based approach. *Psychological Bulletin, 126*(2), 187-219. Doi: 10.1037/0033-2909.126.2.187
- Calkins, S.D. (1994). Origins and outcomes of individual differences in emotion regulation. In N.A. Fox (Ed.) *Emotion regulation: Behavioral and biological considerations*, Monographs of the Society for Research in Child Development.
- Callendar, K.A., Olson, S.L., Choe, D.E., & Sameroff, A.J. (2011). The effects of parental depressive symptoms, appraisals, and physical punishment on later child externalizing behavior. *Journal of Abnormal Child Psychology, 40*(3), 471-483. Doi: 10.1007/s10802-011-9572-9
- Campos, J.J., Mumme, D.L., Kermoian, R., & Campos, R.G. (1994). A functionalist perspective on the nature of emotion. *Monographs of the Society for Research in Child Development, 59*(2/3), 284-303.
- Carlson, E.A., & Sroufe, L.A. (1995). Contribution of attachment theory to developmental psychopathology. In D. Cicchetti, & D.J. Cohen (Eds.), *Developmental psychopathology: Theory and methods, vol. 1* (pp. 581-617). New York: Wiley.
- Cascardi, M., & O'Leary, K.D. (1992). Depressive symptomatology, self-esteem, and self-blame in battered women. *Journal of Family Violence, 7*(4), 249-259. Doi: 10.1007/BF00994617
- Cataldo, M.F., (1984). Clinical considerations in training parents of children with

- special problems. In R.F. Dangel & R.A. Polster (Eds.), *Parent training: Foundations of research and practice* (pp. 329-503). New York: Plenum.
- Chung, E.K., McCollum, K.F., Elo, I.T., Lee, H.J., & Culhane, J.F. (2004). Maternal depressive symptoms and infant health practices among low-income women. *Pediatrics*, *113*(6), 523-529.
- Cicchetti, D., Ackerman, B.P., & Izard, C.E. (1995). Emotions and emotion regulation in developmental psychopathology. *Development and Psychopathology*, *7*, 1 – 10.
- Clark, D.B., Cornelius, J., Wood, D.S., & Vanyukov, M. (2004). Psychopathology risk transmission in children of parents with substance use disorders. *American Journal of Psychiatry*, *161*(4), 685-691.
- Cleary, R., & Katz, L.F. (2008). Family-level emotion socialization and children's comfort with emotional expressivity. *Family Psychologist*, *24*, 6-13.
- Cohn, J. F., Campbell, S. B., Matias, R., & Hopkins, J. (1990). Face-to-face interactions of postpartum depressed and nondepressed mother-infant pairs at 2 months. *Developmental psychology*, *26*(1), 15.
- Cohen, L.R., Hien, D.A., & Batchelder, S. (2008). The impact of cumulative maternal trauma and diagnosis on parenting behavior. *Child Maltreatment*, *13*(1), 27-38. Doi: 10.1177/1077559507310045
- Cole, P.M., Michel, M.K., & O'Donnell Teti, L. (1994). The development of emotion regulation and dysregulation: A clinical perspective. *Monographs of the Society for Research in Child Development*, *59*(2/3), 73-100.
- Cole, P.M., Tamang, B.L., & Shrestha, S. (2006). Cultural variations in the socialization of young children's anger and shame. *Child Development*, *77*(5), 1237-1251.
- Connell, A.M., & Goodman, S.H. (2002). The association between psychopathology in fathers versus mothers and children's internalizing and externalizing behavior problems: A meta-analysis. *Psychological Bulletin*, *128*(5), 746-773. Doi: 10.1037/0033-2909.128.5.746

- Cummings, E.M., & Davies, P.T. (1994). Maternal depression and child development. *Journal of Child Psychology and Psychiatry*, 35, 73-112.
- De Los Reyes, A., & Kazdin, A. E. (2005). Informant discrepancies in the assessment of childhood psychopathology: a critical review, theoretical framework, and recommendations for further study. *Psychological Bulletin*, 131(4), 483. Doi: 10.1037/0033-2909.131.4.483
- Denham, S. A., & Grout, L. (1993). Socialization of emotion: Pathway to preschoolers' emotional and social competence. *Journal of Nonverbal Behavior*, 17(3), 205-227.
- Denham, S.A., Mitchell-Copeland, J., Strandberg, K., Auerbach, S., & Blair, K. (1997). Parental contributions to preschoolers' emotional competence: Direct and indirect effects. *Motivation and Emotion*, 21(1), 65-86. Doi: 10.1023/A:1024426431247
- Derogatis, L.R. (1977). *SCL-90: Administration, scoring and procedures manual for the R(evised) version and other instruments of psychopathology rating scale series*. Baltimore: John Hopkins University
- Donaldson, S.I., & Grant-Vallone, E.J. (2002). Understanding self-report bias in organizational behavior research. *Journal of Business and Psychology*, 17(2), 245-260.
- Downey, G., & Coyne, J.C. (1990). Children of depressed parents: An integrative review. *Psychological Bulletin*, 108(1), 50-76. Doi: 10.1037/0033-2909.108.1.50
- Dumas, J.E. (1984). Interactional correlates of treatment outcome in behavioral parent training. *Journal of Consulting and Clinical Psychology*, 52(6), 946-954. Doi: 10.1037/0022-006X.52.6.946
- Eisenberg, N., Cumberland, A., & Spinrad, T. L. (1998). Parental socialization of emotion. *Psychological Inquiry*, 9, 241-273.
- Eisenberg, N., Cumberland, A., Spinrad, T.L., Fabes, R.A., Shepard, S.A., Reiser,

- M., Murphy, B.C., Losoya, S.H., & Guthrie, I.K. (2001). The relations of regulation and emotionality to children's externalizing and internalizing problem behavior. *Child Development, 72*(4), 1112-1134.  
DOI: 10.1111/1467-8624.00337
- Eisenberg, N., Fabes, R.A., Shepard, S.A., Murphy, B.C., Guthrie, I.K., Jones, S., Friedman, J., Poulin, R., & Maszk, R. (1997). Contemporaneous and longitudinal prediction of children's social functioning from regulation and emotionality. *Child Development, 68*(4), 642-664. Doi: 10.1111/j.1467-8624.1997.tb04227.x
- Eisenberg, N., & Fabes, R.A. (1992). Emotion, regulation, and the development of social competence. In M.S. Clark (Ed.), *Review of personality and social psychology: Vol. 14, Emotion and social behavior* (pp. 119-150). Newbury Park, CA: Sage.
- Elgar, F.J., McGrath, P.J., Waschbusch, D.A., Stewart, S.H., & Curtis, L.J. (2004). Mutual influences on maternal depression and child adjustment problems. *Clinical Psychology Review, 24*, 441-459. Doi:10.1016/j.cpr.2004.02.002
- Eyberg, S.M., & Boggs, S.R. (1998). Parent-child interaction therapy for oppositional preschoolers. In C.E. Schaefer & J.M. Briesmeister (Eds.), *Handbook of parent training: Parents as co-therapists for children's behavior problems* (2<sup>nd</sup> ed., pp. 61-97). New York: Wiley.
- Fagot, B.I. (1978). The influence of sex of child on parental reactions to toddler children. *Child Development, 49*(2), 459-465.
- Fals-Stewart, W., Kelley, M.L., Fincham, F.D., Golden, J., & Logsdon, T. (2004). Emotional and behavioral problems of children living with drug-abusing fathers: Comparisons with children living with alcohol-abusing and non-substance abusing fathers. *Journal of Family Psychology, 18*(2), 319-330. Doi: 10.1037/0893-3200.18.2.319
- Field, T. (1995). Infants of depressed mothers. *Infant Behavior and Development, 18*(1), 1-13.

- Field, T., Healy, B.T., Goldstein, S., & Guthertz, M. (1990). Behavior-state matching and synchrony in mother-infant interactions of nondepressed versus depressed dyads. *Developmental Psychology, 26*(1), 7-14. Doi: 10.1037/0012-1649.26.1
- Foa, E.B., Cashman, L., Jaycox, L., & Keane, T. (1997). The validation of a self report measure of posttraumatic stress disorder: The Posttraumatic Diagnostic Scale. *Psychological Assessment, 9*(4), 445-451. Doi: 10.1037/1040-3590.9.4.445
- Forehand, R., Biggar, H., & Kotchick, B.A. (1998). Cumulative risk across family stressors: Short- and long-term effects for adolescents. *Journal of Abnormal Psychology, 26*(2), 119-128. Doi:10.1023/A:1022669805492.
- Forehand, R., Lautenschlager, G.J., Faust, J., & Graziano, W.G. (1986). Parent perceptions and parent-child interactions in clinic-referred children: A preliminary investigation of the effects of maternal depressive moods. *Behaviour Research and Therapy, 24*(1), 72-75. Doi: 10.1016/0005-7967(86)90152-X
- Frick, P.L., Lahey, B.B., Loeber, R., Stouthamer-Loeber, M., Christ, M.A.G., & Hanson, K. (1992). Familial risk factors to oppositional defiant disorder and conduct disorder: Parental psychopathology and maternal parenting. *Journal of Consulting and Clinical Psychology, 60*(1), 49-55. Doi: 10.1037/0022-006X.60.1.49
- Frick, P.J., & Morris, A.S. (2004). Temperament and developmental pathways to conduct problems. *Journal of Clinical Child and Adolescent Psychology, 33*(1), 54-68. DOI: 10.1207/S15374424JCCP3301\_6
- Furey, W., & Basili, L. (1988). Predicting consumer satisfaction in parent training for noncompliant children. *Behavior Therapy, 19*(4), 555-564. doi: 10.1016/S0005-7894(88)80023-6
- Garber, J., Braafladt, N., & Zeman, J. (1991). The regulation of sad affect: An

- information processing perspective. In J. Garber & D. Dodge (Eds.), *The development of emotion regulation and dysregulation* (pp. 208-240). Cambridge: Cambridge University Press.
- Garside, R. B., & Klimes-Dougan, B. (2002). Socialization of discrete negative emotions: Gender differences and links with psychological distress. *Sex Roles, 47*(3-4), 115-128.
- Gartstein, M.A., Bridgett, D.J., Dishion, T.J., & Kaufman, N.K. (2009). Depressed mood and maternal report of child behavior problems: Another look at the depression-distortion hypothesis. *Journal of Applied Developmental Psychology, 30*(2), 149-160. Doi: 10.1016/j.appdev.2008.12.001
- Goodman, S.H., & Gotlib, I.H. (2002). *Children of depressed parents: Mechanisms of risk and implications for treatment*. American Psychological Association.
- Goodman, S.H., & Gotlib, I.H. (1999). Risk for psychopathology in the children of depressed mothers: A developmental model for understanding mechanisms of transmission. *Psychological Review, 106*, 458-490.
- Gotlib, I.H., & Goodman, S.H. (1999). Children of parents with *depression*. In W.K. Silverman & T.H. Ollendick (Eds.) *Developmental issues in the clinical treatment of children*. Needham Heights, MA: Allyn and Bacon.
- Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology, 10*, 243-268.
- Gottman, J.M., Katz, L.F., & Hooven, C. (1997). *Meta-emotion: How families communicate emotionally*. Lawrence Erlbaum Associates: Mahwah, NJ.
- Grace, S.L., Evindar, A., & Stewart, D.E. (2003). The effect of postpartum depression on child cognitive development and behavior: A review and critical analysis of the literature. *Archives of Women's Mental Health, 6*(4), 263-274. Doi: 10.1007/s00737-003-0024-6
- Graham, J.W. (2009). Missing data analysis: Making it work in the real world.

- Annual Review of Psychology*, 60, 549-576. Doi: 10.1146/annurev.psych.58.110405.085530
- Graham, J.W. & Schafer, J.L. (1999). On the performance of multiple imputation for multivariate data with small sample size. In R.Hoyle (Ed.), *Statistical Strategies for Small Sample Research* (pp. 1 – 29). Thousand Oaks, CA: Sage.
- Gross, H.E., Shaw, D.S., Moilanen, K.L., Dishion, T.J., & Wilson, M.N. (2008). Reciprocal models of child behavior and depressive symptoms in mothers and fathers in a sample of children at risk for early conduct problems. *Journal of Family Psychology*, 22(5), 742-751. Doi:10.1037/a0013514
- Gross, J.J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, 2(3), 271-299. Doi: 10.1037/1089-2680.2.3.271
- Halberstadt, A.G. (1991). Socialization of expressiveness: Family influences in particular and a model in general. In R.S. Feldman & S. Rime (Eds.), *Fundamentals of emotional expressiveness* (pp. 106-162). Cambridge, England: Cambridge University Press.
- Halligan, S.L., Murray, L., Martins, C., & Cooper, P.J. (2007). Maternal depression and psychiatric outcomes in adolescent offspring: A 13-year longitudinal study. *Journal of Affective Disorders*, 97(1), 145-154. Doi: 10.1016/j.jad.2006.06.010
- Hammen, C. & Brennan, P.A. (2003). Severity, chronicity, and timing of maternal depression and risk for adolescent offspring diagnoses in a community sample. *Archives of General Psychiatry*, 60(3), 253-258. Doi:10.1001/archpsyc.60.3.253
- Havighurst, S. S., Wilson, K. R., Harley, A. E., & Prior, M. R. (2009). Tuning in to Kids: An emotion-focused parenting program--initial findings from a community trial. *Journal of Community Psychology*, 37, 1008-1023.
- Hetherington, E.M., & Clingempeel, W.G. (1992). Coping with marital transitions:

A family systems perspective. *Monographs for the Society for Research in Child Development*, 57(2-3, Serial No. 227).

- Hessler, D., Hunter, E., Katz, L.F., & Windecker-Nelson, B. (2005). *The child meta emotion interview*. Unpublished manuscript, University of Washington, Seattle, WA.
- Hien, D.A. & Miele, G.M. (2003). Emotion-focused coping as a mediator of maternal cocaine abuse and antisocial behavior. *Psychology of Addictive Behaviors*, 17(1), 49-55. Doi: 10.1037/0893-164X.17.1.49
- Hinshaw, S.P., Owens, E.B., Wells, K.C., Kraemer, H.C., Abikoff, H.B., Arnold, L.E., Conners, C.K., Elliot, G., Greenhill, L.L., Hechtman, L., et al. (2000). Family processes and treatment outcome in MTA: Negative/ineffective parenting practices in relation to multimodal treatment. *Journal of Abnormal Child Psychology*, 28(6), 555-568. Doi: 10.1023/A:1005183115230
- Houskamp, B.M., & Foy, D.W. (1991). The assessment of posttraumatic stress disorder in battered women. *Journal of Interpersonal Violence*, 6(3), 367-375. Doi: 10.1177/088626091006003008
- Inoff-Germain, G., Nottelman, E.D., & Radke-Yarrow, M. (1992). Evaluative communications between affectively ill and well mothers and their children. *Journal of Abnormal Child Psychology*, 20(2), 189-212. Doi: 10.1007/BF00916548
- Izard, C.E. (1991). *The psychology of emotions*. New York, NY: Plenum Press.
- Izard, C.E., Fine, S., Mostow, A., Trentacosta, C., & Campbell, J. (2002). Emotion processes in normal and abnormal development and preventative intervention. *Development and Psychopathology*, 14(4), 761-787. Doi:10.1017/S095457902004066
- Jaffee, P., Wolfe, D., Wilson, S., & Zak, L. (1986). Similarities in behavioral and social maladjustment among child victims and witnesses to family violence. *American Journal of Orthopsychiatry*, 56(1), 142-146. Doi: 10.1111/j.1939-0025.1986.tb01551.x

- Katz, L.F., & Gottman, J.M. (1986). *The Meta-Emotion Interview*. Unpublished manuscript, University of Washington, Seattle, WA.
- Katz, L.F., & Hunter, E.C. (2007). Maternal meta-emotion philosophy and adolescent depressive symptomology. *Social Development, 16*(2), 343-360. Doi: 10.1111/j.1467-9507.2007.00388.x
- Katz, L.F., Hunter, E.C., & Klowden, A. (2008). Intimate partner violence and children's reaction to peer provocation: The moderating role of emotion coaching. *Journal of Family Psychology, 22*(4), 614-621. Doi: 10.1037/a0012793
- Katz, L.F., Maliken, A.M., & Kawamura, J. (2012). *The Parent Child Interaction Emotion Coaching Rating Scale*, Unpublished manuscript, University of Washington, Seattle, WA.
- Katz, L.F., Maliken, A.M., & Stettler, N.M. (2012). Parent meta-emotion philosophy: A review of research and theoretical framework. *Child Development Perspectives, 6*(4), 417-422. Doi: 10.1111/j.1750-8606.2012.00244.x
- Katz, L.F., Mittman, A., & Hooven, C. (1994). *The meta-emotion coding system*. Unpublished manuscript, University of Washington, Seattle, WA.
- Katz, L.F., & Windecker-Nelson, B. (2002). The Child/Adolescent Meta-Emotion Interview. Unpublished manuscript, University of Washington.
- Katz, L.F., & Windecker-Nelson, B. (2004). Parental meta-emotion philosophy in families with conduct-problem children: Links and peer relations. *Journal of Abnormal Child Psychology, 32*(4), 385-398. Doi: 10.1023/B:JACP.0000030292.36168.30
- Katz, L. F., & Windecker-Nelson, B. (2006). Domestic violence, emotion coaching, and child adjustment. *Journal of Family Psychology, 20*, 56-67.
- Kenny, D.A., Kashy, D., & Bolger, N. (1998). Data analysis in social psychology. In D. Gilber, S. Fiske, and G. Lindzey (Eds.), *Handbook of social psychology* (4<sup>th</sup> ed. Pp. 233-265). New York: McGraw-Hill.

- Kernic, M.A., Wolf, M.E., Holt, V.L., McKnight, B., Hueber, C.E., & Rivara, F.P. (2003). Behavioral problems among children whose mothers were abused by an intimate partner. *Child Abuse and Neglect*, 27(11), 1231-1246.
- Kim-Cohen, J., Moffitt, T.E., Taylor, A., Pawlby, S.J., & Caspi, A. (2005). Maternal depression and children's antisocial behavior: Nature and nurture effects. *Archives of General Psychiatry*, 62(2), 173-181.
- Klimes-Dougan, B., Brand, A.E., Zahn-Waxler, C., Usher, B., Hastings, P.D., Kendziora, K., & Garside, R.B. (2007). Parental emotion socialization in adolescence: Differences in sex, age, and problem status. *Social Development*, 16(2), 326-342. Doi: 10.1111/j.1467-9507.2007.00387.x
- Kline, R.B. (2005). *Principles and practice of structural equation modeling*. New York, NY: Guilford Press.
- Kochanska, G., & Askan, N. (1995). Mother-child mutually positive affect, the quality of child compliance to requests, prohibitions, and maternal control as correlates of early internalization. *Child Development*, 66, 236-254.
- Kovacs, M. (1992). *Children's Depression Inventory Manual*. North Tonawanda, NY: Multi Health Systems.
- Kroes, G., Veerman, J.W., & De Bruyn, E.E.J. (2003). Bias in parental reports? Maternal psychopathology and the reporting of problem behavior in clinic-referred children. *European Journal of Psychological Assessment*, 19(3), 195-203. Doi: 10.1027//1015-5759.19.3.195
- Lang, A.J., Craske, M.G., Brown, M., & Ghaneian, A. (2001). Fear-related state dependent memory. *Cognition and Emotion*, 15(5), 695-703. Doi: 10.1080/02699930125811.
- Lieb, R., Wittchen, H.U., Höfler, M., Fuetsch, M., Stein, M.B., & Merikangas, K.R. (2000). Parental psychopathology, parenting styles, and the risk of social phobia in offspring: A prospective longitudinal community study. *Archives of General Psychiatry*, 57, 859-866.
- Little, R.J.A., & Rubin, D.B. (1987). *Statistical Analysis with Missing Data*. New

York, NY: J. Wiley & Sons.

- Lovejoy, M.C., Graczyk, P.A., O'Hare, E., & Neuman, G. (2000). Maternal depression and parenting behavior: A meta-analytic review. *Clinical Psychology Review, 20*, 561-592.
- Lunkenheimer, E. S., Shields, A. M., & Cortina, K. S. (2007). Parental emotion coaching and dismissing in family interaction. *Social Development, 16*, 232-248.
- Lyons-Ruth, K., Zoll, D., Connell, D., & Grunebaum, H. U. (1986). The depressed mother and her one-year-old infant: Environment, interaction, attachment, and infant development. *New Directions for Child and Adolescent Development, 1986*(34), 61-82.
- Malatesta, C. Z., & Wilson, A. (1988). Emotion cognition interaction in personality development: A discrete emotions, functionalist analysis. *British Journal of Social Psychology, 27*(1), 91-112.
- Maliken, A.C. & Katz, L.F. (2013). Exploring the impact of parental psychopathology and emotion regulation on evidence-based parenting interventions: A transdiagnostic approach to improving treatment effectiveness. *Clinical Child and Family Psychology Review, 16*(2), 173-186.
- Marchand, J.F., Hock, E., & Widaman, K. (2002). Mutual relations between mothers' depressive symptoms and hostile-controlling behavior and young children's externalizing and internalizing behavior problems. *Parenting: Science and Practice, 2*(4), 335-353. Doi: 10.1207/S15327922PAR0204\_01
- Martin, R.C., & Dahlen, E.R. (2005). Cognitive emotion regulation in the prediction of depression, anxiety, stress, and anger. *Personality and Individual Difference, 39*(7), 1249-1260. Doi: 10.1016/j.paid.2005.06.004
- Matthey, S. & Petrovski, P. (2002). The Children's Depression Inventory: Error in cutoff scores for screening purposes. *Psychological Assessment, 14*(2), 146-149. Doi: 10.1037/1040-3590.14.2.146
- McKee, L., Roland, E., Coffelt, N., Olson, A.L., Forehand, R., Massari, C., Jones,

- D., Gaffney, C.A., & Zens, M.S. (2007). Harsh discipline and child behavior problems: The roles of positive parenting and gender. *Journal of Family Violence*, 22(4), 187-196. Doi: 10.1007/s10896-007-9070-6
- McCarthy, S. (2008). Post-traumatic Stress Diagnostic Scale (PDS). *Occupational Medicine*, 58(5), 379. doi: 10.1093/occmed/kqn062
- McMahon, R.J. (1999). Parent training. In S.W. Russ & T.Ollendick (Eds.), *Handbook of psychotherapies with children and families* (pp. 153-180). New York: Plenum Press.
- McMahon, R.R., & Forehand, R.L. (2003). *Helping the non-compliant child*. New York: Guilford Press.
- McMahon, R.J., Well, K.C., & Kotler, J.S. (2006). Conduct problems. In E.J. Mash & R.A. Barkley (Eds.), *Treatment of childhood disorders* (3<sup>rd</sup> ed., pp. 137-268). New York: Guilford Press.
- Miller, B.A., Smyth, N.J., & Mudar, P.J. (1999). Mothers' alcohol and other drug problems and their punitiveness toward their children. *Journal of Studies on Alcohol and Drugs*, 60(5), 632-642.
- Miller-Lewis, L.R., Baghurst, P.A., Sawyer, M.G., Prior, M.R., Clark, J.J., Arney, F.M., & Carbone, J.A. (2006). Early childhood externalizing behaviour problems: Child, parenting, and family related predictors over time. *Journal of Abnormal Child Psychology*, 34(6), 886-901. Doi: 10.1007/s10802-006-9071-6
- Morris, A.S., Silk, J.S., Steinberg, L., Myers, S.S., & Robinson, L.R. (2007). The role of family context in the development of emotion regulation. *Social Development*, 16(2), 361-388. Doi: 10.1111/j.1467-9507.2007.00389.x
- Muris, P., Merckelbach, H., van Brakel, A., & Mayer, B. (1999). The revised version of the screen for child anxiety related emotional disturbances (SCARED-R): Further evidence for its reliability. *Anxiety, Stress and Coping: An International Journal*, 12(4), 411-425. Doi: 10.1080/10615809908249319
- Murray, L., Sinclair, D., Cooper, P., Ducournau, P., Turner, P. & Stein, A. (1999).

- The socioemotional development of 5-year-old children of postnatally depressed mothers. *Journal of Child Psychology and Psychiatry*, 40(8), 1259-1271.
- Nunes, E.V., Wiessman, M.M., Goldstein, R., McAvay, G., Beckford, C., Seracini, A., et al. (2000). Psychiatric disorders and impairment in the children of opiate addicts: Prevalences and distribution by ethnicity. *The American Journal on Addictions*, 9, 232-241.
- Patterson, G.R., & Stouthamer-Loeber, M. (1984). The correlation of family management practices and delinquency. *Child Development*, 55(4), 1299-1307.
- Penza-Clyve, S., & Zeman, J. (2002). Initial validation of the Emotion Expression Scale for Children (EESC). *Journal of Clinical Child and Adolescent Psychology*, 31(4), 540-547. doi: 10.1207/S15374424JCCP3104\_12
- Phares, V., & Compas, B.E. (1992). The role of fathers in child and adolescent psychopathology: Make room for daddy. *Psychological Bulletin*, 111(3), 387-412. Doi: 10.1037/0033-2909.111.3.387
- Preacher, K.J. & Hayes, A.F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 40(3), 879-891. Doi: 10.3758/BRM.40.3.879
- Radloff, L.S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1(3), 385-401. Doi: 10.1177/014662167700100306
- Reid, M.J., Webster-Stratton, C., & Baydar, N. (2004). Halting the development of conduct problems in Head Start children: The effects of parent training. *Journal of Clinical Child and Adolescent Psychology*, 33(2), 279-291. Doi: 10.1207/s15374424jccp3302\_10
- Richters, J.E. (1992). Depressed mothers as informants about their children: A critical review of the evidence for distortion. *Psychological Bulletin*, 112(3), 485-499. Doi: 10.1037/0033-2909.112.3.485

- Riordan, D., Appleby, L., & Faragher, B. (1999). Mother-infant interaction in postpartum women with schizophrenia and affective disorders. *Psychological Medicine*, 29(4), 991-995.
- Robin, A.L., & Foster, S.L. (1989). *Negotiating parent-adolescent conflict*. New York: Guilford Press.
- Rubin, D.B. (1996). Multiple imputation after 18+ years. *Journal of the American Statistical Association*, 91(434), 473-489. Doi: 10.1080/01621459.1996.10476908
- Rucker, D.D., Preacher, K.J., Tormala, Z.L., & Petty, R.E. (2011). Mediation analysis in social psychology: Current practices and new recommendations. *Social and Personality Psychology Compass*, 5(6), 359-371. Doi: 10.1111/j.1751-9004.2011.00355.x
- Saarni, C. (1999). *The development of emotional competence*. New York City: Guilford Press.
- Sacker, A., Done, D.J., Crow, T.J., & Golding, J. (1995). Antecedents of schizophrenia and affective illness: Obstetric complications. *The British Journal of Psychiatry*, 166, 734-741. Doi: 10.1192/bjp.166.6.734
- Sand, R.G. (1995). The parenting experience of low-income single women with serious mental disorders. *Families in Society: Journal of Contemporary Human Services*, 76, 86-96.
- Schafer, J.L. & Olsen, M.K. (1998). Multiple imputation for multivariate missing data problems: A data analyst's perspective. *Multivariate Behavioral Research*, 33(4), 545-571. Doi: 10.1207/s15327906mbr3304\_5
- Shaw, D.S., Keenan, K., & Vondra, J.I. (1994). Developmental precursors of externalizing behavior: Ages 1 to 3. *Developmental Psychology*, 30(3), 355-364. Doi: 10.1037/0012-1649.30.3.355
- Sheeber, L., Shortt, J. W., Low, S., & Katz, L. F. (2010, October). Emotion coaching as a unique predictor of adolescent internalizing problems. Paper

presented at the annual meeting of the Society for Research in Psychopathology, Seattle, WA.

- Shipman, K., Schneider, R., & Sims, C. (2005). Emotion socialization in maltreating and nonmaltreating mother-child dyads: Implications for child adjustment. *Journal of Clinical Child and Adolescent Psychology, 34*(3), 590-596. Doi: 10.1207/s15374424jccp3403\_14
- Shipman, K. L., Schneider, R., Fitzgerald, M. M., Sims, C., Swisher, L., & Edwards, A. (2007). Maternal emotion socialization in maltreating and non-maltreating families: Implications for children's ER. *Social Development, 16*, 268-285.
- Shortt, J. W., Stoolmiller, M., Smith-Shine, J. N., Eddy, J. M., & Sheeber, L. (2010). Maternal emotion coaching, adolescent anger regulation, and siblings' externalizing symptoms. *Journal of Child Psychology and Psychiatry, 51*, 799-808.
- Shrout, P.E. & Bolger, N. (2002). Mediation in experimental and nonexperimental studies: New procedures and recommendations. *Psychological Methods, 7*(4), 422-445.
- Silk, J.S., Shaw, D.S., Skuban, E.M., Oland, A.A., & Kovacs, M. (2006). Emotion regulation strategies in offspring of childhood-onset depressed mothers. *Journal of Child Psychology and Psychiatry, 47*(1), 69-78. Doi: 10.1111/j.1469-7610.2005.01400.x
- Silk, J.S., Steinberg, L., & Morris, A.S. (2003). Adolescents' emotion regulation in daily life: Links to depressive symptoms and problem behavior. *Child Development, 74*(6), 1869-1880. Doi: 10.1046/j.1467-8624.2003.00643.x
- Spence, S.H., Najman, J.M., Bor, W., O'Callaghan, J., & Williams, G.M. (2002). Maternal anxiety and depression, poverty, and marital relationship factors during early childhood as predictors of anxiety and depressive symptoms in adolescence. *Journal of Child Psychology and Psychiatry, 43*(4), 457-469. Doi: 10.1111/1469-7610.00037

- Spielberger, C.D., Gorsuch, R.L., Lushene, R.E., Vagg, P.R., & Jacobs, G.A. (1983). *Manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press.
- Suveg, C., Shaffer, A., Morelen, D., & Thomassin, K. (2011). Links between maternal and child psychopathology symptoms: Mediation through child emotion regulation and moderation through maternal behavior. *Child Psychiatry and Human Development*, *42*, 507-520. Doi: 10.1007/s10578-011-0223-8
- Suveg, C., Zeman, J., Flannery-Schroeder, E., & Cassano, M. (2005). Emotion socialization in families of children with an anxiety disorder. *Journal of Abnormal Child Psychology*, *33*(2), 145-155. Doi: 10.007/s10802-005-1823-1
- Tarullo, L.B., DeMulder, E.K., Ronsaville, D.S., Brown, E., & Radke-Yarrow, M. (1995). Maternal depression and maternal treatment of siblings as predictors of child psychopathology. *Developmental Psychology*, *31*(3), 395-405. Doi: 10.1037/0012-1649.31.3.395
- van der Molen, E., Hipwell, A.E., Vermeiren, R., & Loeber, R. (2011). Maternal characteristics predicting young girls' disruptive behavior. *Journal of Clinical Child and Adolescent Psychology*, *40*(2), 179-190. Doi: 10.1080/15374416.2011.546042
- Webster-Stratton, C., & Hammond, M. (1990). Predictors of treatment outcome in parenting training for families with conduct problem children. *Behavior Therapy*, *21*, 319-337.
- Webster-Stratton, C., & Hammond, M. (1988). Maternal depression and its relationship to life stress, perceptions of child behavior, parenting behaviors, and child conduct problems. *Journal of Abnormal Child Psychology*, *16*, 299-315.
- Webster-Stratton, C. & Hancock, L. (1998). Training for parents of young children

- with conduct problems: Content, methods, and therapeutic processes. In J.M. Briesmeister & C.E. Schaefer (Eds). *Handbook of parent training: Parents as co-therapists for children's behavior problems* (2<sup>nd</sup> ed., pp. 98-152). Hoboken, NJ: John Wiley & Sons.
- Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological Review*, 92(4), 548-573. Doi: 10.1037/0033-295X.92.4.548
- Weiss, M., Zelkowitz, P., Feldman, R.B., Vogel, J., Heyman, M, & Paris, J. (1996). Psychopathology in offspring of mothers with borderline personality disorder: A pilot study. *The Canadian Journal of Psychiatry*, 41(5), 285-290.
- Wolfradt, U., Hempel, S., & Miles, J. N. (2003). Perceived parenting styles, depersonalisation, anxiety and coping behaviour in adolescents. *Personality and Individual Differences*, 34(3), 521-532. Doi: 10.1016/S0191-8869(02)00092-2
- Zahn-Waxler, C., Iannotti, R.J., Cummings, E.M., & Denham, S. (1990). Antecedents of problem behaviors in children of depressed mothers. *Development and Psychopathology*, 2(3), 271-291. Doi: 10.1017/S0954579400000778
- Zeman, J.L., Cassano, M., Suveg, C., & Shipman, K. (2010). Initial validation of the Children's Worry Management Scale. *Journal of Child and Family Studies*, 19(4), 381-392. Doi: 10.1007/s10826-009-9308-4
- Zeman, J., Shipman, K., & Penza-Clyve, S. (2001). Development and initial validation of the Children's Sadness Management Scale. *Journal of Nonverbal Behavior*, 25(3), 187-205. Doi: 10.1023/A:1010623226626

Figure 1. Overview of larger study.

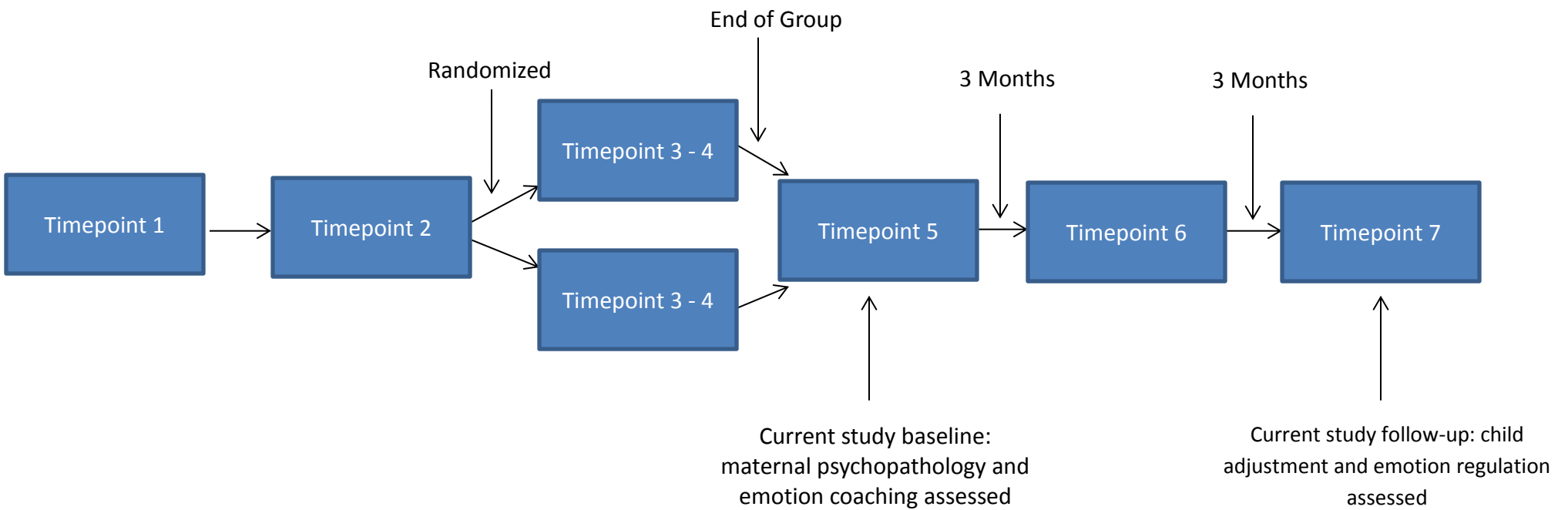


Figure 2. Summary of missing data at study baseline and 6-month follow-up.

Study Baseline	
Complete data	$N = 18$
Missing questionnaire data	$N = 13$
Missing PMEI, PCIERCS or both	$N = 11$
Missing all data	$N = 8$
TOTAL = 50 ( $N = 42$ retained)	
6-month Follow-up	
Complete data	$N = 22$
Missing Questionnaire data only	$N = 2$
Missing CMEI only	$N = 4$
Unable to be contacted	$N = 17$
Did not participate after consenting	$N = 3$
Declined to participate	$N = 2$
TOTAL = 50 ( $N = 42$ retained)	

Table 1. Descriptive Statistics for key variables

Variable	Mean	SD	Skew	Kurtosis	Missing %
<b>Predictor Variables</b>					
PDS	23.10	13.91	.085	-.997	31.0
CES-D	20.7	9.73	.007	-1.3	28.6
STAI	44.75	11.24	-.112	-.581	23.8
<b>Proposed Mediators</b>					
PMEI Coaching Sadness	3.55	.34	-.581	-.617	26.2
PMEI Coaching Anger	3.35	.37	.238	-.574	26.2
PMEI Coaching Fear	2.96	2.26	-5.248	28.521	26.2
Global Coaching	2.14	.27	-.002	-.741	23.8
<b>Outcome Variables</b>					
CMEI Remediation Sadness	16.45	2.63	-1.00	1.05	38.1
CMEI Remediation Anger	15.71	2.87	-1.297	1.43	38.1
CMEI Remediation Fear	15.35	2.59	-.515	-.034	38.1
SCARED	18.78	16.2	.84	-.47	35.7
CDI	11.07	10.49	1.32	1.1	35.7
CEMS-Anger ER Coping	8.26	1.93	.017	.063	35.7
CEMS-Sadness ER Coping	10.32	2.42	-.02	.115	33.3
CEMS – Worry ER Coping	7.56	1.85	.24	-.56	33.3
CEES-Expressive Reluctance	19.42	6.96	1.11	1.88	33.3
CBCL Externalizing	55.86	11.91	.470	.193	33.3
CBCL Internalizing	56.61	13.92	.246	.275	33.3

*N* = 42

Table 2. Correlations between EC Intervention dose, child age and predictor and mediator variables

Variable	Dose	Child Age
<b>Predictor Variables</b>		
CES-D	-.148	.078
PDS	-.011	-.193
STAI	-.052	.052
<b>Mediator Variables</b>		
Global Coaching	-.072	-.132
PMEI Coaching Sadness	.19	-.075
PMEI Coaching Anger	.20	-.232

Note: No significant results

Table 3. Correlations between EC Intervention dose, child age and outcome variables

Variable	Dose	Child age
CDI	-.050	.461*
SCARED	-.035	.284
CEMS – Sadness ER Coping	-.094	.097
CEMS – Anger ER Coping	-.200	-.009
CMEI – Sadness Remediation	.342	.389*
CMEI – Anger Remediation	.405*	.468*
CEES – Expressive Reluctance	.018	.157
CBCL – Internalizing T-Score	-.093	.172
CBCL – Externalizing T-Score	-.177	-.073

Note: \*  $p < .05$

Table 4. Correlations between EC as measured using the PMEI and PCIECRS

	PMEI Sadness	PMEI Anger	PCIECRS
PMEI Sadness	_____		
PMEI Anger	.19	_____	
PCIECRS	.13	.28	_____

Table 5. Descriptive Statistics for predictor variables included in multiple imputation model

Variable	Mean	SD	Skew	Kurtosis	Missing %
T2 CBCL Anxious/Depressed T-Score	61.08	10.07	.97	.66	7.1
T2 CBCL Withdrawn/Depressed T-Score	59.33	7.5	.603	-.36	7.1
T2 CBCL Aggression T-Score	61.00	9.05	.64	-.302	7.1
T2 CBCL Internalizing Problems T-Score	59.08	11.43	.39	-.49	7.1
T2 CBCL Externalizing Problems T-Score	57.62	12.28	-.23	-.63	7.1
T5 CBCL Anxious/Depressed T-Score	59.98	8.04	.53	.11	26.2
T5 CBCL Withdrawn/Depressed T-Score	57.55	7.68	1.02	.31	26.2
T5 CBCL Aggression T-Score	59.36	8.09	.44	-1.2	26.2
T5 CBCL Internalizing Problems T-Score	57.88	10.9	-.32	.53	21.4
T5 CBCL Externalizing Problems T-Score	57.30	11.6	-.21	-.42	21.4
T5 CDI	7.43	6.80	.99	-.01	45.2
T5 SCARED	18.07	12.33	.82	.43	35.7

Table 6. Regression coefficients for maternal psychopathology and child adjustment and emotion regulation for all children

Variable	Unstandardized Beta	Std. Error	Standardized Beta	<i>t</i>
<b>CES-D</b>				
CDI	.09	.17	.09	.55
SCARED	.20	.27	.13	.73
CEMS – Sadness ER Coping	.02	.04	.09	.54
CEMS – Anger ER Coping	-.05	.03	-.22	-1.32
CMEI – Sadness Remediation	-.01	.01	-.16	-1.0
CMEI – Anger Remediation	.00	.01	.01	.04
CEES – Expressive Reluctance	-.03	.12	-.04	-.25
CBCL – Internalizing T-Score	.27	.25	.20	1.10
CBCL – Externalizing T-Score	.44	.19	.37	2.33*
<b>PDS</b>				
CDI	-.01	.13	-.01	-.04
SCARED	.07	.19	.06	.38
CEMS – Sadness ER Coping	.02	.03	.13	.76
CEMS – Anger ER Coping	-.00	.03	.02	-.08
CMEI – Sadness Remediation	.00	.01	.05	.30
CMEI – Anger Remediation	.01	.01	.15	.59
CEES – Expressive Reluctance	-.01	.09	-.03	-.14
CBCL – Internalizing T-Score	.25	.17	.26	1.5
CBCL – Externalizing T-Score	.31	.14	.36	2.25*
<b>STAI</b>				
CDI	-.05	.14	-.06	-.36
SCARED	-.07	.22	-.05	-.30
CEMS – Sadness ER Coping	.01	.04	.05	.22
CEMS – Anger ER Coping	.00	.03	.02	.11
CMEI – Sadness Remediation	.00	.01	.03	.17
CMEI – Anger Remediation	.01	.01	.13	.82
CEES – Expressive Reluctance	-.05	.11	.08	-.44
CBCL – Internalizing T-Score	.22	.20	.19	1.10
CBCL – Externalizing T-Score	.27	.17	.29	1.67

Note: \* $p < .05$ , \*\* $p < .01$

Table 7. Regression coefficients for maternal psychopathology and child adjustment and emotion regulation for boys only

Variable	Unstandardized Beta	Std. Error	Standardized Beta	<i>t</i>
CES-D	B	SEB	$\beta$	
CDI	-.22	.19	-.29	-1.13
SCARED	-.30	.31	-.25	-1.0
CEMS – Sadness ER Coping	.05	.07	.19	.70
CEMS – Anger ER Coping	-.01	.06	-.06	-.23
CMEI – Sadness Remediation	-.02	.01	-.32	-1.42
CMEI – Anger Remediation	.01	.02	.08	.32
CEES – Expressive Reluctance	-.11	.21	-.14	-.53
CBCL – Internalizing T-Score	.01	.3	.01	.04
CBCL – Externalizing T-Score	.59	.25	.52	2.35*
<b>PDS</b>				
CDI	-.17	.15	-.31	-1.10
SCARED	-.21	.23	-.22	-.94
CEMS – Sadness ER Coping	.08	.05	.40	1.55
CEMS – Anger ER Coping	.04	.04	.21	.79
CMEI – Sadness Remediation	.00	.01	-.06	-.26
CMEI – Anger Remediation	.01	.01	.19	.90
CEES – Expressive Reluctance	.04	.16	.06	.25
CBCL – Internalizing T-Score	.26	.23	.29	1.15
CBCL – Externalizing T-Score	.51	.17	.62	3.07**
<b>STAI</b>				
CDI	-.22	.13	-.41	-1.72
SCARED	-.23	.24	-.23	-.90
CEMS – Sadness ER Coping	.02	.05	.12	.41
CEMS – Anger ER Coping	.03	.05	.15	.55
CMEI – Sadness Remediation	.00	.01	-.01	-.27
CMEI – Anger Remediation	.01	.01	.14	.52
CEES – Expressive Reluctance	-.12	.14	-.20	-.81
CBCL – Internalizing T-Score	.30	.22	.35	1.36
CBCL – Externalizing T-Score	.56	.17	.69	3.35**

Note: \* $p < .05$ , \*\* $p < .01$

Table 8. Regression coefficients for maternal psychopathology and child adjustment and emotion regulation for girls only

Variable	Unstandardized Beta	Std. Error	Standardized Beta	<i>t</i>
<b>CES-D</b>				
CDI	.39	.30	.29	1.29
SCARED	.43	.44	.24	.97
CEMS – Sadness ER Coping	.02	.07	.08	.32
CEMS – Anger ER Coping	-.08	.05	-.39	-1.66
CMEI – Sadness Remediation	-.01	.02	-.07	-.31
CMEI – Anger Remediation	-.01	.02	-.08	-.32
CEES – Expressive Reluctance	.05	.18	.08	.29
CBCL – Internalizing T-Score	.47	.38	.28	1.22
CBCL – Externalizing T-Score	.19	.30	.14	.62
<b>PDS</b>				
CDI	.11	.23	.12	.46
SCARED	.13	.30	.11	.43
CEMS – Sadness ER Coping	-.01	.04	-.07	-.28
CEMS – Anger ER Coping	-.02	.04	-.17	-.64
CMEI – Sadness Remediation	.00	.01	.09	.38
CMEI – Anger Remediation	.00	.02	.04	.09
CEES – Expressive Reluctance	-.09	.11	-.20	-.76
CBCL – Internalizing T-Score	.15	.27	.14	.54
CBCL – Externalizing T-Score	.03	.22	.03	.14
<b>STAI</b>				
CDI	.21	.31	.16	.67
SCARED	-.12	.44	-.06	-.25
CEMS – Sadness ER Coping	.00	.08	.00	.00
CEMS – Anger ER Coping	-.01	.05	-.07	-.27
CMEI – Sadness Remediation	.02	.02	.32	1.38
CMEI – Anger Remediation	-.2	-.2	.24	.75
CEES – Expressive Reluctance	-.11	.18	-.18	-.61
CBCL – Internalizing T-Score	-.02	.39	-.01	-.05
CBCL – Externalizing T-Score	-.19	.31	-.14	-.61

Note: \* $p < .05$ , \*\* $p < .01$

Table 9. Regression coefficients for maternal psychopathology and maternal emotion coaching parenting behavior

Variable	Unstandardized Beta	Std. Error	Standardized Beta	<i>t</i>
CES-D	B	SEB	$\beta$	
PMEI Sadness	-.01	.01	-.13	-.78
PMEI Anger	.01	.01	.10	.56
PCIECRS	.00	.01	.09	.45
PDS				
PMEI Sadness	.00	.01	.11	.60
PMEI Anger	.10	.01	.30	1.60
PCIECRS	.01	.00	.19	1.10
STAI				
PMEI Sadness	.00	.01	.05	.27
PMEI Anger	.00	.01	.00	-.02
PCIECRS	.01	.01	.18	.96

Note: \* $p < .05$ , \*\* $p < .01$

Table 10. Regression coefficients for maternal psychopathology and maternal emotion coaching parenting behavior model for boys only

Variable	Unstandardized Beta	Std. Error	Standardized Beta	<i>t</i>
CES-D	B	SEB	$\beta$	<i>t</i>
PMEI Sadness	.00	.01	-.09	-.37
PMEI Anger	0	.01	-.02	-.06
PCIECRS	.00	.01	.02	.06
PDS				
PMEI Sadness	.00	.01	.14	.48
PMEI Anger	.00	.01	.13	.48
PCIECRS	-.01	.01	-.12	-.46
STAI				
PMEI Sadness	.00	.01	.05	.18
PMEI Anger	-.01	.01	-.31	-1.19
PCIECRS	.00	.01	.07	.24

Note: \* $p < .05$ , \*\* $p < .01$

Table 11. Regression coefficients for maternal psychopathology and maternal emotion coaching parenting behavior model for girls only

Variable	Unstandardized Beta	Std. Error	Standardized Beta	<i>t</i>
CES-D	B	SEB	$\beta$	<i>t</i>
PMEI Sadness	.00	.01	-.16	-.69
PMEI Anger	.01	.01	.15	.59
PCIECRS	.01	.01	.12	.46
PDS				
PMEI Sadness	.01	.01	.15	.5
PMEI Anger	.00	.01	.38	1.29
PCIECRS	.01	.01	.43	1.84
STAI				
PMEI Sadness	.00	.01	-.01	-.02
PMEI Anger	.02	.02	.30	.85
PCIECRS	.02	.01	.35	1.5

Note: \* $p < .05$ , \*\* $p < .01$

Table 12. Regression coefficients for model of maternal emotion coaching behavior as a mediator of the relation between maternal psychopathology and child externalizing behavior

	B	SEB	$\beta$	$t$	Fraction missing info.
<b>Models testing maternal depression</b>					
Step 1					
Child age	-.02	.08		-.21	.08
Dose of intervention	-.25	.31		-.79	.02
Step 2					
Child age	-.03	.07		-.35	.10
Dose of intervention	-.16	.30		-.55	.02
CES-D	.44	.19	.37	2.33*	.09
Step 3					
Child age	-.03	.07		-.37	.09
Dose of intervention	-.16	.31		-.51	.05
CES-D	.44	.19	.37	2.28*	.1
PMEI Sadness	-.19	5.07	-.01	-.04	.26
Step 1					
Child age	-.02	.08		-.21	.08
Dose of intervention	-.25	.31		-.79	.02
Step 2					
Child age	-.03	.07		-.35	.10
Dose of intervention	-.16	.30		-.55	.02
CES-D	.44	.19	.37	2.33*	.09
Step 3					
Child age	-.03	.08		0.41	.13
Dose of intervention	-.13	.31		-.42	.04
CES-D	.45	.19	.38	2.34*	.10
PMEI Anger	-2.43	4.35	-.10	-.56	.17
Step 1					
Child age	-.02	.08		-.21	.08
Dose of intervention	-.25	.31		-.79	.02
Step 2					
Child age	-.03	.07		-.35	.09
Dose of intervention	-.16	.30		-.55	.03
CES-D	.44	.19	.37	2.33*	.11
Step 3					
Child age	-.02	.08		-.27	.16
Dose of intervention	-.18	.30		-.60	.04
CES-D	.45	.19	.38	2.35*	.11
PCIECRS	-1.06	7.36	-.03	-.14	.53

Note: \* $p < .05$ , \*\* $p < .01$

Table 12 cont'd. Regression coefficients for model of maternal emotion coaching behavior as a mediator of the relation between maternal psychopathology and child externalizing behavior

	B	SEB	$\beta$	<i>t</i>	Fraction missing info.
<b>Models testing maternal traumatic symptoms</b>					
<b>Step 1</b>					
Child age	-.02	.08		-.21	.08
Dose of intervention	-.25	.31		-.79	.02
<b>Step 2</b>					
Child age	.01	.08		.16	.10
Dose of intervention	-.25	.30		-.85	.03
PDS	.31	.14	.36	2.25*	.11
<b>Step 3</b>					
Child age	.01	.08		.12	.09
Dose of intervention	-.22	.31		-.70	.04
PDS	.32	.15	.38	2.18*	.23
PMEI Sadness	-2.93	5.56	-.11	-.53	.41
<b>Step 1</b>					
Child age	-.02	.08		-.21	.08
Dose of intervention	-.25	.31		-.79	.02
<b>Step 2</b>					
Child age	.01	.08		.16	.09
Dose of intervention	-.25	.30		-.85	.03
PDS	.31	.14	.36	2.25*	.11
<b>Step 3</b>					
Child age	.01	.08		.10	.13
Dose of intervention	-.19	.30		-.64	.04
PDS	.36	.14	.42	2.50*	.11
PMEI Anger	-4.62	4.98	-.18	-.93	.36
<b>Step 1</b>					
Child age	-.02	.08		-.21	.08
Dose of intervention	-.25	.31		-.79	.02
<b>Step 2</b>					
Child age	.01	.08		.16	.09
Dose of intervention	-.25	.30		-.85	.03
PDS	.31	.14	.36	2.25*	.11
<b>Step 3</b>					
Child age	.02	.08		.19	.16
Dose of intervention	-.28	.30		-.91	.04
PDS	.32	.14	.38	2.29*	.11
PCIECRS	-2.35	7.15	-.07	-.33	.53

Table 12 cont'd. Regression coefficients for model of maternal emotion coaching behavior as a mediator of the relation between maternal psychopathology and child externalizing behavior

	B	SEB	$\beta$	<i>t</i>	Fraction missing info.
<b>Models testing maternal anxiety</b>					
Step 1					
Child age	-.02	.08		-.21	.08
Dose of intervention	-.25	.31		-.79	.02
Step 2					
Child age	-.02	.08		-.31	.09
Dose of intervention	-.22	.31		-.72	.02
STAI	.27	.17	.27	1.66	.13
Step 3					
Child age	-.03	.08		-.35	.08
Dose of intervention	-.19	.32		-.60	.05
STAI	.28	.17	.28	1.66	.15
PMEI Sadness	-1.98	5.38	-.07	-.37	.32
Step 1					
Child age	-.02	.08		-.21	.08
Dose of intervention	-.25	.31		-.79	.02
Step 2					
Child age	-.02	.08		-.31	.09
Dose of intervention	-.22	.31		-.72	.02
STAI	.27	.17	.27	1.66	.13
Step 3					
Child age	-.03	.08		-.35	.11
Dose of intervention	-.20	.31		-.65	.03
STAI	.28	.17	.28	1.65	.14
PMEI Anger	-1.38	4.74	-.06	-.29	.28
Step 1					
Child age	-.02	.08		-.21	.08
Dose of intervention	-.25	.31		-.79	.02
Step 2					
Child age	-.02	.08		-.31	.09
Dose of intervention	-.22	.31		-.72	.02
STAI	.27	.17	.27	1.66	.13
Step 3					
Child age	-.02	.08		-.25	.14
Dose of intervention	-.24	.31		-.78	.03
STAI	.29	.18	.29	1.62	.19
PCIECRS	-1.82	7.22	-.05	-.25	.50

Note: \* $p < .05$ , \*\* $p < .01$

Table 13. Regression coefficients for model of maternal emotion coaching behavior as a mediator of the relation between maternal psychopathology and boys externalizing behavior

	B	SEB	$\beta$	<i>t</i>	Fraction missing info.
<b>Models testing maternal depression</b>					
Step 1					
Child age	-.08	.15		-.56	.12
Dose of intervention	.28	.51		.56	.07
Step 2					
Child age	-.10	.13		-.75	.14
Dose of intervention	.32	.44		.73	.07
CES-D	.59	.25	.52	2.35*	.13
Step 3					
Child age	-.11	.13		-.85	.14
Dose of intervention	.31	.44		.71	.08
CES-D	.61	.26	.54	2.34*	.21
PMEI Sadness	6.54	6.21	.23	1.05	.08
Step 1					
Child age	-.08	.15		-.56	.12
Dose of intervention	.28	.51		.56	.07
Step 2					
Child age	-.10	.13		-.75	.14
Dose of intervention	.32	.44		.73	.07
CES-D	.59	.25	.52	2.35*	.13
Step 3					
Child age	-.09	.14		-.69	.17
Dose of intervention	.36	.50		.71	.14
CES-D	.60	.26	.53	2.30*	.13
PMEI Anger	-1.4	6.49	-.06	-2.16	.22
Step 1					
Child age	-.08	.15		-.56	.12
Dose of intervention	.28	.51		.56	.07
Step 2					
Child age	-.10	.13		-.75	.14
Dose of intervention	.32	.44		.73	.07
CES-D	.59	.25	.52	2.35*	.13
Step 3					
Child age	-.09	.14		-.68	.14
Dose of intervention	.31	.46		.69	.07
CES-D	.61	.26	.54	2.34*	.14
PCIECRS	-2.88	9.38	-.08	-.31	.25

Note: \* $p < .05$ , \*\* $p < .01$

Table 13 cont'd. Regression coefficients for model of maternal emotion coaching behavior as a mediator of the relation between maternal psychopathology and boys externalizing behavior

	B	SEB	$\beta$	<i>t</i>	Fraction missing info.
<b>Models testing maternal traumatic symptoms</b>					
Step 1					
Child age	-.08	.15		-.56	.12
Dose of intervention	.28	.51		.56	.07
Step 2					
Child age	-.05	.13		-.36	.29
Dose of intervention	.07	.43		.17	.10
PDS	.51	.17	.62	3.07**	.04
Step 3					
Child age	-.05	.13		-.41	.26
Dose of intervention	.07	.44		.15	.11
PDS	.50	.18	.60	2.85**	.07
PMEI Sadness	2.71	6.25	.10	.43	.16
Step 1					
Child age	-.08	.15		-.56	.12
Dose of intervention	.28	.51		.56	.07
Step 2					
Child age	-.05	.13		-.36	.29
Dose of intervention	.07	.43		.17	.10
PDS	.51	.17	.62	3.07**	.04
Step 3					
Child age	-.05	.13		-.38	.29
Dose of intervention	.17	.46		.36	.11
PDS	.54	.18	.64	3.04**	.08
PMEI Anger	-3.98	5.73	-.16	-.69	.14
Step 1					
Child age	-.08	.15		-.56	.12
Dose of intervention	.28	.51		.56	.07
Step 2					
Child age	-.05	.13		-.36	.29
Dose of intervention	.07	.43		.17	.10
PDS	.51	.17	.62	3.07**	.04
Step 3					
Child age	-.04	.14		-.28	.33
Dose of intervention	.05	.44		.12	.10
PDS	.52	.17	.62	3.01**	.01
PCIECRS	.53	8.3	.02	.06	.15

Table 13 cont'd. Regression coefficients for model of maternal emotion coaching behavior as a mediator of the relation between maternal psychopathology and boys externalizing behavior

	B	SEB	$\beta$	<i>t</i>	Fraction missing info.
<b>Models testing maternal anxiety</b>					
Step 1					
Child age	-.08	.15		-.56	.12
Dose of intervention	.28	.51		.56	.07
Step 2					
Child age	-.22	.13		-1.71	.21
Dose of intervention	.53	.41		1.31	.10
STAI	.56	.17	.67	3.35**	.08
Step 3					
Child age	-.22	.13		-1.78	.17
Dose of intervention	.53	.41		1.28	.09
STAI	.55	.17	.68	3.20**	.12
PMEI Sadness	4.14	5.88	.15	.71	.17
Step 1					
Child age	-.08	.15		-.56	.12
Dose of intervention	.28	.51		.56	.07
Step 2					
Child age	-.22	.13		-1.71	.21
Dose of intervention	.53	.41		1.31	.10
STAI	.56	.17	.67	3.35**	.08
Step 3					
Child age	-.21	.13		-1.62	.27
Dose of intervention	.43	.46		.93	.21
STAI	.61	.18	.75	3.44**	.07
PMEI Anger	4.35	6.69	.17	.65	.40
Step 1					
Child age	-.08	.15		-.56	.12
Dose of intervention	.28	.51		.56	.07
Step 2					
Child age	-.22	.13		-1.71	.21
Dose of intervention	.53	.41		1.31	.10
STAI	.56	.17	.67	3.35**	.08
Step 3					
Child age	-.22	.13		-1.71	.17
Dose of intervention	.54	.41		1.31	.09
STAI	.58	.18	.71	3.28**	.12
PCIECRS	-4.26	8.20	-.12	-.52	.24

Note: \* $p < .05$ , \*\* $p < .01$

Table 14. Regression coefficients for model of maternal emotion coaching behavior as a mediator of the relation between maternal psychopathology and girls externalizing behavior

	B	SEB	$\beta$	$t$	Fraction missing info.
<b>Models testing maternal depression</b>					
Step 1					
Child age	-.07	.10		-.62	.06
Dose of intervention	-.56	.47		-1.28	.05
Step 2					
Child age	-.06	.11		-.53	.06
Dose of intervention	-.56	.48		-1.17	.05
CES-D	.19	.30	.14	.62	.03
Step 3					
Child age	-.07	.11		-.61	.07
Dose of intervention	-.46	.52		-.89	.08
CES-D	.16	.31	.12	.50	.03
PMEI Sadness	-4.92	7.23	-.18	-.68	.13
Step 1					
Child age	-.07	.10		-.62	.06
Dose of intervention	-.56	.47		-1.28	.05
Step 2					
Child age	-.06	.11		-.53	.06
Dose of intervention	-.56	.48		-1.17	.05
CES-D	.19	.30	.14	.62	.03
Step 3					
Child age	-.07	.11		-.65	.09
Dose of intervention	-.56	.48		-1.15	.06
CES-D	.23	.32	.17	.73	.06
PMEI Anger	-4.46	7.22	-.18	-.62	.29
Step 1					
Child age	-.07	.10		-.62	.06
Dose of intervention	-.56	.47		-1.28	.05
Step 2					
Child age	-.06	.11		-.53	.06
Dose of intervention	-.56	.48		-1.17	.05
CES-D	.19	.30	.14	.62	.03
Step 3					
Child age	-.05	.11		-.43	.06
Dose of intervention	-.58	.49		-1.17	.06
CES-D	.20	.32	.15	.64	.05
PCIECRS	-.57	9.28	-.01	-.06	.46

Note: \* $p < .05$ , \*\* $p < .01$

Table 14 cont'd. Regression coefficients for model of maternal emotion coaching behavior as a mediator of the relation between maternal psychopathology and girls externalizing behavior

	B	SEB	$\beta$	<i>t</i>	Fraction missing info.
<b>Models testing maternal traumatic symptoms</b>					
<b>Step 1</b>					
Child age	-.07	.10		-.62	.06
Dose of intervention	-.60	.47		-1.28	.05
<b>Step 2</b>					
Child age	-.06	.12		-.51	.04
Dose of intervention	-.59	.48		-1.22	.04
PDS	.03	.22	.03	.14	.09
<b>Step 3</b>					
Child age	-.06	.12		-.54	.04
Dose of intervention	-.45	.52		-.85	.08
PDS	.07	.24	.08	.27	.25
PMEI Sadness	-6.08	7.57	-.22	-.80	.21
<b>Step 1</b>					
Child age	-.07	.10		-.62	.06
Dose of intervention	-.60	.47		-1.28	.05
<b>Step 2</b>					
Child age	-.06	.12		-.51	.04
Dose of intervention	-.59	.48		-1.22	.04
PDS	.03	.22	.03	.14	.09
<b>Step 3</b>					
Child age	-.06	.12		-.52	.06
Dose of intervention	-.57	.49		-1.16	.06
PDS	.11	.25	.13	.45	.15
PMEI Anger	-4.97	8.04	-.20	-.62	.34
<b>Step 1</b>					
Child age	-.07	.10		-.62	.06
Dose of intervention	-.60	.47		-1.28	.05
<b>Step 2</b>					
Child age	-.06	.12		-.51	.04
Dose of intervention	-.59	.48		-1.22	.04
PDS	.03	.22	.03	.14	.09
<b>Step 3</b>					
Child age	-.05	.12		-.42	.02
Dose of intervention	-.61	.49		-1.24	.04
PDS	.04	.25	.05	.15	.16
PCIECRS	-.52	10.15	-.01	-.05	.46

Table 14 cont'd. Regression coefficients for model of maternal emotion coaching behavior as a mediator of the relation between maternal psychopathology and girls externalizing behavior

	B	SEB	$\beta$	<i>t</i>	Fraction missing info.
<b>Models testing maternal anxiety</b>					
Step 1					
Child age	-.07	.10		-.62	.06
Dose of intervention	-.60	.47		-1.28	.05
Step 2					
Child age	-.08	.11		-.78	.03
Dose of intervention	-.62	.48		-1.31	.05
STAI	-.19	.31	-.14	-.61	.07
Step 3					
Child age	-.09	.11		-.84	.03
Dose of intervention	-.49	.52		-.95	.09
STAI	-.18	.31	-.14	-.57	.08
PMEI Sadness	-5.60	6.96	-.21	-.81	.08
Step 1					
Child age	-.07	.10		-.62	.06
Dose of intervention	-.60	.47		-1.28	.05
Step 2					
Child age	-.08	.11		-.78	.03
Dose of intervention	-.62	.48		-1.31	.05
STAI	-.19	.31	-.14	-.61	.07
Step 3					
Child age	-.09	.11		-.78	.04
Dose of intervention	-.62	.49		-1.28	.06
STAI	-.10	.35	-.08	-.30	.16
PMEI Anger	-3.43	7.40	-.14	-.46	.21
Step 1					
Child age	-.07	.10		-.62	.06
Dose of intervention	-.60	.47		-1.28	.05
Step 2					
Child age	-.08	.11		-.78	.03
Dose of intervention	-.62	.48		-1.31	.05
STAI	-.19	.31	-.14	-.61	.07
Step 3					
Child age	-.07	.11		-.66	.02
Dose of intervention	-.64	.48		-1.32	.04
STAI	-.21	.36	-.16	-.59	.23
PCIECRS	1.65	9.93	.06	.17	.48

Note: \* $p < .05$ , \*\* $p < .01$

Table 15. Regression coefficients for model of maternal emotion coaching behavior as moderator of the relation between maternal psychopathology and child externalizing behavior

	B	SEB	$\beta$	<i>t</i>
<b>Models testing maternal depression</b>				
Step 1				
Child age	-.02	.08		-.21
Dose of intervention	-.25	.31		-.79
Step 2				
CES-D	.44	.19	.38	2.28*
PMEI Sadness	-.19	5.08	-.01	-.04
Step 3				
CESD * PMEI Sadness	-.48	.58	-.15	-.81
<hr/>				
Step 1				
Child age	-.02	.08		-.21
Dose of intervention	-.25	.31		-.79
Step 2				
CES-D	.45	.19	.38	2.34*
PMEI Anger	-2.43	4.35	-.10	-.56
Step 3				
CES-D * PMEI Anger	-.50	.59	-.17	-.85
<hr/>				
Step 1				
Child age	-.02	.08		-.21
Dose of intervention	-.25	.31		-.79
Step 2				
CES-D	.45	.19	.38	2.35*
PCIECRS	-1.10	7.36	-.03	-.14
Step 3				
CESD * PCIECRS	.33	1.04	.08	.32

Note: \* $p < .05$ , \*\* $p < .01$

Table 15 cont'd. Regression coefficients for model of maternal emotion coaching behavior as moderator of the relation between maternal psychopathology and child externalizing behavior

	B	SEB	$\beta$	<i>t</i>
Models testing maternal traumatic symptoms				
Step 1				
Child age	-.02	.08		-.21
Dose of intervention	-.25	.31		-.79
Step 2				
PDS	.32	.15	.38	2.19*
PMEI Sadness	-2.93	5.55	-.11	-.52
Step 3				
PDS * PMEI Sadness	-.04	.56	-.01	-.08
Step 1				
Child age	-.02	.08		-.21
Dose of intervention	-.25	.31		-.79
Step 2				
PDS	.36	.14	.38	2.50*
PMEI Anger	-4.62	4.98	-.18	-.93
Step 3				
PDS * PMEI Anger	-.23	.47	-.11	-.49
Step 1				
Child age	-.02	.08		-.21
Dose of intervention	-.25	.31		-.79
Step 2				
PDS	.32	.14	.38	2.29*
PCIECRS	-.235	7.15	-.07	-.33
Step 3				
PDS * PCIECRS	-.28	.65	-.08	-.43

Note: \* $p < .05$ , \*\* $p < .01$

Table 15 cont'd. Regression coefficients for model of maternal emotion coaching behavior as moderator of the relation between maternal psychopathology and child externalizing behavior

	B	SEB	$\beta$	<i>t</i>
Models testing maternal anxiety				
Step 1				
Child age	-.02	.08		-.21
Dose of intervention	-.25	.31		-.79
Step 2				
STAI	.28	.17	.29	1.67
PMEI Sadness	-1.98	5.38	-.07	-.37
Step 3				
STAI * PMEI Sadness	-.01	.72	.00	-.02
Step 1				
Child age	-.02	.08		-.21
Dose of intervention	-.25	.31		-.79
Step 2				
STAI	.28	.17	.29	1.65
PMEI Anger	-1.38	4.74	-.06	-.29
Step 3				
STAI * PMEI Anger	.18	.39	.08	.46
Step 1				
Child age	-.02	.08		-.21
Dose of intervention	-.25	.31		-.79
Step 2				
STAI	.29	.18	.29	1.62
PCIECRS	-1.82	7.22	-.05	-.25
Step 3				
STAI * PCIECRS	-.26	.75	-.07	-.35

Note: \* $p < .05$ , \*\* $p < .01$

Appendix 1  
**Issues Checklist**

Below is a list of things that sometimes get talked about at home. Circle YES for the topics that you and your mother/child have talked about at all during the last 4 weeks. Circle NO for those that have not come up.

Now go back over the list. For those topics that you circled YES, answer these two questions:

Go down this column first. Then come back to the top and answer the questions on the right.

How many times in the last 4 weeks has it come up?  
(Give a number)

How hot are the discussions for each topic

Topics			How Many Times?	How hot are the discussions for each topic				
				Calm	Little Angry	Angry		
1. Time for going to bed	Yes	No		1	2	3	4	5
2. Cleaning up bedroom	Yes	No		1	2	3	4	5
3. Doing Homework	Yes	No		1	2	3	4	5
4. Putting away clothes	Yes	No		1	2	3	4	5
5. Watching television	Yes	No		1	2	3	4	5
6. Which clothes to wear	Yes	No		1	2	3	4	5
7. Making too much noise at home	Yes	No		1	2	3	4	5
8. Table manners	Yes	No		1	2	3	4	5
9. Fighting with brothers & sisters	Yes	No		1	2	3	4	5
10. Taking care of CDs, games, bikes, pets and other things	Yes	No		1	2	3	4	5
11. Getting to school on time	Yes	No		1	2	3	4	5
12. Getting low grades in school	Yes	No		1	2	3	4	5
13. Lying	Yes	No		1	2	3	4	5
14. Helping out around the house	Yes	No		1	2	3	4	5
15. Talking back to parents	Yes	No		1	2	3	4	5
16. Getting up in the morning	Yes	No		1	2	3	4	5
17. Messing up the house	Yes	No		1	2	3	4	5

## Appendix 2

**Parent Meta-Emotion Interview**

---

Lynn Fainsilber Katz  
John M. Gottman

1999

*This interview contains some changes from the original Katz & Gottman (1986) Meta-Emotion Interview. Parents are interviewed about the emotion of fear and there are minor changes to the order and phrasing of questions.*

**DO NOT DUPLICATE**

## **PARENT META-EMOTION INTERVIEW**

### **Introduction**

**Interviewer (I):** In this part of your visit, we would like to ask you some questions about how you feel about different emotions.

What we are looking for is your natural responses to the questions. There is a broad range of answers for questions about emotions. Take surprise for example. Some people don't ever like being surprised. They hate surprise parties, and if you throw them a surprise party, they wouldn't like it at all. On the other hand, some people love to be surprised and love surprising others. They go out of their way to experience that emotion more often. In both cases, people experience the emotion of surprise in very different ways and neither is right or wrong. The same is true for the emotions that we will talk about today. People are just different.

We are going to talk about three emotions today: sadness, anger and fear. Each emotion is broken into two parts: how you feel today and how (child's name) feels. Even though the questions may begin to sound familiar to you, they are addressing different emotions you feel.

Again, there are no right or wrong answers. What I am going to be asking you about is your own feelings regarding your emotions. How you experience different feelings and how you feel about feelings in general, OK? Before we start do you have any questions?

### **Part One: The Interviewee's and Child's Sadness**

I: Let's talk about feeling sad.

- What is it like for you to be sad?
- What do you look like? If I saw you could I tell if you were sad? What would I see?
- What are you feeling inside?
  - ◇ Are there any physical sensations that you have when you're sad?
- What do you think about when you're sad?
  - ◇ Are there any thoughts or images that go through your mind?
- Is there anything you do to try to get through (resolve) feeling sad?
  - ◇ Does this work for you?
- Can you give me a recent and vivid example of one time that you were sad? What happened, who was there, what was said and how did you resolve it (try to get a play-by-play account of what happened)?
- What do you think about sadness in general?

I: Let's talk about your child's sadness.

- What about \_\_\_\_\_ (the child)? Can you tell when (s)he's sad?
- What does (s)he do when sad or a little blue?
- Is there anything (s)he does to try to get over feeling sad?
- What do you do to help your child get over this emotion?
- What are your reactions, thoughts and feelings when \_\_\_\_\_ (the child) is sad?
- In terms of your reactions, thoughts and feelings, does this relate to anything in your past? Tell me a story of that.
- Can you give me a recent and vivid example of one time that \_\_\_\_\_ (child) was sad? What happened, who was there, what was said and how did he/she get over it. (try to get a play-by-play account of what happened)?
- What do you want to teach \_\_\_\_ (child) about sadness?

### **Part Two: The Interviewee's and Child's Anger**

I: Let's talk about feeling angry.

- What is it like for you to be angry?
- What do you look like? If I saw you could I tell if you were angry? What would I see?
- What are you feeling inside?
  - ◇ Are there any physical sensations that you have when you're angry?
- What do you think about when you're angry?
  - ◇ Are there any thoughts or images that go through your mind?
- Is there anything you do to try to get through (resolve) feeling angry?
  - ◇ Does this work for you?
- Can you give me a recent or vivid example of one time that you were angry? What happened, who was there and what was said (try to get a play-by-play account of what happened)?
- What do you think about anger in general?

I: Let's talk about your child's anger.

- What about \_\_\_\_\_ (the child)? Can you tell when (s)he's angry?
- What does (s)he do when angry?
- Is there anything (s)he does to try to get over feeling angry?
- What do you do to help your child get over this emotion?
- What are your reactions, thoughts and feelings when \_\_\_\_\_ (the child) is angry?
- In terms of your reactions, thoughts and feelings, does this relate to anything from your childhood? Tell me a story of that.
- Can you give me a recent and vivid example of one time that \_\_\_\_\_ (child) was angry? What happened, who was there, what was said and how did he/she get over it. (try to get a play-by-play account of what happened)?
- What do you want to teach \_\_\_\_ (child) about anger?

### **Part Three: The Interviewee's and Child's Fear**

I: Let's talk about feeling fear.

- What is it like for you to be afraid now?
- What do you look like? If I saw you could I tell if you were feeling fear? What would I see?
- What are you feeling inside?
  - ◇ Are there any physical sensations that you have when you're afraid?
- What do you think about when you're afraid?
  - ◇ Are there any thoughts or images that go through your mind?
- Is there anything you do to try to get through (resolve) feeling afraid?
  - ◇ Does this work for you?
- Can you give me a recent and vivid example of one time that you were afraid? What happened, who was there, what was said and how did you resolve it (try to get a play-by-play account of what happened)?
- What do you think about fear in general?

I: Let's talk about your child's fear.

- What about \_\_\_\_\_ (the child)? Can you tell when (s)he's afraid?
- What does (s)he do when afraid?
- Is there anything (s)he does to try to get over feeling fear?
- What do you do to help your child get over this emotion?
- What are your reactions, thoughts and feelings when \_\_\_\_\_ (the child) is afraid?
- In terms of your reactions, thoughts and feelings, does this relate to anything in your past? Tell me a story of that.
- Can you give me a recent and vivid example of one time that \_\_\_\_\_ (child) was afraid? What happened, who was there, what was said and how did he/she get over it. (try to get a play-by-play account of what happened)?
- What do you want to teach \_\_\_\_ (child) about fear?

Appendix 3

**CHILD-ADOLESCENT META EMOTION INTERVIEW**

**Lynn Fainsilber Katz, Bessie Windecker-Nelson**

**2002**

**DO NOT DUPLICATE**

# CHILD META-EMOTION INTERVIEW

---

## Introduction

**Interviewer (I):** In this part of your visit, we would like to ask you some questions about how you feel about different emotions.

What we are looking for is your natural responses to the questions. There is a broad range of answers for questions about emotions. Take surprise for example. Some people don't ever like being surprised. They hate surprise parties, and if you throw them a surprise party, they wouldn't like it at all. On the other hand, some people love to be surprised and love surprising others. They go out of their way to experience that emotion more often. In both cases, people experience the emotion of surprise in very different ways and neither is right or wrong. The same is true for the emotions that we will talk about today: sadness, anger, and fear

People are just different. Again, there are no right or wrong answers. What I am going to be asking you about is your own feelings regarding your emotions. How you experience different feelings and how you feel about feelings in general, OK? Before we start do you have any questions?

## **Part One: The Child's Anger**

I: Let's talk about feeling angry.

- What is it like for you to be angry?
- What would you look like, what would I see if I saw you angry? Could I tell you were angry?
- What are you feeling inside?
  - ◇ Are there any physical sensations that you have when you're angry?
- What do you think about when you're angry?
  - ◇ Are there any thoughts or images that go through your mind?
- Is there anything you do to get over feeling angry?
  - ◇ Does this work for you?
- Is there anything you think about to get over feeling angry? Does this work for you?
- Can you give me a recent or vivid example of one time that you were angry? What happened, who did and said what, how did you get over it (try to get a play-by-play account of what happened).
- What do you think about anger in general?
- What does your mother do when you are angry?
  - ◇ Does she know that you are angry? How does she know?
- Can you give me an example of a time when your mother knew you were angry? (Get detailed example.)
  - ◇ Describe who was there? What was the cause?
  - ◇ What did your mom do when she saw you were angry? Was that a typical response?
  - ◇ What did you do in that situation to get over feeling angry?
  - ◇ How does your mom's response make you feel?
- In general, can you go to her when you are angry?
- What is it like when your mother is angry? Can you tell when she is angry? How?
  - ◇ What is it like for you when she is angry?

- What do you think you have learned from your mother about anger?
  - ◇ How do you think she feels? How do you think she wants you to feel?
- Is there any other adult who you talk to about anger?
- What makes people easy to talk to about anger?

### Part Two: The Child's Sadness

I: Let's talk about feeling sad.

- What is it like for you to be sad?
- What would you look like, what would I see if I saw you sad? Could I tell you were sad?
- What are you feeling inside?
  - ◇ Are there any physical sensations that you have when you're sad?
- What do you think about when you're sad?
  - ◇ Are there any thoughts or images that go through your mind?
- Is there anything you do to get over feeling sad?
  - ◇ Does this work for you?
- Is there anything you think about to get over feeling sad? Does this work for you?
- Can you give me a recent or vivid example of one time that you were sad? What happened, who did and said what, how did you get over it(try to get a play-by-play account of what happened).
- What do you think about sadness in general?
- What does your mother do when you are sad?
  - ◇ Does she know that you are sad? How does she know?
- Can you give me an example of a time when your mother knew you were sad? (Get detailed example.)
  - ◇ Describe who was there? What was the cause?
  - ◇ What did your mom do when she saw you were sad? Was that a typical response?
  - ◇ What did you do in that situation to get over feeling sad?
  - ◇ How does your mom's response make you feel?
- In general, can you go to her when you are sad?
- What is it like when your mother is sad? Can you tell when she is sad? How?
  - ◇ What is it like for you when she is sad?
- What do you think you have learned from your mother about sadness?
  - ◇ How do you think she feels? How do you think she wants you to feel?
- Is there any other adult who you talk to about sadness?
- What makes people easy to talk to about sadness?

### Part Three: The Child's Fear

I: Let's talk about feeling afraid.

- What is it like for you to be afraid? What would you look like, what would I see if I saw you afraid? Could I tell you were feeling afraid?
- What are you feeling inside?
  - ◇ Are there any physical sensations that you have when you're afraid?
- What do you think about when you're afraid?
  - ◇ Are there any thoughts or images that go through your mind?
- Is there anything you do to get over feeling afraid?
  - ◇ Does this work for you?
- Is there anything you think about to get over feeling afraid? Does this work for you?

- Can you give me a recent or vivid example of one time that you were afraid? What happened, who did and said what, how did you get over it (try to get a play-by-play account of what happened).
- What do you think about fear in general?
- What does your mother do when you are afraid?
  - ◇ Does she know that you are afraid? How does she know?
- Can you give me an example of a time when your mother knew you were afraid? (Get detailed example.)
  - ◇ Describe who was there? What was the cause?
  - ◇ What did your mom do when she saw you were afraid? Was that a typical response?
  - ◇ What did you do in that situation to get over feeling afraid?
  - ◇ How does your mom's response make you feel?
- In general, can you go to her when you are afraid?
- What is it like when your mother is afraid? Can you tell? How?
  - ◇ What is it like for you when she is afraid?
- What do you think you have learned from your mother about fear?
  - ◇ How do you think she feels? How do you think she wants you to feel?
- Is there any other adult who you talk to about fear?
- What makes people easy to talk to about fear?

Appendix 4  
Center for Epid. Studies

Circle the number for each statement, which best describe how often you felt or behaved this way-DURING THE PAST WEEK.

	Occasionally or a Moderate Amount of Time (3-4 Days)			
	Rarely or None of the Time (Less than 1 Day)	Some or a Little of the Time (1-2 Days)	Most or All of the Time (3-7 Days)	
<b>DURING THE PAST WEEK...</b>	<b>Item Weights</b>			
1. I was bothered by the things that usually don't bother me	0	1	2	3
2. I did not feel like eating; my appetite was poor	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family or friends	0	1	2	3
4. I felt that I was just as good as other people	0	1	2	3
5. I had trouble keeping my mind on what I was doing	0	1	2	3
6. I felt depressed	0	1	2	3
7. I felt that everything I did was an effort	0	1	2	3
8. I felt hopeful about the future	0	1	2	3
9. I thought my life had been a failure	0	1	2	3
10. I felt fearful	0	1	2	3
11. My sleep was restless	0	1	2	3
12. I was happy	0	1	2	3
13. I talked less than usual	0	1	2	3
14. I felt lonely	0	1	2	3
15. People were unfriendly	0	1	2	3
16. I enjoyed life	0	1	2	3
17. I had a crying spell	0	1	2	3
18. I felt sad	0	1	2	3
19. I felt that people disliked me	0	1	2	3
20. I could not get "going"	0	1	2	3

Appendix 5  
**SELF-EVALUATION QUESTIONNAIRES STAI Form Y-1**

**Please provide the following information:**

Name \_\_\_\_\_ Date \_\_\_\_\_ S \_\_\_\_\_  
 Age \_\_\_\_\_ Gender (circle) **M** **F** T \_\_\_\_\_

**DIRECTIONS:**

A number of statements which people have used to describe themselves are given below. Read each statement and then blacken the appropriate circle to the right of the statement to indicate how you feel *right* now, that is, at *this* moment.

There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

**Use the following scale:**

- 1** not at all  
**2** somewhat  
**3** moderately so  
**4** very much so

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. I feel calm.                                       | 1 | 2 | 3 | 4 |
| 2. I feel secure.                                     | 1 | 2 | 3 | 4 |
| 3. I am tense.  | 1 | 2 | 3 | 4 |
| 4. I feel strained.                                   | 1 | 2 | 3 | 4 |
| 5. I feel at ease.                                    | 1 | 2 | 3 | 4 |
| 6. I feel upset.                                      | 1 | 2 | 3 | 4 |
| 7. I am presently worrying over possible misfortunes. | 1 | 2 | 3 | 4 |
| 8. I feel satisfied.                                  | 1 | 2 | 3 | 4 |
| 9. I feel frightened.                                 | 1 | 2 | 3 | 4 |
| 10. I feel comfortable.                               | 1 | 2 | 3 | 4 |
| 11. I feel self-confident.                            | 1 | 2 | 3 | 4 |
| 12. I feel nervous.                                   | 1 | 2 | 3 | 4 |
| 13. I am jittery.                                     | 1 | 2 | 3 | 4 |
| 14. I feel indecisive.                                | 1 | 2 | 3 | 4 |
| 15. I am relaxed.                                     | 1 | 2 | 3 | 4 |
| 16. I feel content.                                   | 1 | 2 | 3 | 4 |
| 17. I am worried.                                     | 1 | 2 | 3 | 4 |
| 18. I feel confused.                                  | 1 | 2 | 3 | 4 |
| 19. I feel steady.                                    | 1 | 2 | 3 | 4 |
| 20. I feel pleasant.                                  | 1 | 2 | 3 | 4 |

## SELF-EVALUATION QUESTIONNAIRES STAI Form Y-2

Name \_\_\_\_\_ Date \_\_\_\_\_

### DIRECTIONS:

A number of statements which people have used to describe themselves are given below. Read each statement and then blacken the appropriate circle to the right of the statement to indicate how you feel *right* now, that is, at *this* moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

### Use the following scale:

- 1** not at all  
**2** somewhat  
**3** moderately so  
**4** very much so

- |  |   |   |   |   |
|--|---|---|---|---|
| 21. I feel pleasant.   | 1 | 2 | 3 | 4 |
| 22. I feel nervous and restless.   | 1 | 2 | 3 | 4 |
| 23. I feel satisfied with myself.  | 1 | 2 | 3 | 4 |
| 24. I wish I could be as happy as others seem to be.   | 1 | 2 | 3 | 4 |
| 25. I feel like a failure.   | 1 | 2 | 3 | 4 |
| 26. I feel rested.   | 1 | 2 | 3 | 4 |
| 27. I am "calm, cool, and collected".  | 1 | 2 | 3 | 4 |
| 28. I feel that difficulties are piling up so that I cannot overcome them.                   | 1 | 2 | 3 | 4 |
| 29. I worry too much over something that really doesn't matter.                              | 1 | 2 | 3 | 4 |
| 30. I am happy.  | 1 | 2 | 3 | 4 |
| 31. I have disturbing thoughts.  | 1 | 2 | 3 | 4 |
| 32. I lack self-confidence.  | 1 | 2 | 3 | 4 |
| 33. I feel secure.   | 1 | 2 | 3 | 4 |
| 34. I make decisions easily.   | 1 | 2 | 3 | 4 |
| 35. I feel inadequate.   | 1 | 2 | 3 | 4 |
| 36. I am content.  | 1 | 2 | 3 | 4 |
| 37. Some unimportant thought runs through my mind and bothers me.                            | 1 | 2 | 3 | 4 |
| 38. I take disappointments so keenly that I can't put them out of my mind.                   | 1 | 2 | 3 | 4 |
| 39. I am a steady person.  | 1 | 2 | 3 | 4 |
| 40. I get in a state of tension or turmoil as I think over my recent concerns and interests. | 1 | 2 | 3 | 4 |

## Appendix 6



ECR ID # \_\_\_\_\_

PDS

 IF YOU MARKED ANY OF THE ITEMS ABOVE, CONTINUE. IF NOT, STOP HERE.
 RECEIVED  
Person Subjects Division

JUN 02 2008

**Part 1**

Many people have lived through or witnessed a very stressful and traumatic event at some point in their lives. Below is a list of traumatic events. Put a checkmark in the box next to ALL of the events that have happened to you or that you have witnessed.

- (1)  Serious accident, fire, or explosion (for example, an industrial, farm, car, plane, or boating accident)
- (2)  Natural disaster (for example, tornado, hurricane, flood, or major earthquake)
- (3)  Non-sexual assault by a family member or someone you know (for example, being mugged, physically attacked, shot, stabbed, or held at gunpoint)
- (4)  Non-sexual assault by a stranger (for example, being mugged, physically attacked, shot, stabbed, or held at gunpoint)
- (5)  Sexual assault by a family member or someone you know (for example, rape or attempted rape)
- (6)  Sexual assault by a stranger (for example, rape or attempted rape)
- (7)  Military combat or a war zone
- (8)  Sexual contact when you were younger than 18 with someone who was 5 or more years older than you (for example, contact with genitals, breasts)
- (9)  Imprisonment (for example, prison inmate, prisoner of war, hostage)
- (10)  Torture
- (11)  Life-threatening illness
- (12)  Other traumatic event

(13) If you marked item 12, specify the traumatic event here.

---

**Part 2**

(14) If you marked more than one traumatic event in Part 1, put a checkmark in the box below next to the event *that bothers you the most*. If you marked only one traumatic event in Part 1, mark the same one below.

- Accident
- Disaster
- Non-sexual assault/someone you know
- Non-sexual assault/stranger
- Sexual assault/someone you know
- Sexual assault/stranger
- Combat
- Sexual contact under 18 with someone 5 or more years older
- Imprisonment
- Torture
- Life-threatening illness
- Other

In the lines below, briefly describe the traumatic event you marked above.

---



---



---



---



---

Below are several questions about the traumatic event you just described above.

(15) What was the date of the trauma described above?

---

For the following questions, circle Y for Yes or N for No. During this traumatic event:

- (16) Y N Were you physically injured?
- (17) Y N Was someone else physically injured?
- (18) Y N Did you think that your life was in danger?
- (19) Y N Did you think that someone else's life was in danger?

(20) Y N Did you feel helpless?

(21) Y N Did you feel terrified?

<p>NAC SR - 24</p>
------------------------

ECR ID # \_\_\_\_\_

## PDS

**Part 3**

Below is a list of problems that people sometimes have after experiencing a traumatic event. Read each one carefully and circle the number (0-3) that best describes how often that problem has bothered you **IN THE PAST MONTH**. Rate each problem with respect to the traumatic event you described in Item 14.

- 0 Not at all or only one time  
1 Once a week or less/once in a while  
2 2 to 4 times a week/half the time  
3 5 or more times a week/almost always
- (22) 0 1 2 3 Having upsetting thoughts or images about the traumatic event that came into your head when you didn't want them to
- (23) 0 1 2 3 Having bad dreams or nightmares about the traumatic event
- (24) 0 1 2 3 Reliving the traumatic event, acting or feeling as if it was happening again
- (25) 0 1 2 3 Feeling emotionally upset when you were reminded of the traumatic event (for example, feeling scared, angry, sad, guilty, etc.)
- (26) 0 1 2 3 Experiencing physical reactions when you were reminded of the traumatic event (for example, breaking out in a sweat, heart beating fast)
- (27) 0 1 2 3 Trying not to think about, talk about, or have feelings about the traumatic event
- (28) 0 1 2 3 Trying to avoid activities, people, or places that remind you of the traumatic event
- (29) 0 1 2 3 Not being able to remember an important part of the traumatic event
- (30) 0 1 2 3 Having much less interest or participating much less often in important activities
- (31) 0 1 2 3 Feeling distant or cut off from people around you
- (32) 0 1 2 3 Feeling emotionally numb (for example, being unable to cry or unable to have loving feelings)
- (33) 0 1 2 3 Feeling as if your future plans or hopes will not come true (for example, you will not have a career, marriage, children, or a long life)
- (34) 0 1 2 3 Having trouble falling or staying asleep
- (35) 0 1 2 3 Feeling irritable or having fits of anger
- (36) 0 1 2 3 Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read)
- (37) 0 1 2 3 Being overly alert (for example, checking to see who is around you, being uncomfortable with your back to a door, etc.)
- (38) 0 1 2 3 Being jumpy or easily startled (for example, when someone walks up behind you)
- (39) How long have you been experiencing the problems that you reported above? (circle ONE)  
1 Less than 1 month  
2 1 to 3 months  
3 More than 3 months
- (40) How long after the traumatic event did these problems begin? (circle ONE)  
1 Less than 6 months  
2 6 or more months

NAC SR - 25
----------------

ECRID # \_\_\_\_\_

**PDS****Part 4**

Indicate below if the problems you rated in Part 3 have interfered with any of the following areas of your life DURING THE PAST MONTH. Circle Y for Yes or N for No.

- (41) Y N Work
- (42) Y N Household chores and duties
- (43) Y N Relationships with friends
- (44) Y N Fun and leisure activities
- (45) Y N Schoolwork
- (46) Y N Relationships with your family
- (47) Y N Sex life
- (48) Y N General satisfaction with life
- (49) Y N Overall level of functioning in all areas of your life

## Appendix 7

## Parent Child Interaction Global Rating Scale

Topics chosen for discussion: 1) \_\_\_\_\_ 2) \_\_\_\_\_

<b>GENERAL BEHAVIOR (of parent and child)</b>					
1. How frequently did the <u>child</u> go off the topic that was chosen for discussion?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
2. How frequently did the <u>parent</u> go off the topic that was chosen for discussion?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
3. How frequently did the <u>child</u> make any statements that had somatic focus, such as talk about his/her body (e.g., pain, discomfort) <b>related to physiological equipment</b>	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
4. How frequently did the <u>parent</u> attempt to set limits to the child's behavior?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
5. Did the <u>child</u> apologize to the parent for something or take responsibility/blame for something that happened?	1 <b>No</b>	2 <b>Yes</b>			
6. How frequently did the parent identify thoughts, feelings and/or physical sensations associated with various emotions <b>and discuss the link between physical sensations and emotions</b>	1 Not at all	2 Rarely	3 Some times	4 Frequently	5 Very Frequently
7. At any point during the interaction, did the <u>parent</u> apologize to the child for something or take responsibility/blame for something that happened?	1 No	2 Yes			
8. At any point during the interaction did the <u>child</u> talk about something domestic violence related?	1 No	2 Yes	3 N/A		
9. At any point during the interaction did the <u>parent</u> talk about something domestic violence related?	1 No	2 Yes	3 N/A		

<b>PARENT COACHING (higher # = higher coaching)</b>					
10. Was the parent <b>impatient</b> with the child?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
11. Was the parent <b>expressive</b> of her own emotional reactions?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
11a. Was the parent explosive or invalidating in their expression of their own emotions?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently

12. Was the parent <b>aware</b> of her own emotions and/or the child's emotions that occurred during the interaction?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
13. Did the parent demonstrate <b>acceptance</b> of their own and/or their child's <b>positive</b> emotions?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
14. Did the parent demonstrate <b>acceptance</b> of their own/or and their child's <b>negative</b> emotions?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
15. Did the parent <b>connect</b> with the child during the interaction, using the opportunity for closeness?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
16. When needed, did the parent soothe the child by providing physical comfort?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
17. Did the parent <b>listen with empathy</b> to the child?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
18. Did the parent communicate <b>active listening</b> with her body language, eye contact, facial expressions, and words? Did she show understanding?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
19. Did the parent demonstrate or discuss <b>healthy, appropriate emotion management</b> strategies (e.g., self-care, distraction)?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
20. Did the parent try to <b>distract</b> the child during the discussion when child showed signs of becoming dysregulated AND return to the topic when child was better regulated?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
21. Did the parent <b>name and label</b> her own and/or her child's emotions as they arose during the interaction?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
22. Did parent identify her own or child's emotions in past situations?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
23. Did the parent engage in <b>positive, appropriate sharing</b> (e.g., identifying w/ the child, telling a story, or helping them see the big picture)?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
24. Did the parent <b>help the child find a good solution</b> on their own to the problem they discussed (e.g., offer support/scaffolding )?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
25. Did the parent address how to deal	1	2			

with the emotion and how to do deal with the problem separately?	No	Yes
--	----	-----

<b>PARENT DISMISSING (higher # = more dismissing)</b>					
26. Did the parent passively dismiss the child's emotion by <b>ignoring any emotions</b> that arose in the child?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
27. Did the parent actively dismiss the child's emotion by <b>changing the subject</b> ?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
28. Did the parent actively dismiss the child by <b>minimizing any emotions</b> that arose in the child? (e.g., making light of feelings)	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
29. Did the parent <b>offer the child a solution of their own</b> to the child's problem(s) that was discussed (e.g., tell the child to do something specific to alleviate the problem)?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
30. Did they ever <b>offer the child a treat</b> or something to help the child stop feeling the emotion?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
31. Was the parent <b>focused on the facts</b> of the problem/situation more so than the child's feelings and emotions?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
32. Did the parent historically use any coercive means with the child by <b>bullying, threatening, arguing or interrogating about emotions</b> in the child?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
33. Did the parent use any coercive means with the child by <b>bullying, threatening, arguing or interrogating about emotions</b> in the child during the interaction?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently
34. Did the parent <b>personalize</b> their child's emotion(s) (e.g., make their child's feelings about them rather than about their child)?	1 Not at all	2 Rarely	3 Sometimes	4 Frequently	5 Very Frequently

Appendix 8

ECI B1

Coder: \_\_\_\_\_

ID # \_\_\_\_\_ Mother Parent Sadness

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

**Awareness**

SA	A	N	D	SD
5	4	3	2	1
5	4		2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>A1.</b>	P experiences this emotion
<b>A2.</b>	P has no problem distinguishing this emotion from others
<b>A3.</b>	P is descriptive of their experience of this emotion
<b>A4.</b>	P is descriptive of physical sensations
<b>A5.</b>	P is descriptive of cognitive process
<b>A6.</b>	P provides descriptive anecdote
<b>A7.</b>	P answers questions easily, without hesitation or confusion
<b>A8.</b>	P talks at length about this emotion
<b>A9.</b>	P voice shows interest, excitement re emotion

**TOTAL =****Expressivity**

SA	A	N	D	SD
5	4	3	2	1
1	2	3	4	5
5	4	3	2	1
5	4	3	2	1
1	2	3	4	5
5	4	3	2	1
1	2	3	4	5
5	4	3	2	1

<b>B1.</b>	P expresses this emotion (alone or with others)
<b>B2.</b>	P distinguishes times when they would and would not express
<b>B3.</b>	Others can tell when P is experiencing this emotion
<b>B4.</b>	P feels comfortable with their expression of this emotion
<b>B5.</b>	The importance of controlling emotion is emphasized
<b>B6.</b>	P shares emotion with others
<b>B7.</b>	P prefers waiting until emotion is over and then talk
<b>B8.</b>	P says it is important to express this emotion

**TOTAL =****Acceptance**

SA	A	N	D	SD
5	4	3	2	1
1	2	3	4	5
5	4	3	2	1
5	4	3	2	1

<b>C1.</b>	P accepts this emotion -it has value, it's part of life
<b>C2.</b>	P dislikes the way others express this emotion
<b>C3.</b>	P confides in interviewer
<b>C4.</b>	P is open to feeling this emotion vs. tries to avoid emotion

**TOTAL =****Remediation**

SA	A	N	D	SD
5	4	3	2	1
	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>D1.</b>	P is aware of their own remediation process
<b>D2.</b>	Remediation techniques suggest acceptance vs. avoidance
<b>D3.</b>	P says that it is important to talk about emotion
<b>D4.</b>	P has remediation techniques that work for this emotion

**TOTAL =****Regulation**

SA	A	N	D	SD
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	

<b>E1.</b>	There is difficulty regulating intensity
<b>E2.</b>	This emotion occurs often
<b>E3.</b>	This emotion is difficult to get over
<b>E4.</b>	This emotion has been a problem/concern
<b>E5.</b>	P thinks this emotion can be dangerous
<b>E6.</b>	P has needed help with this emotion

**TOTAL =**

ID # \_\_\_\_\_ Mother Child Sadness

**Awareness**

SA	A	N	D	SD
5	4	3	2	1
5	4		2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>F1.</b>	P notices that child has this emotion
<b>F2.</b>	P has no problem distinguishing this emotion
<b>F3.</b>	P is descriptive of child's experience of emotion
<b>F4.</b>	P has insight into child's experience of this emotion
<b>F5.</b>	P is descriptive of some part of the remediation process
<b>F6.</b>	P knows cause of C's emotion
<b>F7.</b>	P talks at length about C's experience
<b>F8.</b>	P answers questions quickly and easily about C's experience

**TOTAL =****Acceptance**

SA	A	N	D	SD
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
1	2	3	4	5
1	2	3	4	5

<b>G1.</b>	P seems comfortable with C's emotion and expression
<b>G2.</b>	P empathizes with C's emotion (look at voice tone)
<b>G3.</b>	P wants C to know it's OK to have this feeling
<b>G4.</b>	P values talking to the child about emotion
<b>G5.</b>	P seems concerned about appropriateness, usually of expression
<b>G6.</b>	P prefers child to be soothed before P gets involved

**TOTAL =****Coaching**

SA	A	N	D	SD
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>H1.</b>	P shows respect for child's experience of emotion
<b>H2.</b>	P teaches strategies to soothe own emotion
<b>H3.</b>	P seems involved in child's experience of this emotion
<b>H4.</b>	P seems confident in dealing with this emotion
<b>H5.</b>	P has given thought and energy to what child knows of emotions
<b>H6.</b>	P's voice shows interest (excitement) re C's experience

**TOTAL =****Behavioral Strategies**

SA	A	N	D	SD
1	2	3	4	5
1	2	3	4	5
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>I1.</b>	P practices when C is expressing
<b>I2.</b>	P uses a mental (analytical) approach to C's emotion
<b>I3.</b>	When child is upset, P talks about situation, emotion
<b>I4.</b>	P provides verbal comfort during emotion
<b>I5.</b>	P provides physical comfort during emotion
<b>I6.</b>	Strategies used seem age and situationally appropriate

**TOTAL =****Regulation**

SA	A	N	D	SD
5	4	3	2	1
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
5	4	3	2	1
5	4	3	2	1

<b>J1.</b>	C expresses this emotion
<b>J2.</b>	C has difficulty regulating this emotion
<b>J3.</b>	This emotion occurs frequently in C
<b>J4.</b>	This emotion is difficult for C to get over
<b>J5.</b>	P is concerned about C's experience or expression
<b>J6.</b>	P knows of remediation techniques that work with C
<b>J7.</b>	C has regulation strategies

**TOTAL =**

ECI B1

Coder: \_\_\_\_\_

ID # \_\_\_\_\_ Mother

Parent Anger

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

**Awareness**

SA	A	N	D	SD
5	4	3	2	1
5	4		2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>A1.</b>	P experiences this emotion
<b>A2.</b>	P has no problem distinguishing this emotion from others
<b>A3.</b>	P is descriptive of their experience of this emotion
<b>A4.</b>	P is descriptive of physical sensations
<b>A5.</b>	P is descriptive of cognitive process
<b>A6.</b>	P provides descriptive anecdote
<b>A7.</b>	P answers questions easily, without hesitation or confusion
<b>A8.</b>	P talks at length about this emotion
<b>A9.</b>	P voice shows interest, excitement re emotion

**TOTAL =****Expressivity**

SA	A	N	D	SD
5	4	3	2	1
1	2	3	4	5
5	4	3	2	1
5	4	3	2	1
1	2	3	4	5
5	4	3	2	1
1	2	3	4	5
5	4	3	2	1

<b>B1.</b>	P expresses this emotion (alone or with others)
<b>B2.</b>	P distinguishes times when they would and would not express
<b>B3.</b>	Others can tell when P is experiencing this emotion
<b>B4.</b>	P feels comfortable with their expression of this emotion
<b>B5.</b>	The importance of controlling emotion is emphasized
<b>B6.</b>	P shares emotion with others
<b>B7.</b>	P prefers waiting until emotion is over and then talk
<b>B8.</b>	P says it is important to express this emotion

**TOTAL =****Acceptance**

SA	A	N	D	SD
5	4	3	2	1
1	2	3	4	5
5	4	3	2	1
5	4	3	2	1

<b>C1.</b>	P accepts this emotion (it has value, it's part of life)
<b>C2.</b>	P dislikes the way others express this emotion
<b>C3.</b>	P confides in interviewer
<b>C4.</b>	P is open to feeling this emotion (vs. tries to avoid emotion)

**TOTAL =****Remediation**

SA	A	N	D	SD
5	4	3	2	1
	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>D1.</b>	P is aware of their own remediation process
<b>D2.</b>	Remediation techniques suggest acceptance vs. avoidance
<b>D3.</b>	P says that it is important to talk about emotion
<b>D4.</b>	P has remediation techniques that work for this emotion

**TOTAL =****Regulation**

SA	A	N	D	SD
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	

<b>E1.</b>	There is difficulty regulating intensity
<b>E2.</b>	This emotion occurs often
<b>E3.</b>	This emotion is difficult to get over
<b>E4.</b>	This emotion has been a problem/concern
<b>E5.</b>	P thinks this emotion can be dangerous
<b>E6.</b>	P has needed help with this emotion

**TOTAL =**

ID # \_\_\_\_\_ Mother Child Anger

**Awareness**

SA	A	N	D	SD
5	4	3	2	1
5	4		2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>F1.</b>	P notices that child has this emotion
<b>F2.</b>	P has no problem distinguishing this emotion
<b>F3.</b>	P is descriptive of child's experience of emotion
<b>F4.</b>	P has insight into child's experience of this emotion
<b>F5.</b>	P is descriptive of some part of the remediation process
<b>F6.</b>	P knows cause of C's emotion
<b>F7.</b>	P talks at length about C's experience
<b>F8.</b>	P answers questions quickly and easily about C's experience

**TOTAL =****Acceptance**

SA	A	N	D	SD
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
1	2	3	4	5
1	2	3	4	5

<b>G1.</b>	P seems comfortable with C's emotion and expression
<b>G2.</b>	P empathizes with C's emotion (look at voice tone)
<b>G3.</b>	P wants C to know it's OK to have this feeling
<b>G4.</b>	P values talking to the child about emotion
<b>G5.</b>	P seems concerned about appropriateness, usually of expression
<b>G6.</b>	P prefers child to be soothed before P gets involved

**TOTAL =****Coaching**

SA	A	N	D	SD
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>H1.</b>	P shows respect for child's experience of emotion
<b>H2.</b>	P teaches strategies to soothe own emotion
<b>H3.</b>	P seems involved in child's experience of this emotion
<b>H4.</b>	P seems confident in dealing with this emotion
<b>H5.</b>	P has given thought and energy to what child knows of emotions
<b>H6.</b>	P's voice shows interest (excitement) re C's experience

**TOTAL =****Behavioral Strategies**

SA	A	N	D	SD
1	2	3	4	5
1	2	3	4	5
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>I1.</b>	P practices when C is expressing
<b>I2.</b>	P uses a mental (analytical) approach to C's emotion
<b>I3.</b>	When child is upset, P talks about situation, emotion
<b>I4.</b>	P provides verbal comfort during emotion
<b>I5.</b>	P provides physical comfort during emotion
<b>I6.</b>	Strategies used seem age and situationally appropriate

**TOTAL =****Regulation**

SA	A	N	D	SD
5	4	3	2	1
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
5	4	3	2	1
5	4	3	2	1

<b>J1.</b>	C expresses this emotion
<b>J2.</b>	C has difficulty regulating this emotion
<b>J3.</b>	This emotion occurs frequently in C
<b>J4.</b>	This emotion is difficult for C to get over
<b>J5.</b>	P is concerned about C's experience or expression
<b>J6.</b>	P knows of remediation techniques that work with C
<b>J7.</b>	C has regulation strategies

**TOTAL =**

ECI B1

Coder: \_\_\_\_\_

ID # \_\_\_\_\_ Mother Parent Fear

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

**Awareness**

SA	A	N	D	SD
5	4	3	2	1
5	4		2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>A1.</b>	P experiences this emotion
<b>A2.</b>	P has no problem distinguishing this emotion from others
<b>A3.</b>	P is descriptive of their experience of this emotion
<b>A4.</b>	P is descriptive of physical sensations
<b>A5.</b>	P is descriptive of cognitive process
<b>A6.</b>	P provides descriptive anecdote
<b>A7.</b>	P answers questions easily, without hesitation or confusion
<b>A8.</b>	P talks at length about this emotion
<b>A9.</b>	P voice shows interest, excitement re emotion

**TOTAL =****Expressivity**

SA	A	N	D	SD
5	4	3	2	1
1	2	3	4	5
5	4	3	2	1
5	4	3	2	1
1	2	3	4	5
5	4	3	2	1
1	2	3	4	5
5	4	3	2	1

<b>B1.</b>	P expresses this emotion (alone or with others)
<b>B2.</b>	P distinguishes times when they would and would not express
<b>B3.</b>	Others can tell when P is experiencing this emotion
<b>B4.</b>	P feels comfortable with their expression of this emotion
<b>B5.</b>	The importance of controlling emotion is emphasized
<b>B6.</b>	P shares emotion with others
<b>B7.</b>	P prefers waiting until emotion is over and then talk
<b>B8.</b>	P says it is important to express this emotion

**TOTAL =****Acceptance**

SA	A	N	D	SD
5	4	3	2	1
1	2	3	4	5
5	4	3	2	1
5	4	3	2	1

<b>C1.</b>	P accepts this emotion (it has value, it's part of life)
<b>C2.</b>	P dislikes the way others express this emotion
<b>C3.</b>	P confides in interviewer
<b>C4.</b>	P is open to feeling this emotion (vs. tries to avoid emotion)

**TOTAL =****Remediation**

SA	A	N	D	SD
5	4	3	2	1
	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>D1.</b>	P is aware of their own remediation process
<b>D2.</b>	Remediation techniques suggest acceptance vs. avoidance
<b>D3.</b>	P says that it is important to talk about emotion
<b>D4.</b>	P has remediation techniques that work for this emotion

**TOTAL =****Regulation**

SA	A	N	D	SD
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	

<b>E1.</b>	There is difficulty regulating intensity
<b>E2.</b>	This emotion occurs often
<b>E3.</b>	This emotion is difficult to get over
<b>E4.</b>	This emotion has been a problem/concern
<b>E5.</b>	P thinks this emotion can be dangerous
<b>E6.</b>	P has needed help with this emotion

**TOTAL =**

ID # \_\_\_\_\_ Mother Child Fear

**Awareness**

SA	A	N	D	SD
5	4	3	2	1
5	4		2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>F1.</b>	P notices that child has this emotion
<b>F2.</b>	P has no problem distinguishing this emotion
<b>F3.</b>	P is descriptive of child's experience of emotion
<b>F4.</b>	P has insight into child's experience of this emotion
<b>F5.</b>	P is descriptive of some part of the remediation process
<b>F6.</b>	P knows cause of C's emotion
<b>F7.</b>	P talks at length about C's experience
<b>F8.</b>	P answers questions quickly and easily about C's experience

**TOTAL =****Acceptance**

SA	A	N	D	SD
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
1	2	3	4	5
1	2	3	4	5

<b>G1.</b>	P seems comfortable with C's emotion and expression
<b>G2.</b>	P empathizes with C's emotion (look at voice tone)
<b>G3.</b>	P wants C to know it's OK to have this feeling
<b>G4.</b>	P values talking to the child about emotion
<b>G5.</b>	P seems concerned about appropriateness, usually of expression
<b>G6.</b>	P prefers child to be soothed before P gets involved

**TOTAL =****Coaching**

SA	A	N	D	SD
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>H1.</b>	P shows respect for child's experience of emotion
<b>H2.</b>	P teaches strategies to soothe own emotion
<b>H3.</b>	P seems involved in child's experience of this emotion
<b>H4.</b>	P seems confident in dealing with this emotion
<b>H5.</b>	P has given thought and energy to what child knows of emotions
<b>H6.</b>	P's voice shows interest (excitement) re C's experience

**TOTAL =****Behavioral Strategies**

SA	A	N	D	SD
1	2	3	4	5
1	2	3	4	5
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1
5	4	3	2	1

<b>I1.</b>	P practices when C is expressing
<b>I2.</b>	P uses a mental (analytical) approach to C's emotion
<b>I3.</b>	When child is upset, P talks about situation, emotion
<b>I4.</b>	P provides verbal comfort during emotion
<b>I5.</b>	P provides physical comfort during emotion
<b>I6.</b>	Strategies used seem age and situationally appropriate

**TOTAL =****Regulation**

SA	A	N	D	SD
5	4	3	2	1
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
5	4	3	2	1
5	4	3	2	1

<b>J1.</b>	C expresses this emotion
<b>J2.</b>	C has difficulty regulating this emotion
<b>J3.</b>	This emotion occurs frequently in C
<b>J4.</b>	This emotion is difficult for C to get over
<b>J5.</b>	P is concerned about C's experience or expression
<b>J6.</b>	P knows of remediation techniques that work with C
<b>J7.</b>	C has regulation strategies

**TOTAL =**

## Appendix 9

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Grade in school: \_\_\_\_\_ Sex: \_\_\_\_\_ Today's date: \_\_\_\_\_

ECR ID # \_\_\_\_\_

# CDI



Maria Kovacs, Ph.D.

Kids sometimes have different feelings and ideas.

This form lists the feelings and ideas in groups. From each group of three sentences, pick one sentence that describes you *best* for the past two weeks. After you pick a sentence from the first group, go on to the next group.

There is no right answer or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark like this  next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example of how this form works. Try it. Put a mark next to the sentence that describes you *best*.

Example:

- I read books all the time.

I read books once in a while.

I never read books.

When you are told to do so, tear off this top page. Then, pick the sentences that describe you best on the first page. After you finish the first page, turn to the back. Then, answer the items on that page.

***Remember, pick out the sentences that describe you best in the PAST TWO WEEKS.***

Published by Multi-Health Systems, Inc. (in the United States) 908 Niagara Falls Boulevard, North Tonawanda, New York 14202-2060; (in Canada) 65 Overlea Boulevard, Suite 210, Toronto, Ontario M4H 1P1. Telephone: (800) 456-3003 (U.S.A.), (800) 3-6011 (Canada), (416) 424-1700 (U.S.A. or Canada).

Copyright © 1999, Maria Kovacs, Ph.D. © 1991, 1992 Multi-Health Systems. All rights reserved.

CDI

ECR ID # \_\_\_\_\_

Item 1

- I am sad once in a while.  
 I am sad many times.  
 I am sad all the time.

Item 2

- Nothing will ever work out for me.  
 I am not sure if things will work out for me.  
 Things will work out for me O.K.

Item 3

- I do most things O.K.  
 I do many things wrong.  
 I do everything wrong.

Item 4

- I have fun in many things.  
 I have fun in some things.  
 Nothing is fun at all.

Item 5

- I am bad all the time.  
 I am bad many times.  
 I am bad once in a while.

Item 6

- I think about bad things happening to me once in a while.  
 I worry that bad things will happen to me.  
 I am sure that terrible things will happen to me.

Item 7

- I hate myself.  
 I do not like myself.  
 I like myself.

Item 8

- All bad things are my fault.  
 Many bad things are my fault.  
 Bad things are not usually my fault.

Item 9

- I do not think about killing myself.  
 I think about killing myself but I would not do it.  
 I want to kill myself.

Item 10

- I feel like crying every day.  
 I feel like crying many days.  
 I feel like crying once in a while.

Item 11

- Things bother me all the time.  
 Things bother me many times.  
 Things bother me once in a while.

Item 12

- I like being with people.  
 I do not like being with people many times.  
 I do not want to be with people at all.

Item 13

- I cannot make up my mind about things.  
 It is hard to make up my mind about things.  
 I make up my mind about things easily.

Item 14

- I look O.K.  
 There are some bad things about my looks.  
 I look ugly.

CDI

ECR ID # \_\_\_\_\_

*Remember, describe how you have  
been in the past two weeks.....*

Item 15

- I have to push myself all the time to do my schoolwork.
- I have to push myself many times to do my schoolwork.
- Doing schoolwork is not a big problem.

Item 16

- I have trouble sleeping every night.
- I have trouble sleeping many nights.
- I sleep pretty well.

Item 17

- I am tired once in a while.
- I am tired many days.
- I am tired all the time.

Item 18

- Most days I do not feel like eating.
- Many days I do not feel like eating.
- I eat pretty well.

Item 19

- I do not worry about aches and pains.
- I worry about aches and pains many times.
- I worry about aches and pains all the time.

Item 20

- I do not feel alone.
- I feel alone many times.
- I feel alone all the time.

Copyright © 1982, Maria Kovacs, Ph.D., © 1991, 1992,  
Multi-Health Systems, Inc. All rights reserved.

Published by Multi-Health Systems, Inc., (in the United States) 908 Niagara Falls Boulevard, North Tonawanda, New York 14120-2060; (in Canada) 65 Overlea Boulevard, Suite 210, Toronto, Ontario M4H 1P1. Telephone: (800) 456-3003 [U.S.A.], (800) 268-6011 [Canada], (416) 424-1700 [U.S.A.]

Item 21

- I never have fun at school.
- I have fun at school only once in a while.
- I have fun at school many times.

Item 22

- I have plenty of friends.
- I have some friends but I wish I had more.
- I do not have any friends.

Item 23

- My schoolwork is alright.
- My schoolwork is not as good as before.
- I do very badly in subjects I used to be good in.

Item 24

- I can never be as good as other kids.
- I can be as good as other kids if I want to.
- I am just as good as other kids.

Item 25

- Nobody really loves me.
- I am not sure if anybody loves me.
- I am sure that somebody loves me.

Item 26

- I usually do what I am told.
- I do not do what I am told most times.
- I never do what I am told.

Item 27

- I get along with people.
- I get into fights many times.
- I get into fights all the time.



Remember to fill out the other side

## Appendix 10

**Screen for Child Anxiety Related Disorders (SCARED)**  
 Child Version---Pg. 1 of 2 (To be filled out by the CHILD)

ECR ID # \_\_\_\_\_

**Directions:**

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "NOT TRUE OR HARDLY EVER TRUE" or "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When I feel frightened, it is hard to breathe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have nightmares about something bad happening to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ECR ID # \_\_\_\_\_

**Screen for Child Anxiety Related Disorders (SCARED)**  
 Child Version—Pg. 2 of 2 (To be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. I worry about things working out for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. When I get frightened, I sweat a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I get really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for me to talk with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When I get frightened, I feel like I am choking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that I worry too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I don't like to be away from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am afraid of having anxiety (or panic) attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I worry that something bad might happen to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I feel shy with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I worry about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. When I get frightened, I feel like throwing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I worry about how well I do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I am scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I worry about things that have already happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. When I get frightened, I feel dizzy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I am shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 11



Please print **CHILD BEHAVIOR CHECKLIST FOR AGES 6-18**

For office use only  
ID # \_\_\_\_\_

CHILD'S FULL NAME First _____ Middle _____ Last _____			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.) FATHER'S TYPE OF WORK _____ MOTHER'S TYPE OF WORK _____	
CHILD'S GENDER <input type="checkbox"/> Boy <input type="checkbox"/> Girl	CHILD'S AGE _____	CHILD'S ETHNIC GROUP OR RACE _____	THIS FORM FILLED OUT BY: (print your full name) _____	
TODAY'S DATE Mo. _____ Date _____ Yr. _____		CHILD'S BIRTHDATE Mo. _____ Date _____ Yr. _____		
GRADE IN SCHOOL _____	Please fill out this form to reflect <i>your</i> view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the space provided on page 2. <b>Be sure to answer all items.</b>			Your gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
NOT ATTENDING SCHOOL <input type="checkbox"/>				Your relation to the child: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (specify) _____

<b>I. Please list the sports your child most likes to take part in.</b> For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc. <input type="checkbox"/> None a. _____ b. _____ c. _____	<b>Compared to others of the same age, about how much time does he/she spend in each?</b> <table style="width:100%; text-align: center;"> <tr> <td>Less Than Average</td> <td>Average</td> <td>More Than Average</td> <td>Don't Know</td> </tr> </table>	Less Than Average	Average	More Than Average	Don't Know	<b>Compared to others of the same age, how well does he/she do each one?</b> <table style="width:100%; text-align: center;"> <tr> <td>Below Average</td> <td>Average</td> <td>Above Average</td> <td>Don't Know</td> </tr> </table>	Below Average	Average	Above Average	Don't Know																
Less Than Average	Average	More Than Average	Don't Know																							
Below Average	Average	Above Average	Don't Know																							
	<table style="width:100%;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width:100%;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							

<b>II. Please list your child's favorite hobbies, activities, and games, other than sports.</b> For example: stamps, dolls, books, piano, crafts, cars, computers, singing, etc. (Do <i>not</i> include listening to radio or TV.) <input type="checkbox"/> None a. _____ b. _____ c. _____	<b>Compared to others of the same age, about how much time does he/she spend in each?</b> <table style="width:100%; text-align: center;"> <tr> <td>Less Than Average</td> <td>Average</td> <td>More Than Average</td> <td>Don't Know</td> </tr> </table>	Less Than Average	Average	More Than Average	Don't Know	<b>Compared to others of the same age, how well does he/she do each one?</b> <table style="width:100%; text-align: center;"> <tr> <td>Below Average</td> <td>Average</td> <td>Above Average</td> <td>Don't Know</td> </tr> </table>	Below Average	Average	Above Average	Don't Know																
Less Than Average	Average	More Than Average	Don't Know																							
Below Average	Average	Above Average	Don't Know																							
	<table style="width:100%;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width:100%;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																							

<b>III. Please list any organizations, clubs, teams, or groups your child belongs to.</b> <input type="checkbox"/> None a. _____ b. _____ c. _____	<b>Compared to others of the same age, how active is he/she in each?</b> <table style="width:100%; text-align: center;"> <tr> <td>Less Active</td> <td>Average</td> <td>More Active</td> <td>Don't Know</td> </tr> </table>	Less Active	Average	More Active	Don't Know									
Less Active	Average	More Active	Don't Know											
	<table style="width:100%;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

<b>IV. Please list any jobs or chores your child has.</b> For example: paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.) <input type="checkbox"/> None a. _____ b. _____ c. _____	<b>Compared to others of the same age, how well does he/she carry them out?</b> <table style="width:100%; text-align: center;"> <tr> <td>Below Average</td> <td>Average</td> <td>Above Average</td> <td>Don't Know</td> </tr> </table>	Below Average	Average	Above Average	Don't Know									
Below Average	Average	Above Average	Don't Know											
	<table style="width:100%;"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

**Be sure you answered all items. Then see other side.**

Please print. Be sure to answer all items.

- V. 1. About how many close friends does your child have? (Do not include brothers & sisters)  
 None    1    2 or 3    4 or more
2. About how many times a week does your child do things with any friends outside of regular school hours?  
 (Do not include brothers & sisters)    Less than 1    1 or 2    3 or more

- VI. Compared to others of his/her age, how well does your child:
- |   | Worse                    | Average                  | Better                   |   |
|---|--------------------------|--------------------------|--------------------------|---|
| a. Get along with his/her brothers & sisters? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has no brothers or sisters |
| b. Get along with other kids?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| c. Behave with his/her parents?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |
| d. Play and work alone?                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |   |

VII. 1. Performance in academic subjects.    Does not attend school because \_\_\_\_\_

Check a box for each subject that child takes		Failing	Below Average	Average	Above Average
Other academic subjects—for example: computer courses, foreign language, business. Do <i>not</i> include gym, shop, driver's ed., or other nonacademic subjects.	a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does your child receive special education or remedial services or attend a special class or special school?  
 No    Yes—kind of services, class, or school:

3. Has your child repeated any grades?    No    Yes—grades and reasons:

4. Has your child had any academic or other problems in school?    No    Yes—please describe:

When did these problems start? \_\_\_\_\_

Have these problems ended?    No    Yes—when?

Does your child have any illness or disability (either physical or mental)?    No    Yes—please describe:

What concerns you most about your child?

Please describe the best things about your child.

*Please print. Be sure to answer all items.*

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True	2 = Very True or Often True			
0	1	2	1. Acts too young for his/her age	0	1	2	32. Feels he/she has to be perfect
0	1	2	2. Drinks alcohol without parents' approval (describe): _____	0	1	2	33. Feels or complains that no one loves him/her
0	1	2	3. Argues a lot	0	1	2	34. Feels others are out to get him/her
0	1	2	4. Fails to finish things he/she starts	0	1	2	35. Feels worthless or inferior
0	1	2	5. There is very little he/she enjoys	0	1	2	36. Gets hurt a lot, accident-prone
0	1	2	6. Bowel movements outside toilet	0	1	2	37. Gets in many fights
0	1	2	7. Bragging, boasting	0	1	2	38. Gets teased a lot
0	1	2	8. Can't concentrate, can't pay attention for long	0	1	2	39. Hangs around with others who get in trouble
0	1	2	9. Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40. Hears sounds or voices that aren't there (describe): _____
0	1	2	10. Can't sit still, restless, or hyperactive	0	1	2	41. Impulsive or acts without thinking
0	1	2	11. Clings to adults or too dependent	0	1	2	42. Would rather be alone than with others
0	1	2	12. Complains of loneliness	0	1	2	43. Lying or cheating
0	1	2	13. Confused or seems to be in a fog	0	1	2	44. Bites fingernails
0	1	2	14. Cries a lot	0	1	2	45. Nervous, highstrung, or tense
0	1	2	15. Cruel to animals	0	1	2	46. Nervous movements or twitching (describe): _____
0	1	2	16. Cruelty, bullying, or meanness to others	0	1	2	47. Nightmares
0	1	2	17. Daydreams or gets lost in his/her thoughts	0	1	2	48. Not liked by other kids
0	1	2	18. Deliberately harms self or attempts suicide	0	1	2	49. Constipated, doesn't move bowels
0	1	2	19. Demands a lot of attention	0	1	2	50. Too fearful or anxious
0	1	2	20. Destroys his/her own things	0	1	2	51. Feels dizzy or lightheaded
0	1	2	21. Destroys things belonging to his/her family or others	0	1	2	52. Feels too guilty
0	1	2	22. Disobedient at home	0	1	2	53. Overeating
0	1	2	23. Disobedient at school	0	1	2	54. Overtired without good reason
0	1	2	24. Doesn't eat well	0	1	2	55. Overweight
0	1	2	25. Doesn't get along with other kids	56. Physical problems <i>without known medical cause</i> :			
0	1	2	26. Doesn't seem to feel guilty after misbehaving	0	1	2	a. Aches or pains ( <i>not</i> stomach or headaches)
0	1	2	27. Easily jealous	0	1	2	b. Headaches
0	1	2	28. Breaks rules at home, school, or elsewhere	0	1	2	c. Nausea, feels sick
0	1	2	29. Fears certain animals, situations, or places, other than school (describe): _____	0	1	2	d. Problems with eyes ( <i>not</i> if corrected by glasses) (describe): _____
0	1	2	30. Fears going to school	0	1	2	e. Rashes or other skin problems
0	1	2	31. Fears he/she might think or do something bad	0	1	2	f. Stomachaches
				0	1	2	g. Vomiting, throwing up
				0	1	2	h. Other (describe): _____

Please print. Be sure to answer all items.

0 = Not True (as far as you know)		1 = Somewhat or Sometimes True		2 = Very True or Often True			
0	1	2	57. Physically attacks people	0	1	2	84. Strange behavior (describe): _____
0	1	2	58. Picks nose, skin, or other parts of body (describe): _____	0	1	2	85. Strange ideas (describe): _____
0	1	2	59. Plays with own sex parts in public	0	1	2	86. Stubborn, sullen, or irritable
0	1	2	60. Plays with own sex parts too much	0	1	2	87. Sudden changes in mood or feelings
0	1	2	61. Poor school work	0	1	2	88. Sulks a lot
0	1	2	62. Poorly coordinated or clumsy	0	1	2	89. Suspicious
0	1	2	63. Prefers being with older kids	0	1	2	90. Swearing or obscene language
0	1	2	64. Prefers being with younger kids	0	1	2	91. Talks about killing self
0	1	2	65. Refuses to talk	0	1	2	92. Talks or walks in sleep (describe): _____
0	1	2	66. Repeats certain acts over and over; compulsions (describe): _____	0	1	2	93. Talks too much
0	1	2	67. Runs away from home	0	1	2	94. Teases a lot
0	1	2	68. Screams a lot	0	1	2	95. Temper tantrums or hot temper
0	1	2	69. Secretive, keeps things to self	0	1	2	96. Thinks about sex too much
0	1	2	70. Sees things that aren't there (describe): _____	0	1	2	97. Threatens people
0	1	2	71. Self-conscious or easily embarrassed	0	1	2	98. Thumb-sucking
0	1	2	72. Sets fires	0	1	2	99. Smokes, chews, or sniffs tobacco
0	1	2	73. Sexual problems (describe): _____	0	1	2	100. Trouble sleeping (describe): _____
0	1	2	74. Showing off or clowning	0	1	2	101. Truancy, skips school
0	1	2	75. Too shy or timid	0	1	2	102. Underactive, slow moving, or lacks energy
0	1	2	76. Sleeps less than most kids	0	1	2	103. Unhappy, sad, or depressed
0	1	2	77. Sleeps more than most kids during day and/or night (describe): _____	0	1	2	104. Unusually loud
0	1	2	78. Inattentive or easily distracted	0	1	2	105. Uses drugs for nonmedical purposes ( <i>don't</i> include alcohol or tobacco) (describe): _____
0	1	2	79. Speech problem (describe): _____	0	1	2	106. Vandalism
0	1	2	80. Stares blankly	0	1	2	107. Wets self during the day
0	1	2	81. Steals at home	0	1	2	108. Wets the bed
0	1	2	82. Steals outside the home	0	1	2	109. Whining
0	1	2	83. Stores up too many things he/she doesn't need (describe): _____	0	1	2	110. Wishes to be of opposite sex
				0	1	2	111. Withdrawn, doesn't get involved with others
				0	1	2	112. Worries
				0	1	2	113. Please write in any problems your child has that were not listed above:
				0	1	2	_____
				0	1	2	_____
				0	1	2	_____

Appendix 12  
Children's Emotion Management Scale: **Sadness**

Instructions: Please circle the response that best describes your behavior when you are feeling sad.

1. When I'm feeling sad, I can control my crying and carrying on.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
2. I hold my sad feelings in.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
3. I stay calm and don't let sad things get to me.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
4. I whine/fuss about what's making me sad.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
5. I hide my sadness.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
6. When I'm sad, I do something totally different until I calm down.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
7. I get sad inside but don't show it.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
8. I can stop myself from losing control of my sad feelings.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
9. I cry and carry on when I'm sad.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
10. I try to calmly deal with what is making me sad.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
11. I do things like mope around when I'm sad.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
12. I'm afraid to show my sadness.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3

Appendix 13  
Children's Emotion Management Scale: **Anger**

**Instructions:** Please circle the response that best describes your behavior when you are feeling **angry**.

1. When I am feeling mad, I control my temper.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
2. I hold my anger in.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
3. I stay calm and keep my cool when I am feeling mad.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
4. I do things like slam doors when I am mad.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
5. I hide my anger.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
6. I attack whatever it is that makes me mad.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
7. I get mad inside but I don't show it.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
8. I can stop myself from losing my temper.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
9. I say mean things to others when I am mad.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
10. I try to calmly deal with what is making me feel mad.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
11. I'm afraid to show my anger.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3

Appendix 14  
Children's Emotion Management Scale: **Worry**

**Instructions:** Please circle the response that best describes your behavior when you are feeling **worried**.

1. I keep myself from losing control of my worried feelings.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
2. I show my worried feelings.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
3. I hold my worried feelings in.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
4. I talk to someone until I feel better when I'm worried.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
5. I do things like cry and carry on when I'm worried.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
6. I hide my worried feelings.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
7. I keep whining about how worried I am.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
8. I get worried inside but don't show it.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
9. I can't stop myself from acting really worried.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3
10. I try to calmly settle the problem when I feel worried.	<b>Hardly Ever</b> 1	<b>Sometimes</b> 2	<b>Often</b> 3

Appendix 15  
**Emotion Expression Scale for Children**

Instructions: Please circle the response that best describes your experience.

1. I prefer to keep my feelings to myself	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
2. I do not like to talk about how I feel	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
3. When something bad happens, I feel like exploding	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
4. I don't show how I really feel in order not to hurt others' feelings	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
5. I have feelings that I can't figure out	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
6. I usually do not talk to people until they talk to me first	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
7. When I get upset, I am afraid to show it	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
8. When I feel upset, I do not know how to talk about it	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
9. I often do not know how I am feeling	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
10. People tell me I should talk about my feelings more often	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
11. Sometimes I don't have words to describe how I feel	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
12. When I'm sad, I try not to show it	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
13. Other people don't like it when you show how you really feel	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
14. I know I should show my feelings, but it is too hard	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
15. I often do not know why I am angry	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true
16. It is hard for me to show how I feel about somebody	<b>1</b> Not at all true	<b>2</b> A little true	<b>3</b> Somewhat true	<b>4</b> Very true	<b>5</b> Extremely true

## Appendix 16

ID# \_\_\_\_\_ M/F Emotion: SADNESS Date \_\_\_\_\_ Coder \_\_\_\_\_ Data Reliability \_\_\_\_\_

CMEI Adolescent Coding Sheet EC Intervention Follow-up							
SA	A	N	D	SD	DK	#	Coding items
<b>EMOTIONAL AWARENESS / UNDERSTANDING</b>							
5	4	3	2	1	DK	<b>A1</b>	Ch. experiences this emotion
5	4		2	1	DK	<b>A2</b>	Ch. has no problem distinguishing this emotion from others
5	4	3	2	1	DK	<b>A3</b>	Ch. is descriptive of his/her experience of this emotion
5	4	3	2	1	DK	<b>A4</b>	Ch. is descriptive of physical sensations
5	4	3	2	1	DK	<b>A5</b>	Ch. is descriptive of cognitive process (thoughts, images)
5	4	3	2	1	DK	<b>A6</b>	Ch. provides a descriptive anecdote
5	4	3	2	1	DK	<b>A7</b>	Ch. seems to know cause of emotion
5	4	3	2	1	DK	<b>A8</b>	Child answers questions easily, without hesitation or confusion
5	4	3	2	1	DK	<b>A9</b>	Child talks at length about this emotion
5	4	3	2	1	DK	<b>A10</b>	Child's voice shows interest / excitement about this emotion
<b>EMOTIONAL EXPRESSIVITY</b>							
5	4	3	2	1	DK	<b>B1</b>	Ch. shares emotion with others
5	4	3	2	1	DK	<b>B2</b>	Ch. expresses this emotion whether alone or with others
5	4	3	2	1	DK	<b>B3</b>	Others can tell when Ch. is experiencing emotion
5	4	3	2	1	DK	<b>B4</b>	Ch. feels comfortable with his/her expression of this emotion
<b>EMOTIONAL ACCEPTANCE OF EMOTION/EXPRESSION</b>							
5	4	3	2	1	DK	<b>B5</b>	Child accepts this emotion
1	2		4	5	DK	<b>B6</b>	Child dislikes the way that others express this emotion
1	2	3	4	5	DK	<b>B7</b>	Child distinguishes times they would and would not express
1	2	3	4	5	DK	<b>B8</b>	The importance of controlling the emotion is emphasized
1	2	3	4	5	DK	<b>B9</b>	Child masks this emotion / expresses another emotion
5	4	3	2	1	DK	<b>B10</b>	Ch. confides in interviewer
<b>EMOTIONAL DYSREGULATION</b>							
1	2	3	4	5	DK	<b>C1</b>	Ch. has difficulty regulating intensity
1	2	3	4	5	DK	<b>C2</b>	Ch. experiences this emotion frequently
1	2	3	4	5	DK	<b>C3</b>	Ch. has difficulty getting over emotion
1	2	3	4	5	DK	<b>C4</b>	Ch. has had a problem/concern with emotion
1	2	3	4	5	DK	<b>C5</b>	Ch. has needed help with this emotion
<b>EMOTIONAL REMEDIATION</b>							
5	4	3	2	1	DK	<b>D1</b>	Ch. is aware of their own remediation process
	4	3	2	1	DK	<b>D2</b>	Remediation technique suggests acceptance vs. avoidance
5	4	3	2	1	DK	<b>D3</b>	Ch. has remediation techniques that work for this emotion
5	4		2	1	DK	<b>D4</b>	Ch. says it is important to talk about emotion
5	4	3	2	1	DK	<b>D5</b>	Ch. feels he/she can share emotion with mother
5	4	3	2	1	DK	<b>D8</b>	Uses mother as a remediators
5	4	3	2	1	DK	<b>D9</b>	Mother helps Ch. remediate emotion

ID# \_\_\_\_\_ M/F Emotion: SADNESS Date \_\_\_\_\_ Coder \_\_\_\_\_ Data Reliability \_\_\_\_\_

CMEI Adolescent Coding Sheet							
SA	A	N	D	SD	DK	#	Coding items
<b>MOTHER COACHING</b> Circle – Biological, adopted, step							
5	4	3	2	1	DK	<b>E1</b>	M is aware that Ch. experiences this emotion
5	4	3	2	1	DK	<b>E2</b>	When Ch. is upset, M talks about situation, emotion
5	4		2	1	DK	<b>E3</b>	M talks with Ch. about the nature of this emotion
5	4	3	2	1	DK	<b>E4</b>	M intervenes (protects from cause) in situations causing emotion
5	4	3	2	1	DK	<b>E5</b>	M comforts Ch. during emotion
5	4	3	2	1	DK	<b>E6</b>	M seems to be involved in Ch.'s experience of emotion
1	2	3	4	1	DK	<b>E7</b>	M seems to be upset by Ch.'s experiences of emotion
1	2	3	4	5	DK	<b>E8</b>	M encourages Ch. to try not to have or express this feeling
5	4	3	2	1	DK	<b>E9</b>	Ch. feels good about M's coaching philosophy
5	4	3	2	1	DK	<b>E10</b>	Ch. feels M respects their experience of emotion
1	2	3	4	5	DK	<b>E11</b>	M uses a mental / analytic approach to child's emotion
1	2	3	4	5	DK	<b>E12</b>	M misinterprets / mislabels child's emotions
1	2	3	4	5	DK	<b>E13</b>	M isolates child / withdraws in response to child's emotion
1	2	3	4	5	DK	<b>E14</b>	M's response is intrusive / overbearing
1	2	3	4	5	DK	<b>E15</b>	M dismisses child's emotion / experience
1	2	3	4	5	DK	<b>E16</b>	Child avoids M during child's experience of emotion
5	4	3	2	1	DK	<b>E17</b>	Child says M's response to emotion helps them
5	4	3	2	1	DK	<b>E18</b>	Child is satisfied with M's response to their emotion
<b>FAMILY EMOTIONAL ENVIRONMENT</b>							
5	4	3	2	1	DK	<b>G1</b>	M's expression of this emotion is intense or explosive
5	4	3	2	1	DK	<b>G2</b>	M experiences emotion frequently
5	4	3	2	1	DK	<b>G3</b>	M is unpleasant to be around when experiencing this emotion
<b>AWARENESS OF MOTHER'S EMOTION</b>							
5	4	3	2	1	DK	<b>H1</b>	Ch is aware that M. experiences this emotion
5	4		2	1	DK	<b>H2</b>	Child has no problem distinguishing this emotion in mother
5	4	3	2	1	DK	<b>H3</b>	Child is descriptive of mother's experience with this emotion
5	4	3	2	1	DK	<b>H4</b>	Child has insight into mother's experience of this emotion
5	4	3	2	1	DK	<b>H5</b>	Child is descriptive of mother's remediation process
5	4	3	2	1	DK	<b>H6</b>	Ch. provides a descriptive anecdote / knows cause of mother's emotion
5	4	3	2	1	DK	<b>H7</b>	Child talk at length about mother's experience of emotion
5	4	3	2	1	DK	<b>H8</b>	Ch. answers questions quickly and easily about mother's experience of emotion
5	4	3	2	1	DK	<b>H9</b>	Ch. shows interest / excitement about mother's emotion

ID# \_\_\_\_\_ M/F Emotion: SADNESS Date \_\_\_\_\_ Coder \_\_\_\_\_ Data Reliability \_\_\_\_\_

**CMEI Adolescent Coding Sheet**

SA	A	N	D	SD	DK	#	Coding items
<b>CHILD NEGATIVE REACTION TO OTHER'S EMOTIONS</b>							
5	4	3	2	1	DK	<b>L1</b>	Ch. is frightened when M experiences this emotion
5	4	3	2	1	DK	<b>L2</b>	Ch. feels attacked when M experiences this emotion
5	4	3	2	1	DK	<b>L3</b>	Ch. mirrors M's emotion
5	4	3	2	1	DK	<b>L4</b>	Ch. ever mentions not understanding why M feels this emotion
5	4	3	2	1	DK	<b>L5</b>	Ch. doesn't/can't engage with M when she is experiencing emotion
1	2	3	4	5	DK	<b>L6</b>	Ch. comforts M during this emotion
<b>FAMILY'S META-EMOTION PHILOSOPHY</b>							
5	4	3	2	1	DK	<b>M1</b>	Ch. has insight into family's dealings with this emotion
5	4	3	2	1	DK	<b>M2</b>	Ch. is aware of emotion philosophy of parents
5	4	3	2	1	DK	<b>M3</b>	Ch. has learned something positive about emotion from parents
1	2	3	4	5	DK	<b>M4</b>	Child believes parent(s) don't want them to have / experience the emotion
5	4	3	2	1	DK	<b>M5</b>	Child is aware of their own emotion philosophy
5	4	3	2	1	DK	<b>M6</b>	Child has learned from parents important to talk / turn to others
5	4	3	2	1	DK	<b>M7</b>	Child has learned from parents important to express the emotion
5	4	3	2	1	DK	<b>M8</b>	Child has learned from parents to accept vs. avoid the emotion

**FAMILY STRESS – ANGER ONLY**

5	4		2	1	DK	<b>N1</b>	Ch. mentions family stressor
5	4	3	2	1	DK	<b>N2</b>	There is conflict between parents (step- or ex-spouse)
5	4	3	2	1	DK	<b>N3</b>	There is conflict between parent and Ch.
5	4	3	2	1	DK	<b>N4</b>	There is conflict between parents and siblings
5	4	3	2	1	DK	<b>N5</b>	There is conflict between siblings

ID# \_\_\_\_\_ M/F Emotion: ANGER Date \_\_\_\_\_ Coder \_\_\_\_\_ Data Reliability \_\_\_\_\_

CMEI Adolescent Coding Sheet EC Intervention Follow-up							
SA	A	N	D	SD	DK	#	Coding items
<b>EMOTIONAL AWARENESS / UNDERSTANDING</b>							
5	4	3	2	1	DK	<b>A1</b>	Ch. experiences this emotion
5	4		2	1	DK	<b>A2</b>	Ch. has no problem distinguishing this emotion from others
5	4	3	2	1	DK	<b>A3</b>	Ch. is descriptive of his/her experience of this emotion
5	4	3	2	1	DK	<b>A4</b>	Ch. is descriptive of physical sensations
5	4	3	2	1	DK	<b>A5</b>	Ch. is descriptive of cognitive process (thoughts, images)
5	4	3	2	1	DK	<b>A6</b>	Ch. provides a descriptive anecdote
5	4	3	2	1	DK	<b>A7</b>	Ch. seems to know cause of emotion
5	4	3	2	1	DK	<b>A8</b>	Child answers questions easily, without hesitation or confusion
5	4	3	2	1	DK	<b>A9</b>	Child talks at length about this emotion
5	4	3	2	1	DK	<b>A10</b>	Child's voice shows interest / excitement about this emotion
<b>EMOTIONAL EXPRESSIVITY</b>							
5	4	3	2	1	DK	<b>B1</b>	Ch. shares emotion with others
5	4	3	2	1	DK	<b>B2</b>	Ch. expresses this emotion whether alone or with others
5	4	3	2	1	DK	<b>B3</b>	Others can tell when Ch. is experiencing emotion
5	4	3	2	1	DK	<b>B4</b>	Ch. feels comfortable with his/her expression of this emotion
<b>EMOTIONAL ACCEPTANCE OF EMOTION/EXPRESSION</b>							
5	4	3	2	1	DK	<b>B5</b>	Child accepts this emotion
1	2		4	5	DK	<b>B6</b>	Child dislikes the way that others express this emotion
1	2	3	4	5	DK	<b>B7</b>	Child distinguishes times they would and would not express
1	2	3	4	5	DK	<b>B8</b>	The importance of controlling the emotion is emphasized
1	2	3	4	5	DK	<b>B9</b>	Child masks this emotion / expresses another emotion
5	4	3	2	1	DK	<b>B10</b>	Ch. confides in interviewer
<b>EMOTIONAL DYSREGULATION</b>							
1	2	3	4	5	DK	<b>C1</b>	Ch. has difficulty regulating intensity
1	2	3	4	5	DK	<b>C2</b>	Ch. experiences this emotion frequently
1	2	3	4	5	DK	<b>C3</b>	Ch. has difficulty getting over emotion
1	2	3	4	5	DK	<b>C4</b>	Ch. has had a problem/concern with emotion
1	2	3	4	5	DK	<b>C5</b>	Ch. has needed help with this emotion
<b>EMOTIONAL REMEDIATION</b>							
5	4	3	2	1	DK	<b>D1</b>	Ch. is aware of their own remediation process
	4	3	2	1	DK	<b>D2</b>	Remediation technique suggests acceptance vs. avoidance
5	4	3	2	1	DK	<b>D3</b>	Ch. has remediation techniques that work for this emotion
5	4		2	1	DK	<b>D4</b>	Ch. says it is important to talk about emotion
5	4	3	2	1	DK	<b>D5</b>	Ch. feels he/she can share emotion with mother
5	4	3	2	1	DK	<b>D8</b>	Uses mother as a remediators
5	4	3	2	1	DK	<b>D9</b>	Mother helps Ch. remediate emotion

ID# \_\_\_\_\_ M/F Emotion: ANGER Date \_\_\_\_\_ Coder \_\_\_\_\_ Data Reliability \_\_\_\_\_

**CMEI Adolescent Coding Sheet**

SA	A	N	D	SD	DK	#	Coding items
<b>MOTHER COACHING</b> Circle – Biological, adopted, step							
5	4	3	2	1	DK	<b>E1</b>	M is aware that Ch. experiences this emotion
5	4	3	2	1	DK	<b>E2</b>	When Ch. is upset, M talks about situation, emotion
5	4		2	1	DK	<b>E3</b>	M talks with Ch. about the nature of this emotion
5	4	3	2	1	DK	<b>E4</b>	M intervenes (protects from cause) in situations causing emotion
5	4	3	2	1	DK	<b>E5</b>	M comforts Ch. during emotion
5	4	3	2	1	DK	<b>E6</b>	M seems to be involved in Ch.'s experience of emotion
1	2	3	4	1	DK	<b>E7</b>	M seems to be upset by Ch.'s experiences of emotion
1	2	3	4	5	DK	<b>E8</b>	M encourages Ch. to try not to have or express this feeling
5	4	3	2	1	DK	<b>E9</b>	Ch. feels good about M's coaching philosophy
5	4	3	2	1	DK	<b>E10</b>	Ch. feels M respects their experience of emotion
1	2	3	4	5	DK	<b>E11</b>	M uses a mental / analytic approach to child's emotion
1	2	3	4	5	DK	<b>E12</b>	M misinterprets / mislabels child's emotions
1	2	3	4	5	DK	<b>E13</b>	M isolates child / withdraws in response to child's emotion
1	2	3	4	5	DK	<b>E14</b>	M's response is intrusive / overbearing
1	2	3	4	5	DK	<b>E15</b>	M dismisses child's emotion / experience
1	2	3	4	5	DK	<b>E16</b>	Child avoids M during child's experience of emotion
5	4	3	2	1	DK	<b>E17</b>	Child says M's response to emotion helps them
5	4	3	2	1	DK	<b>E18</b>	Child is satisfied with M's response to their emotion
<b>FAMILY EMOTIONAL ENVIRONMENT</b>							
5	4	3	2	1	DK	<b>G1</b>	M's expression of this emotion is intense or explosive
5	4	3	2	1	DK	<b>G2</b>	M experiences emotion frequently
5	4	3	2	1	DK	<b>G3</b>	M is unpleasant to be around when experiencing this emotion

**AWARENESS OF MOTHER'S EMOTION**

5	4	3	2	1	DK	<b>H1</b>	Ch is aware that M. experiences this emotion
5	4		2	1	DK	<b>H2</b>	Child has no problem distinguishing this emotion in mother
5	4	3	2	1	DK	<b>H3</b>	Child is descriptive of mother's experience with this emotion
5	4	3	2	1	DK	<b>H4</b>	Child has insight into mother's experience of this emotion
5	4	3	2	1	DK	<b>H5</b>	Child is descriptive of mother's remediation process
5	4	3	2	1	DK	<b>H6</b>	Ch. provides a descriptive anecdote / knows cause of mother's emotion
5	4	3	2	1	DK	<b>H7</b>	Child talk at length about mother's experience of emotion
5	4	3	2	1	DK	<b>H8</b>	Ch. answers questions quickly and easily about mother's experience of emotion
5	4	3	2	1	DK	<b>H9</b>	Ch. shows interest / excitement about mother's emotion

ID# \_\_\_\_\_ M/F Emotion: ANGER Date \_\_\_\_\_ Coder \_\_\_\_\_ Data Reliability \_\_\_\_\_

**CMEI Adolescent Coding Sheet**

SA	A	N	D	SD	DK	#	Coding items
<b>CHILD NEGATIVE REACTION TO OTHER'S EMOTIONS</b>							
5	4	3	2	1	DK	<b>L1</b>	Ch. is frightened when M experiences this emotion
5	4	3	2	1	DK	<b>L2</b>	Ch. feels attacked when M experiences this emotion
5	4	3	2	1	DK	<b>L3</b>	Ch. mirrors M's emotion
5	4	3	2	1	DK	<b>L4</b>	Ch. ever mentions not understanding why M feels this emotion
5	4	3	2	1	DK	<b>L5</b>	Ch. doesn't/can't engage with M when she is experiencing emotion
1	2	3	4	5	DK	<b>L6</b>	Ch. comforts M during this emotion
<b>FAMILY'S META-EMOTION PHILOSOPHY</b>							
5	4	3	2	1	DK	<b>M1</b>	Ch. has insight into family's dealings with this emotion
5	4	3	2	1	DK	<b>M2</b>	Ch. is aware of emotion philosophy of parents
5	4	3	2	1	DK	<b>M3</b>	Ch. has learned something positive about emotion from parents
1	2	3	4	5	DK	<b>M4</b>	Child believes parent(s) don't want them to have / experience the emotion
5	4	3	2	1	DK	<b>M5</b>	Child is aware of their own emotion philosophy
5	4	3	2	1	DK	<b>M6</b>	Child has learned from parents important to talk / turn to others
5	4	3	2	1	DK	<b>M7</b>	Child has learned from parents important to express the emotion
5	4	3	2	1	DK	<b>M8</b>	Child has learned from parents to accept vs. avoid the emotion

**FAMILY STRESS – ANGER ONLY**

5	4		2	1	DK	<b>N1</b>	Ch. mentions family stressor
5	4	3	2	1	DK	<b>N2</b>	There is conflict between parents (step- or ex-spouse)
5	4	3	2	1	DK	<b>N3</b>	There is conflict between parent and Ch.
5	4	3	2	1	DK	<b>N4</b>	There is conflict between parents and siblings
5	4	3	2	1	DK	<b>N5</b>	There is conflict between siblings

ID# \_\_\_\_\_ M/F Emotion: FEAR Date \_\_\_\_\_ Coder \_\_\_\_\_ Data Reliability \_\_\_\_\_

CMEI Adolescent Coding Sheet EC Intervention Follow-up							
SA	A	N	D	SD	DK	#	Coding items
<b>EMOTIONAL AWARENESS / UNDERSTANDING</b>							
5	4	3	2	1	DK	<b>A1</b>	Ch. experiences this emotion
5	4		2	1	DK	<b>A2</b>	Ch. has no problem distinguishing this emotion from others
5	4	3	2	1	DK	<b>A3</b>	Ch. is descriptive of his/her experience of this emotion
5	4	3	2	1	DK	<b>A4</b>	Ch. is descriptive of physical sensations
5	4	3	2	1	DK	<b>A5</b>	Ch. is descriptive of cognitive process (thoughts, images)
5	4	3	2	1	DK	<b>A6</b>	Ch. provides a descriptive anecdote
5	4	3	2	1	DK	<b>A7</b>	Ch. seems to know cause of emotion
5	4	3	2	1	DK	<b>A8</b>	Child answers questions easily, without hesitation or confusion
5	4	3	2	1	DK	<b>A9</b>	Child talks at length about this emotion
5	4	3	2	1	DK	<b>A10</b>	Child's voice shows interest / excitement about this emotion
<b>EMOTIONAL EXPRESSIVITY</b>							
5	4	3	2	1	DK	<b>B1</b>	Ch. shares emotion with others
5	4	3	2	1	DK	<b>B2</b>	Ch. expresses this emotion whether alone or with others
5	4	3	2	1	DK	<b>B3</b>	Others can tell when Ch. is experiencing emotion
5	4	3	2	1	DK	<b>B4</b>	Ch. feels comfortable with his/her expression of this emotion
<b>EMOTIONAL ACCEPTANCE OF EMOTION/EXPRESSION</b>							
5	4	3	2	1	DK	<b>B5</b>	Child accepts this emotion
1	2		4	5	DK	<b>B6</b>	Child dislikes the way that others express this emotion
1	2	3	4	5	DK	<b>B7</b>	Child distinguishes times they would and would not express
1	2	3	4	5	DK	<b>B8</b>	The importance of controlling the emotion is emphasized
1	2	3	4	5	DK	<b>B9</b>	Child masks this emotion / expresses another emotion
5	4	3	2	1	DK	<b>B10</b>	Ch. confides in interviewer
<b>EMOTIONAL DYSREGULATION</b>							
1	2	3	4	5	DK	<b>C1</b>	Ch. has difficulty regulating intensity
1	2	3	4	5	DK	<b>C2</b>	Ch. experiences this emotion frequently
1	2	3	4	5	DK	<b>C3</b>	Ch. has difficulty getting over emotion
1	2	3	4	5	DK	<b>C4</b>	Ch. has had a problem/concern with emotion
1	2	3	4	5	DK	<b>C5</b>	Ch. has needed help with this emotion
<b>EMOTIONAL REMEDIATION</b>							
5	4	3	2	1	DK	<b>D1</b>	Ch. is aware of their own remediation process
	4	3	2	1	DK	<b>D2</b>	Remediation technique suggests acceptance vs. avoidance
5	4	3	2	1	DK	<b>D3</b>	Ch. has remediation techniques that work for this emotion
5	4		2	1	DK	<b>D4</b>	Ch. says it is important to talk about emotion
5	4	3	2	1	DK	<b>D5</b>	Ch. feels he/she can share emotion with mother
5	4	3	2	1	DK	<b>D8</b>	Uses mother as a remediators
5	4	3	2	1	DK	<b>D9</b>	Mother helps Ch. remediate emotion

ID# \_\_\_\_\_ M/F Emotion: FEAR Date \_\_\_\_\_ Coder \_\_\_\_\_ Data Reliability \_\_\_\_\_

**CMEI Adolescent Coding Sheet**

SA	A	N	D	SD	DK	#	Coding items
<b>MOTHER COACHING</b> Circle – Biological, adopted, step							
5	4	3	2	1	DK	<b>E1</b>	M is aware that Ch. experiences this emotion
5	4	3	2	1	DK	<b>E2</b>	When Ch. is upset, M talks about situation, emotion
5	4		2	1	DK	<b>E3</b>	M talks with Ch. about the nature of this emotion
5	4	3	2	1	DK	<b>E4</b>	M intervenes (protects from cause) in situations causing emotion
5	4	3	2	1	DK	<b>E5</b>	M comforts Ch. during emotion
5	4	3	2	1	DK	<b>E6</b>	M seems to be involved in Ch.'s experience of emotion
1	2	3	4	1	DK	<b>E7</b>	M seems to be upset by Ch.'s experiences of emotion
1	2	3	4	5	DK	<b>E8</b>	M encourages Ch. to try not to have or express this feeling
5	4	3	2	1	DK	<b>E9</b>	Ch. feels good about M's coaching philosophy
5	4	3	2	1	DK	<b>E10</b>	Ch. feels M respects their experience of emotion
1	2	3	4	5	DK	<b>E11</b>	M uses a mental / analytic approach to child's emotion
1	2	3	4	5	DK	<b>E12</b>	M misinterprets / mislabels child's emotions
1	2	3	4	5	DK	<b>E13</b>	M isolates child / withdraws in response to child's emotion
1	2	3	4	5	DK	<b>E14</b>	M's response is intrusive / overbearing
1	2	3	4	5	DK	<b>E15</b>	M dismisses child's emotion / experience
1	2	3	4	5	DK	<b>E16</b>	Child avoids M during child's experience of emotion
5	4	3	2	1	DK	<b>E17</b>	Child says M's response to emotion helps them
5	4	3	2	1	DK	<b>E18</b>	Child is satisfied with M's response to their emotion
<b>FAMILY EMOTIONAL ENVIRONMENT</b>							
5	4	3	2	1	DK	<b>G1</b>	M's expression of this emotion is intense or explosive
5	4	3	2	1	DK	<b>G2</b>	M experiences emotion frequently
5	4	3	2	1	DK	<b>G3</b>	M is unpleasant to be around when experiencing this emotion

**AWARENESS OF MOTHER'S EMOTION**

5	4	3	2	1	DK	<b>H1</b>	Ch is aware that M. experiences this emotion
5	4		2	1	DK	<b>H2</b>	Child has no problem distinguishing this emotion in mother
5	4	3	2	1	DK	<b>H3</b>	Child is descriptive of mother's experience with this emotion
5	4	3	2	1	DK	<b>H4</b>	Child has insight into mother's experience of this emotion
5	4	3	2	1	DK	<b>H5</b>	Child is descriptive of mother's remediation process
5	4	3	2	1	DK	<b>H6</b>	Ch. provides a descriptive anecdote / knows cause of mother's emotion
5	4	3	2	1	DK	<b>H7</b>	Child talk at length about mother's experience of emotion
5	4	3	2	1	DK	<b>H8</b>	Ch. answers questions quickly and easily about mother's experience of emotion
5	4	3	2	1	DK	<b>H9</b>	Ch. shows interest / excitement about mother's emotion

ID# \_\_\_\_\_ M/F Emotion: FEAR Date \_\_\_\_\_ Coder \_\_\_\_\_ Data Reliability \_\_\_\_\_

**CMEI Adolescent Coding Sheet**

SA	A	N	D	SD	DK	#	Coding items
<b>CHILD NEGATIVE REACTION TO OTHER'S EMOTIONS</b>							
5	4	3	2	1	DK	<b>L1</b>	Ch. is frightened when M experiences this emotion
5	4	3	2	1	DK	<b>L2</b>	Ch. feels attacked when M experiences this emotion
5	4	3	2	1	DK	<b>L3</b>	Ch. mirrors M's emotion
5	4	3	2	1	DK	<b>L4</b>	Ch. ever mentions not understanding why M feels this emotion
5	4	3	2	1	DK	<b>L5</b>	Ch. doesn't/can't engage with M when she is experiencing emotion
1	2	3	4	5	DK	<b>L6</b>	Ch. comforts M during this emotion
<b>FAMILY'S META-EMOTION PHILOSOPHY</b>							
5	4	3	2	1	DK	<b>M1</b>	Ch. has insight into family's dealings with this emotion
5	4	3	2	1	DK	<b>M2</b>	Ch. is aware of emotion philosophy of parents
5	4	3	2	1	DK	<b>M3</b>	Ch. has learned something positive about emotion from parents
1	2	3	4	5	DK	<b>M4</b>	Child believes parent(s) don't want them to have / experience the emotion
5	4	3	2	1	DK	<b>M5</b>	Child is aware of their own emotion philosophy
5	4	3	2	1	DK	<b>M6</b>	Child has learned from parents important to talk / turn to others
5	4	3	2	1	DK	<b>M7</b>	Child has learned from parents important to express the emotion
5	4	3	2	1	DK	<b>M8</b>	Child has learned from parents to accept vs. avoid the emotion

**FAMILY STRESS – ANGER ONLY**

5	4		2	1	DK	<b>N1</b>	Ch. mentions family stressor
5	4	3	2	1	DK	<b>N2</b>	There is conflict between parents (step- or ex-spouse)
5	4	3	2	1	DK	<b>N3</b>	There is conflict between parent and Ch.
5	4	3	2	1	DK	<b>N4</b>	There is conflict between parents and siblings
5	4	3	2	1	DK	<b>N5</b>	There is conflict between siblings