ARTICLE

TUNING IN TO KIDS: AN EMOTION-FOCUSED PARENTING PROGRAM—INITIAL FINDINGS FROM A COMMUNITY TRIAL

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This study evaluated a new group parenting program, Tuning in to Kids, which taught emotion coaching skills to parents of preschool children. In a randomized control trial, 218 primary caregiver parents of children aged 4.0–5.11 years completed questionnaires assessing parent emotion socialization (emotion coaching vs. emotion dismissing), parent emotional competence, parent wellbeing and child behavior. Assessment occurred at preintervention and 10 weeks later. Parents randomized to the intervention condition (n = 107) attended a 6-session parenting program. Results showed parents in the intervention condition reported significant increases in emotion coaching and significant reductions in emotion dismissing with their children. Child behavior was also reported to improve. Of those with clinical levels of behavior difficulties, more than half were no longer at clinical level postprogram. These findings suggest that an emotion-focused parenting intervention may assist parents to

learn emotion-coaching skills that have been linked to improved child behavior. © 2009 Wiley Periodicals, Inc.

INTRODUCTION

Over the past 20 years, as the study of emotions has become increasingly popular, a substantive body of research has focused on children's emotional competence and the impact of emotion skills on children's social and behavioral functioning. Parent emotion socialization plays a central role in the development of these competencies, assisting the child to manage emotional experiences and to learn to use emotions effectively to achieve goals. In particular, parents' attitudes and responses to emotions in their children are important determinants of how they will talk to and teach their child about emotions, while also influencing the models they provide for children about how to express emotions. Despite increasing evidence of the important role of emotion socialization in children's development, this knowledge has yet to be applied to parenting interventions. In this article, we outline a new parenting program that targets emotion socialization practices and we report on the initial benefits of the program with a community sample of parents of preschool children.

The early years are an important time for prevention programming. It is a developmental phase when children's emotion processing, language, and cognition intersect (Izard, 2002), which makes children highly receptive to parental efforts to teach them about emotions. It is a time when children's social and behavioral functioning is malleable and parenting practices are open to change. Prevention aims to target key skills to enhance functioning prior to periods of transition, and so delivering a program in the year prior to starting school sits within a window of opportunity and need for many families.

Theoretical Background

Emotional competence, or in popular terms, emotional intelligence, consists of ways of perceiving and expressing emotion, knowledge about emotion, regulation of emotion, and goal directed use of emotions in intrapersonal and interpersonal situations (Eisenberg, Cumberland, & Spinrad, 1998; Saarni, 1999). Emotion knowledge and regulation abilities increase significantly during the preschool years and by the time they reach school, most children are able to communicate about their feelings and are able to regulate them (Denham, 1998). They are also increasingly able to understand social and cultural rules about displaying emotions (Saarni, 1999); understand that one can experience different emotions at the same time (Denham, 1998); and can begin to take others' perspectives and become empathic (Eisenberg et al., 1996). The development of emotional competence is associated with improvements in prosocial behavior, attention, and even physical health (Eisenberg, 2001; Gottman, Katz, & Hooven, 1997).

However, not all children learn these skills. There is now a substantial body of research that shows that the failure to develop emotional competence is related to a host of adverse outcomes. High levels of negative emotionality and difficulties regulating emotions occur prior to the onset of behavior problems (Sanson, Smart, Prior, & Oberklaid, 1993) and are important indicators of those children at risk for later problems. For children with behavior problems, deficits in emotional competence are frequent (Cicchetti, Ackerman, & Izard, 1995; Cole, Martin, & Dennis, 2004;

Denham, 1998), hinder the development of other subsystems such as social competence (Eisenberg, Cumberland, et al., 2001) and are precursors to the development of antisocial behavior (Cicchetti et al., 1995). Learning to understand and regulate emotions, therefore, is an important developmental milestone to be reached during the preschool years, and efforts to improve these skills are likely to have positive benefits across a range of areas of children's functioning.

Emotion socialization, through interaction with parents, siblings, caregivers, and teachers, and the types of emotional experiences children are exposed to, plays a central role in the development of children's emotional competence. In particular, the way parents model emotional expression, their reactions to their children's emotions, and whether they assist children in learning about their emotional responses (emotion coaching), are all closely associated with children's emotional competence (Eisenberg et al., 1998; Morris, Silk, Steinberg, Myers, & Robinson, 2007).

A parent's own emotional expression and regulation provides an important model for the child about how to manage and express emotions, while also influencing the emotional climate of the home (Denham, 1998; Halberstadt & Eaton, 2002; Parke, 1994). Parents who have difficulties identifying their own emotions, and become overwhelmed by these—such as with anger or sadness—may have greater difficulty responding to their child's emotional needs, and may display less functional patterns of affective expression (Garber, Braafladt, & Zeman, 1991; Katz & Hunter, 2007). The child uses the parent as a social reference for understanding different emotions or emotional events (Morris et al., 2007), while also being guided by what the parent models about how to react when similar situations or emotions are encountered (Parke, 1994). Parents' emotional wellbeing and ways of expressing and managing emotions, therefore, play a central role in the emotion socialization of children.

There is an extensive literature on emotion discourse. Emotion-focused talk between parents and children defines what is attended to and understood in oneself and others (Dunn, 2004). It assists the child in developing an internal dialogue about emotion experience, aiding the regulation of one's emotions and behavior (Vygotsky, 1987). When a parent talks to a child about emotional experiences the child develops knowledge and skills in responding to their own and other's emotions. Whether a parent talks with a child about emotions, however, is determined by their skills in being able to engage in emotion talk, their own reactions to the emotions of the child, and their beliefs about emotions and their expression.

Longitudinal research conducted by Gottman and colleagues (1997) has shown a link between parents' attitudes and responses to emotions (both in themselves and their children) and children's emotion regulation, behavior, social functioning and academic performance. From detailed interviews, they concluded that every parent holds a unique "meta-emotion philosophy," shaped by their own family of origin, which determines their automatic responses to emotions. This, in turn, shapes their parenting around their child's emotions, transferring messages to the child about the expression, understanding, and regulation of these emotion states. For example, a parent who holds a belief that the display of anger is associated with a loss of control may suppress angry emotions and avoid resolving conflict situations. When responding to their own child's anger, they may ignore or punish the child's expression of this emotion, making it difficult for the child to learn to resolve anger in an adaptive way (where the emotion is regulated and used to guide the child in solving a problem). These researchers concluded that the optimal parenting style associated with adaptive learning about emotions was when parents "emotion coached" their children in emotional self-soothing, regulating negative affect,

and focusing attention. Parents who supportively coached their children's emotions tended to display greater levels of warmth, were less critical of their children's emotions and behavior, and were more likely to use teaching styles that supported and praised their children's attempts to resolve emotion-evoking situations. The key aspects of emotion coaching parenting were being aware of children's emotions, viewing children's displays of emotions as a time for intimacy and teaching, helping children to verbally label the emotions being experienced, empathizing with or validating children's emotions, and helping children to solve problems (with the parent setting limits where appropriate). Less optimal parenting responses to children's emotions were emotion dismissing, emotion disapproving, or laissez-fairestyles. These approaches were found to be related to poorer child outcomes.

Since Gottman's original publications about parenting around emotion, a number of other studies have also reported important links between these aspects of parenting and children's emotional competence and behavior (Lagacé-Séguin & d'Entremont, 2006; Ramsden & Hubbard, 2002; Shipman et al., 2007). Overall, these studies have found that children who receive emotion coaching are more likely to have better cognitive abilities, stronger social skills, display more prosocial behavior, and have fewer physical illnesses than children who do not experience this style of parenting. On the other hand, parenting characterized by punitive and critical responses to children's emotions has been found to be associated with avoidance and heightened physiological arousal in children in response to negative emotions (Eisenberg, Losoya, et al., 2001) as well as internalizing and externalizing behavior problems (Katz & Hunter, 2007; Ramsden & Hubbard, 2002). Denham and colleagues (2000) found that supportive and coaching parenting had the greatest benefits for those children who had higher levels of emotional negative reactivity and externalizing behavior difficulties at a young age. Over time, this parenting style helped to reduce the intensity of emotional negative reactivity, thereby reducing the child's risk for social and behavioral problems.

The concept of emotion coaching is consistent with caregivers' emotional responsivity as described in attachment theory (Cassidy, 1994). Attachment theory has defined optimal characteristics of parenting that include being consistent, calm, nurturing, and effectively able to respond to the child's emotional needs. This style of parenting has also been found to contribute to successful emotion regulation in middle childhood (Contreras, Kerns, Weimer, Gentzler, & Tomich, 2000; Sroufe, 1996). As children develop, the responsiveness and assistance that parents provide them around emotional experiences continues to play a central role in facilitating children's learning about emotions (Thompson, 1994).

Despite the increasing body of research documenting an association between children's emotional competence and parental emotion socialization, practical applications of these ideas in parenting interventions have been slow to emerge (Havighurst, 2003). Most parenting programs focus on ways of managing difficult behaviors, building social skills and problem solving, rather than on ways to increase children's emotional literacy and regulation (Lundahl, Risser, & Lovejoy, 2006). A number of programs target the attachment relationship, especially parental sensitivity and responsiveness to the child during separation and reunion experiences (for a meta-analysis of attachment interventions see Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003). Attachment interventions, however, are more likely to target very young children and infants, and specifically those with attachment difficulties. There are few, if any, evidence-based programs that systematically target the responsiveness of parents to children's emotions or aim to teach emotion coaching as a means of enhancing children's development and

preventing problems from developing. The current study addresses this gap by reporting on the initial evaluation of a community-based parenting program that teaches parents skills that impact on children's emotional competence and behavior.

The Tuning in to Kids Program

Drawing on existing literature, and with the goal of developing an intervention that would work with parents at a time when children are very amenable to learning about emotions (the preschool years) we developed the Tuning in to Kids program. The program is based on the concepts and methods of researchers and practitioners working in the area of adults' and children's emotions and emotional competence, as well as ideas considered part of attuned, responsive parenting (Denham, 1998; Faber & Mazlish, 2000; Ginott, 1965; Gottman et al., 1997; Greenberg, Kusche, Cook, & Quamma, 1995; Izard, 2002; Linehan, 1993; Safran & Greenberg, 1991). A central part of the program is teaching the five steps of emotion coaching outlined by Gottman (1997), which includes (a) become aware of the child's emotion, especially if it is at a lower intensity; (b) view the child's emotion as an opportunity for intimacy and teaching; (c) communicate understanding and acceptance of the emotion; (d) help the child to use words to describe how they feel; and (e) if necessary, assist them with problem solving (while setting limits). Many of the exercises in the program teach and practice aspects of these five steps.

Tuning in to Kids focuses on developing supportive, emotionally responsive parenting—characteristics that are also central to a secure attachment relationship (Ainsworth, Blehar, Waters, & Wall, 1978; Laible & Thompson, 1998). Our assumptions are that children develop their capacity to think about emotional experiences and regulate their responses when their parents attend to low/moderate intensity emotions (as opposed to only reacting to strong emotional displays), and support, soothe, and help them to learn about and regulate emotions at all levels of emotional intensity. Our approach functions in a similar way to how mindfulness is used in cognitive–behavioral therapies (i.e., Hayes, Follette, & Linehan, 2004), where a therapist helps a person to identify, manage, and accept emotions rather than change their perceptions (cognitions) or responses to events (behaviors). Cognitions and behaviors can change once emotion lessens in intensity. Many problems are resolved when a child experiences validation and emotional understanding by close others, reducing the likelihood of escalating emotions and behaviors. In our program, this process occurs in a developmental and attachment context: The intervention captures the learning capacities of the child during the early years, and also complements and strengthens the relational context in which the child is developing. Lastly, the program integrates the concept of meta-emotion philosophy with mindfulness for parents. This involves helping parents to consider how their past family of origin experiences with emotions has contributed to their current beliefs about and responses to emotions. The program helps parents develop skills in being able to "sit with" their own emotions at times when they are responding to their child's emotions. This might include inhibiting an angry response when frustrated, or preventing one's own anxiety and distress from overwhelming a capacity to provide support when a child communicates sad and painful feelings. The emotional well-being of the parent— including how the parent expresses and regulates emotion—is central to a capacity to be available and responsive to a child's emotional needs. Knowledge about family of origin experiences with emotions provides an important insight for parents into

understanding their automatic reactions to emotions in themselves and their children, and allows parents to be mindful of these responses in emotional situations.

Tuning in to Kids was initially developed as a six session, weekly, 2-hour parenting group program called Essential Parenting: Raising Emotionally Intelligent Children. A pilot study of that program showed that it decreased parents' minimization and criticism of children's emotions, and reduced children's behavior problems (Havighurst, Harley, & Prior, 2004). Following the pilot study, we made modifications to the program to address areas that group leaders believed required attention. This included increasing skills that first, helped children regulate anger and worry and second, enhanced parents' emotion awareness and regulation. The modified program was named Tuning in to Kids: Emotionally Intelligent Parenting (TIK).

Tuning in to Kids: Emotionally Intelligent Parenting has now been evaluated in a randomized controlled trial with a community sample of parents of preschool children. Here we report the initial findings, in particular, the impact on parent emotion socialization practices and children's behavior. The program aims to improve parents' emotion responsiveness and coaching skills, as well as increase parents' own emotional competence. The research questions to be tested were:

1. Does the TIK program lead to reductions in parent emotion dismissiveness?

2. Does the TIK program lead to increases in parent emotion coaching?

3. Does the TIK program lead to increases in parent emotional competence and wellbeing?

4. Does the TIK program lead to reductions in preschool children's behavior problems?

METHOD

Participants and Procedures

The sample comprised 218 parents of a target child (115 boys, 103 girls) aged 4.0–5.11 years at time of first assessment. Parents for the study were recruited from preschools ($n = 61$) in culturally and linguistically diverse lower- to middle-class socioeconomic regions in Melbourne, Australia. Preschool directors were requested to distribute information about the study to all parents and to particularly encourage those with children having emotional or behavioral difficulties. Interested parents were then contacted by the researchers and invited to participate. The study conformed to all ethical requirements for research.

Preschools were randomized into intervention (30 preschools) and waitlist control (31 preschools) conditions. Recruitment took place in waves corresponding to the four-term preschool year, with programs conducted each term for the duration of the study. Parents ($n = 107$) with children at the intervention preschools were allocated to an immediate start program, and parents ($n = 111$) recruited from waitlist preschools were offered a 10-month delayed start program. Programs were delivered within school hours at a local community centre, with free child care available.

Parents were excluded from the research if they did not have sufficient English language skills to complete questionnaires or understand the content of the intervention, or if the target child had a primary diagnosis of a communication or

pervasive developmental disorder. Participants were the primary caregiver (209 mothers, 9 fathers; *M* age in years = 36.52, *SD* = 4.98). At the time of initial data collection, 193 (88.5%) of these parents were in intact families; 24 (11%) were single mothers, and one mother had repartnered. Most parents (77.1%) spoke English as their first language, and the remainder first spoke a variety of other European or Asian languages. More than one fifth (21.8%) had not completed high school, 25.2% had no postschool education, 29.8% had completed a nonuniversity qualification and 44.9% had completed a bachelor degree or higher. Just under half (49.8%) were not in paid employment; of those who were in the workforce, the mean number of weekly hours worked was 17.09 (*SD* = 9.40). There were 43 families (19.8%) with very low to low-gross annual family incomes (<$40,000); 137 families (62.8%) at middle- to upper-middle income levels ($40,000–$99,999); and 31 (14.2%) were high-income households ($100,000 or more). Seven parents (3.2%) declined to report their income.

Tuning in to Kids Parenting Program

The program was delivered in a group format, for 2 hours a week for 6 weeks with two facilitators (one of whom was Havighurst, Harley, or Wilson). A structured manual was used (Havighurst & Harley, 2007) and fidelity checklists were completed by facilitators after each session. The program taught parents to emotion coach their children through a series of exercises, role-plays, instructional materials, and psychoeducation. The five steps of emotion coaching (Gottman & DeClaire, 1997) were broken down into different exercises each focusing on aspects of the five steps. Emphasis was placed on becoming aware of emotions, including at a physiological level. In the first three sessions of the program, emphasis was placed on attending to children's lower intensity emotions, and then reflecting, labeling, and empathizing with the child's emotion rather than the fifth step of problem solving and setting limits. This was because the first four steps were the most difficult for parents to learn, with problem solving being a more natural response to child emotion for most. The fourth session focused on anxiety and problem solving, while the last two sessions focused on more intense emotions such as anger, with an emphasis on teaching emotion regulation strategies such as slow breathing, relaxation, self-control using the turtle technique from PATHS (Greenberg et al., 1995), and safe expression of anger ("letting off steam"). Higher intensity emotions were addressed later in the program because when parents attended to and responded to lower intensity emotions, the times of high intensity emotion were significantly reduced. Parents were also taught skills in understanding and regulating their own emotions, and reflected on their family of origin experiences and how these influenced their beliefs and responses to emotions in themselves and their children. Issues brought along to the group by parents were often used as incidental learning opportunities to deliver program content and/or as material to use in facilitator demonstrations or role-plays by parents.

   Intervention groups consisted of 10 parents on average (range 7–15); and 95% of the sample attended at least three of the six sessions, with 78% of parents attending five or six. Postintervention measures were collected from 85% (*n* = 184) of the sample immediately after the six sessions were completed.

Measures

Questionnaire data were collected preintervention (Time 1) and postintervention (Time 2), with parents from both conditions completing measures at the same time

points. Time 1 questionnaires collected family demographic information, and both Times 1 and 2 questionnaires included validated scales to examine parent emotion socialization practices, parent emotional competence, parent wellbeing, and child behavior.

The instrument used to assessparent emotion-socialization practices for this study was adapted from the 14-item *Maternal Emotional Style Questionnaire* (MESQ; Lagacé-Séguin & Coplan, 2005). The MESQ assesses how mothers cope with their child's emotions of sadness and anger. Lagacé-Séguin and Coplan reported good psychometric properties, including stability, convergent validity, and construct validity for the 2-factor (seven items each) MESQ. In the three studies they reported, Cronbach's alpha for the first factor, emotion dismissing (ED) ranged from .78 to .92, and for the second factor, emotion coaching (EC), from .81 to .90. Sample items for dismissing behaviors are "Childhood is a happy-go-lucky time, not a time for feeling sad or angry"; "I try to change my child's angry mood into a cheerful one." Examples of items endorsing coaching behaviors are "When my child is sad, it's time to get close"; "When my child is angry, I take some time to try and experience this feeling with him/her." For the present study, we wished to also examine parents' responses to children's fears and worries, so added seven further items to assess this (e.g., "I try to change my child's worried moods into cheerful ones" [emotion dismissing]; "When my child is scared, I take some time to try to experience this feeling with him/her" [emotion coaching]). We refer to this 21-item measure as the Parent Emotional Style Questionnaire (PESQ). Cronbach's alpha for the 10 ED items was .83 at Time 1 and .87 at Time 2, and for EC (11 items), .77 at Time 1 and .82 at Time 2.

Parent emotional competence was assessed with the Difficulties in Emotional Regulation Scale (DERS; Gratz & Roemer, 2004). The DERS is a 36-item self-report questionnaire designed to measure difficulties with various dimensions of emotion awareness, expression, and regulation. The scale provides a total score as well as six subscale scores measuring difficulties in acceptance of emotions (e.g., "When I'm upset, I feel guilty for feeling that way"), ability to engage in goal-directed behavior when distressed (e.g., "When I'm upset, I have difficulty concentrating"), impulse control (e.g., "When I'm upset, I feel out of control"), awareness of emotions (e.g., "I am attentive to my feeling"), access to strategies for regulation (e.g., "When I'm upset, I believe that there is nothing I can do to make myself feel better"), and clarity of emotions (e.g., "I am confused about how I feel"). Respondents are asked to rate how often the emotion-related items apply to themselves using a 5-point scale ranging from *almost never* to *almost always*. The DERS items are scored so that high scores indicate greater difficulties in emotion regulation. The DERS has demonstrated high internal consistency, good test-retest reliability, and adequate construct and predictive validity (Gratz & Roemer, 2004; Salters-Pedneault, Roemer, Tull, Rucker, & Mennin, 2006). In the current study, Cronbach's alpha coefficients for the total scale was .95 (Time 1) and .94 (Time 2), and ranged from .81 to .89 for the six subscales (Times 1 and 2).

The General Health Questionnaire–28 (GHQ; Goldberg, 1981) was used to assess parent wellbeing. The GHQ is a 28-item questionnaire with subscales of somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression, which are tallied to give a total score. Participants are asked to rate items about how they have felt recently using a 4 point scoring system that ranges from a *better/healthier than normal* option, through a *same as usual* and a *worse/more than usual* to a *much worse/more than usual* option, with the exact wording of response choices dependent upon the

particular nature of the item. The GHQ is used worldwide as a general screening measure of psychological wellbeing and has been translated into 38 different languages. Reliability coefficients have ranged from .78 to .95 in previous studies (e.g., Andersen, Sestoft, Lillebaek, Gabrielsen, & Hemmingsen, 2002; Raphael, Lundin, & Weisaeth, 1989). In our study, Cronbach's alpha for the various subscales ranged from .78 to .88, and .91 for the total scale score.

The Eyberg Child Behavior Inventory 6 (ECBI; Eyberg & Pincus, 1999) was used to assess children's problem behaviors. The ECBI is a psychometrically strong and widely used 36-item parent report scale of conduct problem behaviors. Each item on this measure is rated on a 7-point Likert scale from 1 = *never* to 7 = *always*. Items in the measure include statements such as "Constantly seeks attention," "Yells and screams," and "Refuses to do chores when asked." The ECBI comprises three separate subscales: conduct symptoms (CS), oppositional defiant symptoms (ODS), and attention deficit hyperactive symptoms(ADHS). An intensity scale is calculated as the sum of all item scores. Parents also indicate by answering yes or no whether the behavior is a problem for them, providing a problem scale score equaling the number of items endorsed as problematic. Cronbach's alpha coefficients for the intensity scale were .90 (Time 1) and .91 (Time 2), and ranged from .77 to .88 for the three subscales (Times 1 and 2).

RESULTS

Sample Characteristics

T-tests for continuous variables and chi-square tests for independence for categorical variables revealed no significant differences in group characteristics at baseline. Table 1 displays correlations between parent and child variables at Time 1 and shows that socioeconomic status variables were correlated with parent wellbeing (GHQ) and emotional competence (DERS), but not with the parent emotion socialization variables (PESQ–EC and PESQ–ED) or child behavior (ECBI). Parent wellbeing and emotional competence were correlated with child behavior, but not with the parent emotion socialization variables.

Independent sample *t* tests were conducted to compare scores on the outcome variables for the intervention and waitlist groups at Time 1. There were no significant differences on any of the measures at preintervention. Analyses of those not returning questionnaires at Time 2 showed that these participants were not significantly different from the rest of the sample on any of the measures; and a chi-square test for independence (with Yates continuity correction) indicated no significant difference in return rate between the waitlist ($n = 99$, 89.2%) and intervention group ($n = 85$, 79.4%), $\chi^2(1, n = 218) = 3.23$, $p = .072$.

A series of one-way between-groups analysis of covariance were conducted to compare the difference between the intervention and control group using the baseline scores on the dependent variables as covariates. The independent variable was group (intervention or control), and the dependent variable was the score on the parenting measures and child behavior. Preliminary checks were conducted to ensure that there was no violation of the assumptions of normality, linearity, homogeneity of regression slopes, and that there was reliable measurement of the covariate. Due to the violation of the Levene's test of equality of error variance for the emotion coaching and emotion dismissing variables, a more stringent significance level was used (.01). After adjusting

Table 1. Means, Standard Deviations, and Pearson Correlations Among Study Variables at Time 1 (N = 218)

	M	SD	1	2	3	4	5	6	7	8
1. Parent 1 marital status			–							
2. Income			–.41***	–						
3. Higher qualification			–.15*	.13	–					
4. GHQ	19.79	10.35	.15*	–.18**	–.09	–				
5. DERS	70.46	19.73	.07	–.13*	–.15*	.59***	–			
6. PESQ-EC	40.81	5.41	.06	.01	–.06	–.03	–.01	–		
7. PESQ-ED	33.97	6.00	.02	.01	–.27***	.13	.20**	.32***	–	
8. ECBI	119.59	24.96	.03	–.04	–.01	.27***	.19**	–.08	–.01	–

Note. Parent 1 marital status (0 = married, 1 = sole parent); Income = family's gross yearly income before tax; Higher qualification = parent's highest level of postschool education; GHQ = General Health Questionnaire; DERS = Difficulties in Emotion Regulation Scale; PESQ-EC = Parent Emotion Style Questionnaire, emotion coaching subscale; PESQ-ED = Parent Emotion Style Questionnaire, emotion dismissing subscale; ECBI = Eyberg Child Behavior Inventory, intensity score.
*p < .05; **p < .01; ***p < .001.

for preintervention scores, there was a significant difference between the two groups with increases in emotion coaching, $F(1,181) = 31.47$, $p < .001$, partial $\eta^2 = .15$, indicating a large effect size, and reductions in emotion dismissing, $F(1,181) = 58.67$ $p < .001$, partial $\eta^2 = .25$, also a large effect size, for the intervention group but not for the control group. There were no significant differences between the two groups on the General Health Questionnaire measuring parent wellbeing, or the Difficulties with Emotion Regulation Scale of parents' emotional competence.

For reported child behavior, there was a significant postintervention improvement in those in the intervention group on the Eyberg Child Behavior Inventory (ECBI) intensity score, $F(1,181) = 18.39$, $p < .001$, partial $\eta^2 = .09$, showing a medium effect size. Further analysis of those children who were in the clinical range for behavior problems before the intervention (36%) showed that after their parents participated in the Tuning in to Kids program only 13% of the sample remained in the clinical range. In contrast, for the waitlist group at preintervention, 26% were in the clinical range, and at postintervention 28% were in the clinical range.

Finally, intention to treat analyses were conducted using missing participants' Time 1 data at Time 2 (assuming no change had occurred for them). These analyses indicated that the significant differences between the intervention and waitlist control group held for emotion coaching, $F(1,215) = 25.5$, $p < .001$; for emotion dismissing, $F(1,215) = 45.95$, $p < .001$; and for child behavior, $F(1,212) = 15.51$, $p < .001$.

DISCUSSION

Parents who participated in the Tuning in to Kids program reported greater competence than the control group in responding to their children's emotions immediately after the intervention; that is, they reported an increased ability to respond in supportive, teaching ways to their children when the children experienced emotions. For example, parents were more likely to endorse the items "Anger is an emotion worth exploring," "When my child is scared it's an opportunity for getting close," "When my child is sad I want to know what he/she is thinking," and "When my child is angry, I take some time to try to experience this feeling with him/her." Further, after participating in the TIK program, parents reported they were less likely to dismiss, avoid, or punish their child's expression of emotions. They were less likely to endorse the items, "I try to change my child's worried moods into cheerful ones," "I prefer my child to be happy rather than overly emotional," "Sadness is something that one has to get over," "When my child gets angry my goal is to get him/her to stop," and "I help my child get over sadness so he/she can move onto other things."

Gottman and colleagues found that parents' beliefs and responses to emotions were strongly influenced by their family of origin experiences and were important determinants of how they responded to their children's emotions (Gottman et al., 1997). The TIK program provides a theoretical rationale and skills, which aim to assist parents to develop a meta-emotion philosophy that is accepting and valuing of their child's emotional experiences, leading to a shift in parenting practices consistent with an emotion coaching style. Parents learned the five steps of emotion coaching (Gottman et al., 1997): awareness of emotions in their child; an attitude to approach and teach the child when emotional, rather than to avoid; assisting the child to label the emotion; empathizing and validating the child's emotion experience; and assisting the child to problem solve while keeping boundaries around acceptable behaviors.

Although the two measurement points in this study were only 10 weeks apart (with the intervention sample receiving the six-session program during this time) results suggest that there were changes to parents' beliefs and practices around their children's emotions in this period.

Prior to the program, many parents held a belief that they needed to immediately problem solve and fix their children's negative emotions. The program aims to help parents notice that when they sit with their child during strong emotions they convey acceptance and validation of the child's emotional experience. In turn, the child may experience a lowering in emotional intensity because their emotion has not resulted in punishment or detachment by the parent. Consistent with the attachment relationship, the parent's responsiveness to the child's emotional needs promotes a sense of "felt security" enabling the child to share their positive and negative emotional experiences with their caregiver (Cassidy, 1994; Sroufe, 1996). This process leads to the development of mental representations (or internal working models) of the self and the other that will guide thoughts, feelings, and behavior and teach the child the appropriate strategies to use to cope with distress (Cassidy, 1994). The act of sitting with and acceptance of the child's emotion, while still placing boundaries around behavior, facilitates this process.

Program facilitators reported that for many parents it was the first time they had been able to empathize and connect with their children around emotions. In group sessions, parents often reported that they had begun to notice that their child's behaviors were the outcome of emotions that were not able to be expressed, understood, and resolved. By attending to their child's emotions at a lower level of intensity (before behavior escalated), parents were better able to acknowledge, teach, and respond, in contrast to waiting until the emotion had intensified and overwhelmed their child's capacity to think. This provided an opportunity for children to develop skills in understanding and regulating emotions, reducing the likelihood that the child's emotion would escalate into disruptive behavior. An important finding supporting this change was the reported reduction in children's behavior difficulties. That the majority of those with clinical levels of behavior problems preprogram were no longer above clinical cutoff postintervention is of particular importance. This suggests that it may be possible to improve children's behavior functioning by focusing on teaching parents effective emotion socialization practices. Further evaluation of the benefits of emotion socialization parenting skills will be important to explore as a way of improving child behavior.

This intervention aimed to address a number of areas of parenting around emotions. These included parents' responses to children's emotions as well as their responses to their own emotions. Postintervention, parents did not report changes in their own emotional competence or wellbeing, despite the program having a focus on parent's own emotion skills. This may be because the program primarily targets the child's emotions, and generalization of the skills may take longer to occur. It may also be that it is easier for parents to make changes in their responses to their children's emotions than it is to make the same changes internally for themselves. In this study we invited all parents in 4-year old preschool classes, while also asking teachers to encourage parents who they believed could benefit from assisting their children with learning about emotions. This resulted in 32% of the whole sample scoring in the clinical range of the Eyberg Child Behavior Inventory, thus we were able to target high-risk children and their parents. This also meant that we may have recruited a sample where changes in many parents own emotion functioning was going to be a more challenging task requiring more than just a six-session parent program.

Limitations of This Study

Multimodal assessment is a key feature in evaluation of the outcomes of an intervention. This article has only reported on parent reports of change—which has the potential to be affected by expectancy bias. Further, we note that though parents may report change and demonstrate the skills with their children when emotions are at a low intensity, high intensity emotion is more likely to evoke internal scripts and patterns of parenting that are attached to early family of origin experiences. Measuring parenting when children and parents are truly emotional and not being watched is ethically challenging and difficult. Frustration tasks, clean-up tasks, and discussion of conflict issues are often used in observational assessments. However, these are biased by parents' regulation under the scrutiny of a research setting. Naturalistic observations within the home when emotions occur in real-time remains the most accurate way to measure these aspects of parenting, but was beyond the resources of this study. Determining whether changes in parenting persist over time is also required, and we are continuing to collect follow-up data from this sample to see whether these changes are maintained. We are also following up with observation tasks of parenting to address the issue of expectancy bias from parent report.

CONCLUSION

The initial findings from this study of the Tuning in to Kids parenting program demonstrated a shift in parents' reported beliefs and responses to emotions in their preschool children, and a reduction in children's behavior difficulties. Parents were able to learn emotion-coaching skills and reduce dismissive responses to their child's emotions, thus using a parenting style that has been linked to optimal outcomes for children.

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