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Author/s:

Aghaie Meybodi, F; Mohammadkhani, P; Pourshahbaz, A; Dolatshahi, B; Havighurst, SS

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Improving Parent Emotion Socialization Practices: Piloting Tuning in to Kids in Iran for
Children With Disruptive Behavior Problems

Fateme Aghaie Meybodi *Shahid Sadoughi University of Medical Sciences, Yazd,
Iran*

Parvaneh Mohammadkhani, Abbas Pourshahbaz, and Behrooz Dolatshahi *University of
Social Welfare and Rehabilitation Sciences, Tehran, Iran*

Sophie S. Havighurst *University of Melbourne*

Shahid Sadoughi University of Medical Sciences, Kodakyar Avenue, Daneshjo
Boulevard, Yazd, Iran (Fateme.ghaie@yahoo.com).

Abstract

Objective: To evaluate Tuning in to Kids (TIK), an emotion-focused parenting program for mothers and preschool children with disruptive behavior problems in Iran.

Background: Disruptive behaviors occur in approximately 23% of Iranian children and are associated with poorer emotional competence. The TIK parenting program was used to improve children's emotion competence and behavior by focusing on parent emotion socialization practices and emotion-coaching skills.

Method: Fifty-four children (3–6 years of age) were screened for behavior problems and

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randomly assigned to intervention or waitlist control conditions. Mothers in the intervention condition attended a six-session version of the TIK program with two booster sessions at 2-month intervals. Mothers completed questionnaires assessing children's behavior and emotional competence as well as parents' emotional socialization and emotion regulation at preintervention, postintervention, and 3-month follow-up.

Results: Compared with those in the control condition, mothers in the intervention condition reported statistically lower emotion dismissive parenting, child behavior problems, and emotion lability, as well as more emotion coaching.

Conclusion: TIK shows promise as a way of enhancing parent emotion socialization resulting in improved child behavior and emotional competence in children with disruptive behavior problems.

Implications: The findings suggest the program is a useful addition to existing parenting programs used in Iran.

Key Words: preschool, child behavior disorders, mother-child relations, parenting, socialization

Disruptive behaviors, characterized by negative emotion, aggression, oppositionality, and hyperactivity, often occur in the preschool years, especially among boys, affecting up to 23% of Iranian children (Mohammadi, Vaisi Raiegani, Jalali, Ghobadi, & Abbasi, 2019). The development of behavior problems in children is associated with poorer emotional

competence (Morris, Silk, Steinberg, Terranova, & Kithakye, 2010), specifically difficulties with understanding and regulating emotions. Emotional competence is necessary for prosocial behavior, making friends, focusing attention, and addressing conflict (Eisenberg, Cumberland, & Spinrad, 1998). Behavior and emotional competence problems are associated with greater negative reactivity, peer difficulties, limited skills for responding to conflict, poorer concentration, and academic problems along with a host of other developmental difficulties (Duncombe, Havighurst, Holland, & Frankling, 2012; Morris et al., 2010; Saarni, 1999).

Emotion socialization is one of the main factors contributing to the development of children's emotional competence (Gottman, Katz, & Hooven, 1997) and includes the way parents model emotion expression, their reactions to children's emotions, and whether they coach children to learn about emotions (Eisenberg et al., 1998). Through emotion socialization, parents help children manage their own emotional experiences (Eisenberg et al., 1998) and teach them how to use emotions effectively (Morris, Silk, Steinberg, Myers, & Robinson, 2007). Emotion socialization is influenced by parents' *meta-emotion philosophy*, which refers to the attitudes and reactions parents have toward negative emotions (Morris et al., 2010). Parents who have difficulty with their own emotion regulation and emotion awareness tend to have poorer skills in understanding their children's emotions and are less able to respond to their children's emotional needs (Morris et al., 2007).

Research by Gottman et al. (1997) explored various meta-emotion philosophies reported by parents. They found that one group of parents had a meta-emotion philosophy that showed interest in children's positive and negative emotions and accepted those emotions without judgment. These emotion-coaching parents valued emotions, could identify low-level emotions (i.e., frustration, irritation, disappointment, worry) in themselves and their children, and had better skills to manage their emotions than parents who did not have these attitudes about emotions (Gottman et al., 1997). Furthermore, parents who respond positively to their children's emotions have been found to have children who are more skillful with emotion regulation (Eisenberg et al., 1998). Specifically, mothers' explanations about emotion and encouragement that their children label emotions has been linked to the development of emotion regulation skills in children (Garner, 2006).

Another subset of Gottman et al.'s (1997) parents had an emotion-dismissing meta-emotion philosophy, which included beliefs that negative emotions were harmful, not important, dangerous, or troublesome, and avoided or discouraged talking about these feelings. Emotion-dismissing parenting behaviors included minimization and criticism of emotions in children. This style of parenting has been found to be associated with children's difficulties managing their emotions and behavior (Fabes, Poulin, Eisenberg, & Madden-Derdich, 2002). Qualitative research in Iran has shown that emotion-dismissing parenting behaviors are common among Iranian parents (Oveisi et al., 2010;

Shahaeian, Nielsen, Peterson, & Slaughter, 2014).

On the basis of the body of research about the role of emotion socialization in children's emotion competence and behavior, the Tuning in to Kids (TIK) program was developed in Australia as an emotion-focused parenting program (Havighurst & Harley, 2007). The intervention was designed to improve children's emotion competence and behavior by concentrating on parent emotion socialization practices and teaching emotion coaching skills (Havighurst et al., 2013; Havighurst, Wilson, Harley, Prior, & Kehoe, 2010). The program also aims to improve parents' own emotion regulation so that parents are able to become more responsive rather than reactive. Consequently, the expectation is that parent-child relationships are enhanced and children's disruptive behaviors decrease (Gottman et al., 1997; Morris et al., 2007). Unlike behavioral parenting interventions, behavior is not managed with disciplinary strategies (e.g., time-out) or planned ignoring; instead, negative emotions are seen as an opportunity to improve emotional competence by teaching the child by naming emotions, empathy, calming, and guidance about problem-solving. In TIK, negative emotions are also considered an opportunity for intimacy between parents and children.

The effectiveness of the TIK program has been studied in community samples of preschool children (Havighurst et al., 2013; Havighurst, Wilson, Harley, & Prior, 2009) as well as clinical samples of children with behavior problems (Duncombe et al., 2016; Havighurst et al., 2013). In one study with a community sample in Australia, 128 parents

of preschoolers (4–5 years of age) were randomly assigned to intervention (i.e., six-session TIK) and waitlist control conditions. After a 10-month follow-up, parents in the intervention group showed greater reduction in their emotion-dismissing beliefs and behaviors and increases in emotion-coaching behaviors. Children of these parents showed greater reduction in behavior problems (Wilson, Havighurst, & Harley, 2012). In another study with a clinical sample, 204 Australian children who were screened for behavior problems, and their parents were randomized into the TIK intervention or control conditions. Ten months after the intervention, parents were less emotionally dismissive and more empathic with their children than were those in the control condition. Moreover, children of parents receiving TIK showed fewer behavior problems and better emotional understanding (Havighurst, Duncombe, et al., 2015).

Despite the promising research on TIK, the intervention has not been tested with Iranian parents and children. There are only a small number of parenting interventions targeting children's behavioral problems in Iran, and there are no studies that target emotion-related aspects of parenting or emotion coaching strategies as a way of reducing behavior problems. Of the interventions that are currently used in Iran, most are delivered in educational settings and use behavioral strategies to address behavioral problems. Research has shown that such parent training programs improve the parenting practices of Iranian parents, especially increasing firm-control parenting, which includes strategies for limit-setting to set boundaries and rules in families (Haji Seyedrazi, Azkhosh,

Tahmasian, Bayat, & Biglarian, 2012), resulting in reductions in children's behavior problems (Farzadfard & Hooman, 2007; Zare & Ahmadi, 2009). Given the small number of evaluations of parent interventions in Iran and evidence that behavior problems occur in approximately 23% of preschool children in Iran (Mohammadi et al., 2019), we wished to explore whether an emotion socialization parenting program would also be effective. The current pilot study was designed to test the efficacy of the TIK program in Iran, and specifically to assess whether a focus on emotion socialization in parenting would affect children's emotion competence and behavior. We hypothesized that parents would demonstrate reductions in emotion dismissing behaviors following the TIK program relative to participants in a control condition. We also anticipated that after parental participation in TIK, children who at preintervention had behavior problems would have improved emotional competence and reduced behavioral difficulties after the intervention.

METHOD

Participants

Recruitment occurred through 18 diverse preschools in lower to upper class socioeconomic areas in Tehran during 2016 and 2017. Only mothers were selected to participate in the study because mothers are predominantly the primary caregivers in Iranian families (Kalantarkousheh, Sharifi, Mehri, & Sajjad, 2014). Moreover, fathers are more likely to work during times when the intervention was administered, so their availability to participate would be limited. Preschool children ($n = 359$; 167 girls, 192

boys) whose mothers expressed interest in attending a parenting program and participating in the research were screened using the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000). Inclusion criteria were having a 3- to 5-year-old child with behavior problems. Children ($n = 74$; 21%) with a T score of 65 or higher on the externalizing subscale of the CBCL were identified as being at risk and included in the study. Exclusion criteria were a diagnosis of intellectual disability or a pervasive developmental disorder. Of those identified as being at risk, 54 children (22 girls, 32 boys) met inclusion criteria, and their mothers agreed to participate in the TIK program. The final sample included 54 mothers ($M_{\text{age}} = 34.21$ years, $SD = 4.79$) with a child between 3 and 5 years old ($M = 4.33$, $SD = 0.93$). All mothers were married and lived with the children's fathers, as is usual in Iran (Aghajanian & Thompson, 2013). Nearly half (48%) of children had two or more siblings. The majority of mothers (73%) had a university education, 25% had a high school diploma, and 2% had not completed high school. The majority of mothers (87.5%) were not in paid employment.

Procedure

Before starting the study, approval was obtained from the research ethics committee of the University of Welfare and Rehabilitation Sciences, and all mothers gave informed consent. This study was a randomized controlled pilot study in which participants were assigned to either an intervention or waitlist control condition. Data were collected preintervention, postintervention, and at a 3-month follow-up when mothers completed

Persian translations of questionnaires about their child's behavior problems and emotion regulation as well as their emotion socialization and their own emotion regulation. The Persian translation of the TIK program was offered to the intervention participants shortly after baseline assessment and to the waitlist control participants after the 3-month follow-up was complete. Two mothers from the intervention condition and four mothers from the control condition did not complete postintervention and follow-up questionnaires, with a final retention rate of 89% (see Figure 1).

Intervention

The TIK program is a structured, manualized, group parenting program that was run by two doctoral student facilitators who were trained and supervised in the delivery of the intervention by one of the TIK authors (Havighurst). Fidelity checklists for key content and exercises were completed by facilitators each week to ensure high implementation quality. The TIK program consisted of six, 120-minute weekly sessions followed by two booster sessions at 2-month intervals. Follow-up data were collected 3 months after the last booster session. The five steps of emotion coaching parenting (Gottman et al., 1997) were taught through psychoeducation, watching DVDs, group discussion, role plays, and home activities. The program taught parents to become aware of emotions, reflect and label emotions, and empathize with their child. Specific learning outcomes were that parents would be able to respond to fears and worries, anger, and assist their children with problem-solving. A considerable amount of TIK content focused on helping parents

become more aware of their own emotions and how to regulate those emotions using relaxation, self-care, and anger management. The program also explored parents' meta-emotion beliefs, such as where beliefs about emotions originated in their family of origin. TIK core skills were applied to situations in which children experienced emotions such as sibling conflict or disagreements about sleeping. The TIK manual, handouts, and DVDs were translated to Persian, and children's names in role play scripts were changed to Persian names. We expected TIK to have a good fit with Iranian culture because of similar emotional challenges that parents face in raising children and because the emotion coaching skills are applied to the issues that parents raised in the group, such as problems with separation and peer relationships.

Measures

Child behavior problem screening. The Achenbach Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000) was designed for quick and easy evaluation of the mental health of children 18 months to 5 years of age and typically includes three domains, externalizing problems, internalizing problems, and total problems; however, only the externalizing subscale was used for the present study (e.g. "destroys things belonging to his/her family or other children"). Responses are rated on a 3-point scale: 0 = *not true*, 1 = *somewhat or sometimes true*, or 2 = *very true or often true*. Higher scores represent more behavioral problems in the child. In the present study, a standard *T* score ≥ 65 on the externalizing subscale was used as a cutoff to identify children at risk for

behavior problems (Achenbach & Rescorla, 2000). Previous research has found internal consistency (Cronbach alpha) scores on the Persian version ranging from .54 to .81 (Kiamanesh & Mohammadesmael, 2007). In this study, the externalizing subscale yielded a Cronbach's alpha of .89.

Emotional socialization practices. The Coping with Children's Negative Emotions Scale (CCNES; Fabes, Eisenberg, & Bernzweig, 1990) is a parent self-report measure of emotional socialization practices in response to a child's negative emotions. The scale consists of 12 scenarios describing incidents of children's negative emotions. For example, in one scenario, parents are given the following prompt and corresponding possible reactions (socialization practices are placed in parenthesis for clarification but are not provided to participants): "If my child loses some prized possession and reacts with tears, I would (a) tell my child that he/she is overreacting (Minimization Reactions), (b) help my child think of places he/she hasn't looked yet (Problem-Focused Reactions), (c) tell him/her it's OK to cry when you feel unhappy (Expressive Encouragement), (d) tell him/her that's what happens when you're not careful (Punitive Reactions)." All 12 scenarios include these four response types, and parents are asked to indicate how likely they are to use each of the four responses based on a Likert response options ranging from *very unlikely* (scored as 1) to *very unlikely* (7). Problem-focused reactions and expressive encouragement were grouped to reflect *emotion coaching practices*, and minimization reactions and punitive reactions were combined to reflect *emotion*

dismissing practices. The CCNES has Cronbach's alphas of .92 for emotion coaching and .81 for emotion dismissing practices (Fabes et al., 2002). For the present study, the CCNES was translated and then back translated and checked by English speakers. In the present study, the internal consistency of the Persian version was .86, .85, and .85 for emotion dismissing and was .81, .83, and .82 for emotion coaching at Times 1, 2, and 3, respectively.

Mother's emotion awareness and regulation. The 36-item Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) measures mothers' self-reported difficulties with emotion awareness and regulation (e.g., "When I'm upset, I have difficulty controlling my behaviors"). Response options range from *almost never* (0) to *almost always* (4) about their emotion awareness, expression, and regulation. High scores indicate more problems in emotion regulation. The DERS has shown high internal consistency, test-retest reliability, and good predictive and construct validity (Gratz & Roemer, 2004). Internal consistency of the Persian version of DERS has ranged from $r = .86$ to $.88$ (Khanzadeh, Saediyan, Hosseinchari, & Edrissi, 2012). In the present study, Cronbach's alphas were .87 at Time 1, .88 at Time 2, and .90 at Time 3 for the Persian version of the Total DERS score.

Child emotion regulation. To measure children's emotion competence (i.e., emotional expressivity/lability and emotion regulation), we used the Persian version of the 23-item Emotion Regulation Checklist (ERC; Shields & Cicchetti, 1997). The ERC

includes two dimensions: 15 items assess emotion lability/negativity, which describes the child's negative affect, inflexibility, and mood lability (e.g., "Can recover quickly from upset or distress [for example, doesn't pout or remain sullen, anxious or sad after emotionally distressing events]"); and eight items assess emotion regulation, which measures appropriate emotion expression and emotional self-awareness (e.g., "Is prone to angry outbursts/tantrums easily"). Response options for all items range from *never* (1) to *almost always* (4). The ERC has good convergent and divergent validity (Shields & Cicchetti, 1997). The Persian version of the ERC demonstrated good internal consistency, with .74 for the emotion lability/negativity subscale and .71 for the emotion regulation subscale (Mahmoudi et al., 2016). In the present study, Cronbach's alphas were .77, .79, and .78 for the emotion lability/negativity subscale and .79, .80, and .78 for the emotion regulation subscale at Times 1, 2, and 3, respectively.

Child behavior problems. The Persian version of the 36-item parent-report Eyberg Child Behavior Inventory (ECBI; Eyberg & Robinson, 1983) was used to measure children's behavior problems (e.g., "Physically fights with sisters and brothers"). Only the intensity responses were used, which assess frequency of behavior problems (1 = *never* to 7 = *always*), with higher scores representing more severe behavior problems. Previous research reported test-retest reliability and Cronbach's alphas for the intensity responses as .74 and .93, respectively, with an Iranian sample of children (Haji Seyedrazi et al., 2012). In the present study, Cronbach's alphas for the intensity responses were .92

at Time 1, .93 at Time 2, and .93 at Time 3.

RESULTS

Preliminary Analyses and Analytic Plan

The data were examined for missing values, normality, and homoscedasticity.

Intervention and control participants were compared at baseline using independent *t* tests and chi-square tests for independence. No statistical differences were found between the intervention and waitlist control groups on any sociodemographic or outcome variables, suggesting randomization resulted in comparable groups. Means and standard errors are reported for all variables in Table 1. Repeated-measures analyses of variance (ANOVAs) were conducted to compare participants in both conditions to examine the impact of the TIK program over time (see Table 2). Pairwise comparisons were used to examine at what time point change occurred (i.e., either from pretest to posttest or from posttest to follow-up). Effect sizes were calculated with partial-eta squared.

Main Analyses

On parent outcomes, repeated-measures ANOVAs showed there was a statistical interaction between condition and time for emotion dismissing and emotion coaching (see Table 2). Mothers in the intervention condition reported being slightly less dismissive pretest to posttest and pretest to follow-up but not posttest to follow-up (see Table 1 for mean scores over time). In contrast, mothers in the control condition did not report any statistical change, $F(2, 80) = 4.35, p = .020, \eta^2 = .09$. Mothers in the

intervention condition also showed a slight increase in emotion coaching behaviors pretest to posttest as well as pretest to follow-up but not posttest to follow-up, $F(2, 92) = 3.80, p = .026, \eta^2 = .08$. There were no statistical differences between conditions for mothers' emotion regulation. Mothers who attended the intervention showed a slight reduction in emotion regulation problems, but this change did not reach statistical significance with these data (see Table 1).

On child outcomes, a repeated-measures ANOVA showed a statistical interaction between condition and time for child behavior problems, $F(2, 92) = 9.41, p = .001, \eta^2 = .17$, with mothers' reporting substantial reductions for children in the intervention condition at postintervention that continued at follow-up (see Table 1). This outcome indicates there was a statistical change from preintervention to postintervention, from postintervention to follow-up, and from preintervention to follow-up (see Table 1 for mean scores over time). Mothers in the control condition did not report these changes for their children. Including child gender as a covariate in analyses showed no statistical interaction between gender and time on the severity of behavior problems, $F(2, 90) = .09, p = .919, \eta^2 = .06$. This finding suggests there were no statistically significant differences between girls and boys for child behavior problems over time.

A statistical interaction between condition and time was also seen on emotion lability/negativity, $F(2, 92) = 3.60, p = .032, \eta^2 = .07$, for children in the intervention condition (from preintervention to follow-up) but not the control condition (see Table 1).

There was no statistical change reported on the emotion regulation subscale. Including child gender as a covariate in analyses showed no statistical interaction between gender and time on the emotion lability/negativity subscale, $F(2, 90) = .20, p = .816, \eta^2 = .08$, or emotion regulation subscale, $F(2, 90) = .58, p = .560, \eta^2 = .01$. These findings suggest that there are no statistical differences between girls and boys for either children's lability/negativity or emotional regulation over time.

DISCUSSION

This pilot study was designed to investigate the efficacy of the TIK program delivered to mothers of preschoolers with behavior problems in Iran. Mothers who participated in the TIK program showed more empathic, emotion-coaching reactions and less critical and punitive parenting in response to their children's negative emotions than did mothers on a control condition. Mothers receiving the TIK intervention also reported their children were less negatively reactive and had fewer behavior problems after the intervention. Effect sizes were medium for most outcomes, especially for child behavior. These findings are consistent with previous studies of the TIK program in community and clinical samples conducted in Australia (Duncombe et al., 2016; Havighurst et al., 2009; Wilson, Havighurst, Kehoe, & Harley, 2016) and suggest the program may have benefits to parents in Iran.

One valuable outcome from this study was after participation in TIK mothers were less likely to punish, disregard, or avoid their children's negative emotions. Because

the core focus of the intervention was to change parenting behaviors in response to children's negative emotions, this outcome was especially important. Although limited, previous research on emotion socialization in Iran has shown that parents are often punitive and dominant (Oveisi et al., 2010; Shahaeian, Nielsen, Peterson, & Slaughter, 2014). However, mothers in the present study appeared amenable to learning new ways of responding to their children's emotions, developing skills with their own emotion regulation, and having opportunities to reflect on the influence of their family of origin and Iranian culture on their parenting around emotions. The program provided opportunities to employ an emotion coaching attitude and use supportive, scaffolding parenting behaviors around emotions with their children.

Although teaching emotional management to mothers is not the main focus of the TIK program, mothers received some training in anger management skills, and they were encouraged to label their emotions. Mothers were also invited to explore their emotional experiences within their family-of-origin to gain insight into their meta-emotion philosophy (i.e., beliefs and reactions to emotions in themselves and their children). Yet in the present study, mothers did not report any statistical changes in their own emotion regulation skills. This finding is consistent with Havighurst et al. (2009), who also found no statistical change in mothers' emotion regulation skills. One explanation for this finding is that the TIK program increased mother's awareness of their own challenges with regulation of emotions, somewhat inflating their perceived difficulty in managing

their own emotions after they had participated in TIK. It may also be that not all mothers were able to understand, explore, and alter their own emotion competence. Moreover, the generalization of emotion regulation skills to inner reactions is a long-term change process that may require greater attention in a therapeutic intervention.

Our findings provide support for the theoretical model that parenting interventions can improve children's emotion competence and behavior by enhancing parent emotion socialization (Schaffer, Clark, & Jeglic, 2009). Previous studies have shown that children's behavior is associated with their emotion competence (Denham, 1998; Saarni, 1999). On the basis of the theoretical model proposed by Calkins and Keane (2009), difficulties in emotion regulation processes mean the child is more susceptible to behavioral problems. However, when parents respond to children's negative emotions with acceptance of the emotion, as well as support and guidance for the child in how to regulate emotions, fewer challenging behaviors seem to occur. Rather than misbehaving, a supportive response from the parent often leads the child to communicate about his or her feelings (Calkins & Keane, 2009). In the present study, some aspects of children's emotion competence improved for those in the intervention condition. Those attending the TIK program reported that their children had lowered emotion lability/negativity with a moderate effect size; however, emotion regulation did not statistically decline. This null outcome may be because these skills did not change or because of limitations in parent reports of children's emotion regulation. Parent report may be affected by internal and

interpersonal factors that bias their observation, perception, and interpretation of changes in the children's emotion regulation.

Mothers who attended TIK reported substantial reductions in their children's disruptive behaviors, which is a valuable outcome considering the well-established link between emotion dismissing parenting techniques and disruptive behaviors in children (Duncombe et al., 2012; Eisenberg et al., 1998; Eisenberg, Fabes, & Murphy, 1996; Morris et al., 2010). Different versions of the TIK program have led to reduced behavior problems in a range of age groups, including toddlers (Lauw, Havighurst, Wilson, Harley, & Northam, 2014), preschoolers (Wilson et al., 2016), and middle childhood and adolescence (Havighurst, Kehoe, & Harley, 2015), with both community (Havighurst, Harley, & Prior, 2004; Havighurst et al., 2009; Havighurst et al., 2010) and clinical (Duncombe et al., 2016; Havighurst, Kehoe, et al., 2015; Havighurst et al., 2013) samples. Considering the TIK curriculum does not include behavior management (appropriate punishment and reinforcement strategies), reduction in disruptive behavior problems is an important outcome. The present study is also consistent with previous research indicating that behavioral programs are not the only way of enhancing child behavior (Duncombe et al., 2016); emotion-focused programs can also be effective.

Value of Using TIK in Iran

To date, there has been no prior research examining the emotion socialization practices of Iranian parents. However, Iranian parents commonly use disciplinary strategies such as

authoritarian responses, punishment, and referring to social norms as ways of responding to children's behavior (Jahandar, Latifi, & Moradi, 2015; Oveisi et al., 2010; Shahaieian, Nielsen, Peterson, Aboutalebi, & Slaughter, 2014; Shahaieian, Nielsen, Peterson, & Slaughter, 2014). Family problems and parents' cultural and educational poverty frequently contribute to deficits in parenting knowledge and skills, and this limitation can prevent families from learning about appropriate parenting practices. Teaching appropriate parenting knowledge and skills to parents would improve the parenting practices and, as a result, reduce the risks for developmental psychopathology (Jahandar et al., 2015). As an intervention focusing on emotion regulation, TIK provides parents with new strategies for limit-setting by setting boundaries and rules in families that parents may not have used previously. Moreover, Iranian parents tend to hold dismissive attitudes toward children's emotions (Oveisi et al., 2010) and TIK specifically targets these beliefs. Although Iran has a collectivist culture and this intervention was developed with an individualist culture in mind, TIK offers information and strategies that can be used universally. Because TIK is based on a worldwide literature—including studies in Iran (Khabir, Ghasrodashti, & Rahimi, 2015)—that show a relationship between parenting and child psychopathology, improving parenting by providing new skills and knowledge can also reduce child psychopathology in Iranian youth (Morris et al., 2010; Olson, Lopez-Duran, Lunkenheimer, Chang, & Sameroff, 2011).

Limitations

This study had a small sample size from only one area of Iran, which may affect the generalizability of the findings. Also, the sample focused on mothers' emotion socialization practices. A larger sample of participants from a range of socioeconomic backgrounds and including measures from both parents would strengthen the generalizability of the results. Because fathers have a minimal direct role in childrearing in Iran and mother's play the main caring roles (Kalantarkousheh, Sharifi, Mehri, & Sajjad, 2014), only mothers were selected to participate in the study so it is unclear whether the program will be beneficial for fathers also. However, mothers and fathers may engage in different parenting practices, and studies in the United States have found that a combination of approaches (with one parent being higher and one lower in emotion coaching) is optimal for children (McElwain, Halberstadt, & Volling, 2007). This may be because children experience a diverse range of ways to manage emotions from two parents, thereby enabling them to manage a range of different experiences with emotions.

Another limitation of the study was use of only parent-report measures, which are subject to expectancy bias. Evaluating parenting practices and children's behavior across contexts by gathering teacher reports and using observation methods would remedy this. Finally, long-term changes in mother and child outcomes were only assessed at the 3-month follow-up. An extended period of follow-up when children started school would establish whether the program was efficacious long term and in assisting with the transition to school.

CONCLUSION

This study was designed to examine the efficacy of the TIK program used with Iranian mothers of preschool children with behavior problems. TIK targets parental emotion socialization and teaches emotion-coaching parenting to enhance children's emotional and behavioral functioning. The most commonly used interventions in Iran are behavioral parenting programs, and an important finding of this study is that it showed TIK, as an emotion socialization parenting program, is effective. Further, the program was acceptable and compatible with parents, suggesting an emotionally responsive approach to parenting is of interest to Iranian parents. The findings of this pilot trial were promising and suggest the program is a useful addition to existing parenting programs used in Iran.

AUTHOR NOTE

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Table 1

Descriptive Statistics and Confidence Intervals for Intervention Group (n = 25) and Waitlist Control Group (n = 23)

Measure	Intervention phase					
	Pretest		Posttest		Follow-Up	
	<i>M</i>	<i>SE</i>	<i>M</i>	<i>SE</i>	<i>M</i>	<i>SE</i>
Emotion coaching						
Intervention	121.3	18.8	134.8	22.7	139.3	16.2
Waitlist control	125.6	18.8	129.7	18.0	130.9	17.1
Emotion dismissing						
Intervention	75.6	20.8	58.7	25.1	60.2	27.2
Waitlist control	72.2	25.6	68.8	24.0	70.2	21.1
Parent emotion regulation						
Intervention	65.6	21.6	56.6	22.7	51.2	24.7
Waitlist control	61.9	21.6	59.4	18.1	58.4	22.2
Child emotion regulation						
Intervention	24.8	4.4	25.7	3.7	25.6	3.3
Waitlist control	24.1	4.5	23.7	5.4	25.0	4.8
Child lability/negativity						
Intervention	39.5	4.4	36.6	6.0	34.7	7.6
Waitlist control	38.7	6.9	38.6	7.3	38.4	5.6
Child behavior						
Intervention	143.8	34.2	117.8	30.4	102.2	23.5

Waitlist control	134.9	29.5	130.9	28.9	125.5	29.0
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Table 2
 Results From Repeated-Measures One-Way Analyses of Variance (ANOVA) for Intervention Versus Control Group

Measures	Mauchly's test of sphericity			Group-by-time interaction (ANOVA)			
	Wilks's Lambda	Mauchly's W	<i>p</i>	<i>F</i>	<i>df</i>	<i>p</i>	Partial η^2
Emotion coaching	.86	> .99	.964	3.793	2, 92	.026	.08
Emotion dismissing	.87	.85	.024	4.347	2, 80	.020	.09
Parent emotion regulation	.90	.93	.178	2.288	2, 92	.107	.05
Child emotion regulation	.94	.99	.793	1.373	2, 92	.258	.03
Child lability/negativity	.86	.98	.626	3.602	2, 92	.032	.07
Child behavior	.74	.92	.136	9.416	2, 92	< .001	.17

Note. *F* values are reported with sphericity assumed.

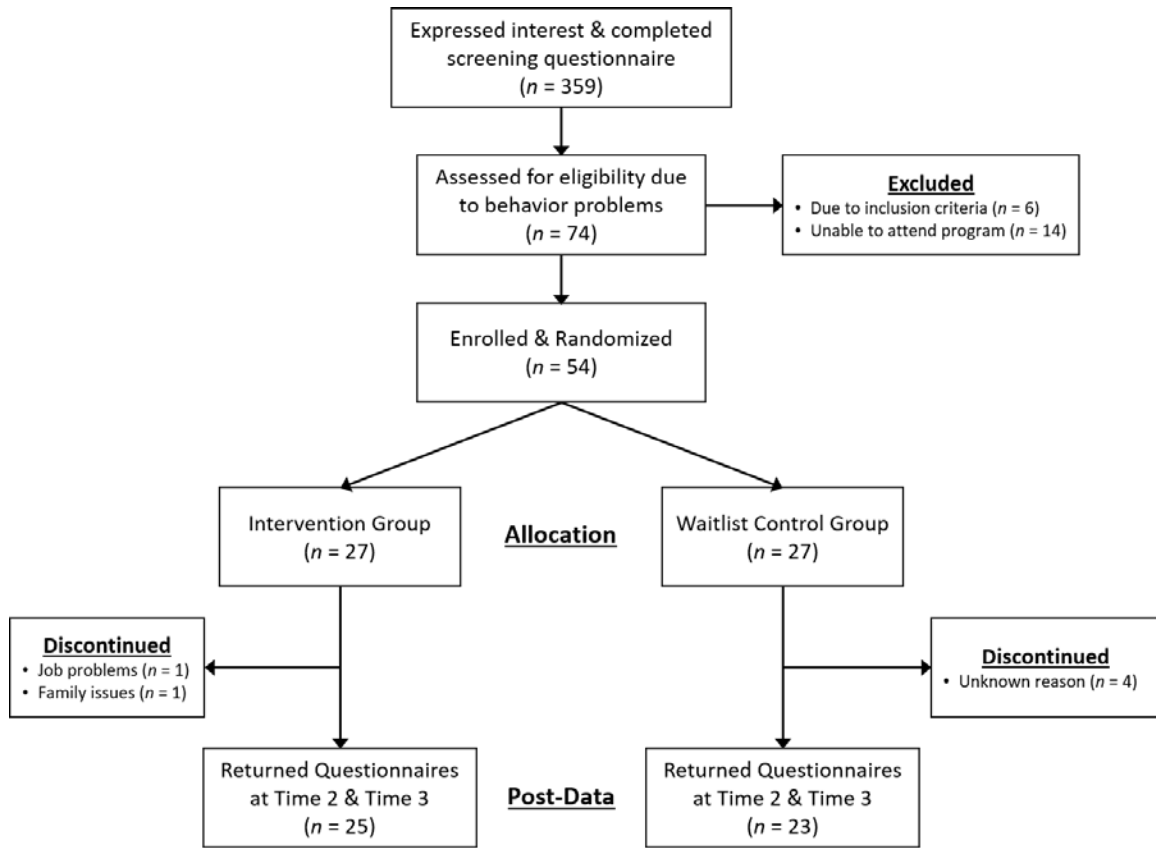


Figure 1. Participant flow during screening, enrollment, and participation.