

Effects of an Intervention Focused on Child Emotion Socialization

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Abstract

Parental reactions that are not supportive of children's negative emotions may favor the emergence or worsen behavior problems during childhood. This study examined the effects of the intervention program *Vivendo Emoções* [Experiencing Emotions] on maternal supportive reactions (emotion-focused, problem-focused, and encouraging reactions) and unsupportive reactions (punitive, distress, minimizing, and ignoring reactions) to children's emotions and children's internalizing and externalizing problems. Thirty-two mothers of children aged between three and eight participated and were assigned to an intervention ($n = 16$) or a comparison ($n = 16$) group. The intervention was implemented in eight sessions intended to promote the mothers' strategies to identify and regulate their children's negative emotions and enable the children to improve emotional competence. The mothers completed the Coping with Children's Negative Emotions Scale to report their reactions to children's emotional expressions and the Child Behavior Checklist for Ages 6–18 to report internalizing and externalizing problems on pretest and posttest. The results reveal that mothers in the intervention group reported fewer unsupportive reactions on posttest than mothers in the comparison group ($U = 70.00$; $p = 0.01$). This finding shows the potential of such interventions to decrease unsupportive maternal reactions. The need to increase the number of sessions and activities to train supportive reactions is discussed, as well as the relevance of interventions such as this one to expand parental knowledge about socio-emotional development in childhood.

Keywords: socialization, maternal behaviors, psychological interventions, problem behavior, Emotions

EFEITOS DE UMA INTERVENÇÃO COM FOCO NA SOCIALIZAÇÃO EMOCIONAL INFANTIL

Resumo

Reações parentais não apoiadoras das emoções negativas dos filhos podem favorecer o surgimento ou agravamento dos problemas de comportamento na infância. Este estudo examinou os efeitos do programa de intervenção, *Vivendo Emoções*, com foco na socialização emocional infantil, sobre as reações maternas apoiadoras (reações focadas na emoção, focadas no problema e de incentivo) e não apoiadoras (reações punitivas, de desconforto, que minimizam e que ignoram) às emoções dos filhos e os problemas internalizantes e externalizantes das crianças. Participaram 32 mães de crianças entre três e oito anos, divididas em grupo intervenção ($n = 16$) e comparação ($n = 16$). O *Vivendo Emoções* foi realizado em oito sessões e busca promover estratégias para identificação e regulação das emoções negativas expressas pelos filhos de forma que a criança amplie sua competência emocional. No pré-teste e no pós-teste, as mães responderam à *Coping with Children's Negative Emotions Scale* para informar suas reações às expressões emocionais dos filhos e ao *Child Behavior Checklist for Ages 6–18* para relatar problemas internalizantes e externalizantes. Os resultados revelaram que o grupo intervenção relatou menos reações não apoiadoras do que o grupo comparação no pós-teste ($U = 70.00$; $p = 0.01$). Esse achado evidencia o potencial de intervenções como essa para reduzir reações maternas não apoiadoras. Discute-se a necessidade de aumentar a quantidade de sessões e as atividades para treino de reações apoiadoras, e a relevância de intervenções como essa para ampliação do conhecimento parental sobre o desenvolvimento socioemocional na infância.

Palavras-chave: socialização, comportamento materno, intervenção psicológica, problemas de comportamento, emoções

EFFECTOS DE UNA INTERVENCIÓN CENTRADA EN LA SOCIALIZACIÓN EMOCIONAL INFANTIL

Resumen

Las reacciones de los padres que no apoyan las emociones negativas de los niños pueden favorecer la aparición o el empeoramiento de problemas de comportamiento en la infancia. Este estudio examinó los efectos del programa de intervención *Viviendo Emociones*, centrado en la socialización emocional de los niños, en las reacciones maternas de apoyo (reacciones centradas en la emoción, centradas en el problema y alentadoras) y no de apoyo (reacciones punitivas, incómodas, minimizadoras y que ignoran) a las emociones y en los problemas internalizantes y externalizantes de los niños. Participaron 32 madres de niños entre tres y ocho años, divididas en los grupos intervención ($n = 16$) y comparación ($n = 16$). El *Vivendo*

Emociones se realizó en ocho sesiones y busca promover estrategias para identificar y regular las emociones negativas expresadas por los niños para que ellos amplíen su competencia emocional. En el pre-test y post-test, las madres respondieron el *Coping with Children's Negative Emotions Scale* para reportar sus reacciones ante las expresiones emocionales de sus hijos y el *Child Behavior Checklist for Ages 6-18* para reportar problemas internalizantes y externalizantes. Los resultados revelaron que las madres en el grupo de intervención reportaron menos reacciones de no apoyo que las madres en el grupo comparación en el post-test ($U = 70.00$; $p = 0.01$). Ese hallazgo resalta el potencial de intervenciones de esta naturaleza para reducir las reacciones maternas de no apoyo. Se discute la necesidad de aumentar el número de sesiones y actividades para entrenar reacciones de apoyo, así como la relevancia de intervenciones como esta para ampliar el conocimiento de los padres sobre el desarrollo socioemocional en la infancia.

Palabras claves: socialización, comportamiento materno, problemas de comportamiento, intervención psicológica, emociones

Since the 1960s, emotional and behavioral problems in childhood and adolescence have been classified according to empirically based systems (Achenbach, 1966). For example, Achenbach and Edelbrock (1978) used factor analysis and identified important similarities between the different existing approaches to behavioral problems and proposed a broader classification, into over-control and under-control. However, the terms most frequently adopted in the literature to refer to these problems are externalizing problems and internalizing problems (Achenbach et al., 2016). Externalizing problems involve conflicts with the social environment and are easily observable. They include defiant behaviors, aggressiveness, and emotional dysregulation. Internalizing problems involve self-conflicts; hence, they are not easily observed. These problems comprise emotional functioning and affective states, involving depression, anxiety, stress, negative affect, and somatic complaints (Achenbach & Rescorla, 2000).

The etiology of internalizing and externalizing problems is multifactorial. However, among the multiple predictors, the process through which parents help children understand, express, and regulate their emotions, called emotion socialization, stands out (e.g., Havighurst et al., 2020; Eisenberg, 2020; Silk et al., 2011). According to the Emotion Socialization Model, this process comprises three contexts: the parents' emotional expressions, conversations about emotions in the family context, and how parents respond to the emotions their children manifest (Eisenberg, 2020). Regarding the first context, children exposed to emotion expression models compatible with social expectations are more likely to acquire a broader and more functional repertoire of responses to express their emotions. As for the second context, conversations addressing emotions, including a vocabulary (e.g., verbs, nouns, and adjectives that refer to emotions) that describe emotions and the events that trigger such emotions, help children recognize and understand their feelings (Lins & Alvarenga, 2018).

Finally, the third context, how parents respond to the manifestations of their children's emotions, especially negative ones, such as sadness, frustration, anger, and fear, play a crucial role in a child's emotion socialization process. These responses can be organized into two groups: supportive and unsupportive reactions, i.e., reactions that either support or do not support children's negative emotional expressions (Eisenberg, 2020). Supportive reactions validate children's negative emotions, helping them understand and cope with emotions (e.g., by encouraging them to talk about their feelings or solve the situation that caused a given feeling) (Havighurst et al., 2013; Havighurst et al., 2020). These responses positively reinforce and support children, helping them describe and cope with emotions, promoting a larger repertoire of emotional skills.

In a meta-analysis addressing US studies conducted with non-clinical samples of preschoolers and their parents, Zinsser et al. (2021) verified that supportive responses together with the parents' emotional expressions and instructions provided to children regarding the varied aspects of emotions were positively correlated with the children's emotional skills, such as emotion expression, emotion regulation, and emotion understanding. These skills are associated with fewer behavioral problems. For example, Mirabile et al. (2018) addressed a sample mainly

composed of mothers and confirmed the predictive power of supportive parental responses toward the expression of negative responses of three- and four-year-old children (though not among five- and six-year-old children), explaining 7% of the variance of emotional regulation (e.g., when children adopt adaptive strategies to ask for comfort, distract themselves, or ask caregivers what they want), 6% of the variance of internalizing problems, and 6% of the variance of externalizing problems. Even though controversial results were found regarding the children's ages, these findings support an understanding that children with a broader repertoire are better equipped to analyze the causes of emotional responses, manage contingencies, and express their feelings according to social conventions, becoming increasingly more independent from their caregivers to regulate emotions (Lins & Alvarenga, 2018). Therefore, these skills decrease the likelihood of internalizing and externalizing problems to the extent that parents help their children cope with frustrating, threatening, or upsetting situations.

On the other hand, unsupportive reactions include parental responses that punish, minimize, ignore, or show distress toward children's emotions (Eisenberg, 2020). These practices punish or repress children's expression of negative emotions, possibly increasing emotional arousal and resulting in further inappropriate parental strategies to regulate children's emotions. Moreover, when children do not have the opportunity to learn how to deal with emotions such as fear, sorrow, and anger, they tend to either decrease or exacerbate the manifestation of these emotions, contributing to anxiety, depression, or hostility for instance, which may become more frequent and long-lasting (Lins & Alvarenga, 2018; Silk et al., 2011). For example, a meta-analysis reports that unsupportive responses were positively correlated to externalizing problems, including aggressiveness and oppositional or antisocial behavior (Johnson et al., 2017). Additionally, Lins (2018) confirmed the predictive power of maternal distress reactions (e.g., becoming irritated or annoyed, or feeling shame when the child expresses her/his frustration by crying) on internalizing problems among Brazilian preschoolers and school-aged children.

Parenting interventions focused on emotions have been implemented to prevent or decrease the frequency of problem behaviors and favor the development of children's emotional competence. When parents participate in these interventions, they become more aware of their emotional reactions and that of their children and have the opportunity to learn how to be supportive of their children's emotional needs (Havighurst et al., 2020). One of the most frequently investigated programs is the *Tuning In To Kids* (TIK™) (Havighurst & Harley, 2007/2010). The TIK™ is a program based on the Emotion Socialization Model (Eisenberg, 2020), mindfulness, and emotion-focused therapy. It addresses different parental practices and their potential impact on the children's development of emotional competence, including emotion expression, understanding, and regulation skills. Therefore, the program's objective is for parents to (a) become more attentive to and identify the emotions their children express, particularly less intense ones; (b) reinforce the connection with their children by providing guidance; (c) be more empathic and validate their children's emotions; (d) help their children identify and name emotions; and (e) help their children solve problems associated with emotions (Havighurst et al., 2020).

In the last 20 years, various studies, especially those conducted in Australia, have shown that the TIK™ decreases externalizing problems (e.g., Havighurst et al., 2013; Wilson et al., 2012); increases protective factors such as initiative, self-control, and attachment (e.g., Wilson et al., 2012); and favors emotional knowledge (e.g., Havighurst et al., 2013). Regarding results on parental reactions, studies reveal a decrease in unsupportive responses (e.g., Wilson et al., 2012). Other studies were performed to assess the preliminary effects of TIK™ in other countries. Recently, a study conducted in Norway addressed the parents of preschoolers (Bølstad et al., 2021), reporting an increase in parents' supportive reactions and a decrease in children's externalizing problems. Additionally, a study conducted in Iran shows a decrease in internalizing problems, specifically anxiety symptoms, among preschoolers (Edrissi et al., 2019). In Brazil, intervention proposals focusing on emotional socialization are still restricted.

In this regard, Lins (2018) developed the *Programa de Práticas de Socialização Emocional (PPSE)* [Emotion Socialization Practices Program], a group intervention focused on emotion socialization Brazilian parents' needs and characteristics, based on the TIK™ (Havighurst & Harley, 2007/2010). However, after reformulations in the content and language of some sessions, and with the addition of some materials provided to participants, Anjos Filho (2019) named the intervention *Vivendo Emoções* [Experiencing Emotions]. Despite the few reformulations, the program's core components have not changed, which has preserved the purpose of expanding and strengthening the social connection between parents and children through parental learning of skills of recognition, understanding, and regulation of their own emotions and those of the children.

In summary, the Emotion Socialization Model clarifies interactive processes in the family context that affect child socio-emotional development. In addition to the parents' emotional expressions and conversations addressing emotions, how parents respond to their children's negative emotions impacts how likely or unlikely externalizing and internalizing problems will develop or persist during childhood. Emotion-focused interventions might be a protective factor favoring children's emotional socialization. However, note that the relationship between parental strategies and children's behaviors can be moderated by the families' cultural context, which influences parents' beliefs and behaviors (Eisenberg, 2020). Note that most studies addressing this topic were conducted in Australia and, therefore, it is essential to perform experimental or quasi-experimental studies to examine the impact of these interventions in other cultures.

This study assessed the effects of an intervention focused on emotion socialization, *Vivendo Emoções* [Experiencing Emotions], on mothers' reactions to their children's emotions and children's internalizing and externalizing problems. We hypothesized that: (a) mothers in the intervention group would report unsupportive reactions less frequently than mothers in the comparison group on posttest; (b) mothers in the intervention group would report supportive reactions more frequently than mothers in the comparison group on posttest; and (c) internalizing and externalizing problems would be less frequent among children between 6 and 8 years old in the intervention group than among those in the comparison group on posttest.

Method

Design

A quasi-experimental pretest/posttest nonequivalent control group design was adopted to assess the effects of the emotion-focused intervention on mothers' emotion socialization reactions and children's behavior problems. Two groups composed the sample: an intervention and a comparison group (nonequivalent control group): the intervention group comprised mothers interested and available to participate in the program, while the mothers not interested in the program or unavailable composed the comparison group. Due to the absence of a validated measure for assessing behavioral problems in Brazilian children between 3 and 5 years old, only children between 6 and 8 years old took part in the analyses of internalizing and externalizing behavior problems.

Participants

A convenience sample of 32 mothers was recruited in three private schools located in the Brazilian northeast, with monthly tuitions of up to R\$600.00. The criterion inclusion was residing in the same household as the child. Mothers presenting severe mental disorders or children presenting chronic diseases or genetic syndromes, according to maternal report, were excluded from the sample due to possible direct or indirect influence on mothers' reactions to children's negative emotions. The intervention group comprised 16 mothers, aged between 27 and 43 ($M = 35.19$; $SD = 5.15$), with 12.25 years of schooling on average ($SD = 2.26$), corresponding to high school. Among the children, 81.25% ($n = 13$) were girls and 18.75% ($n = 3$) were boys, aged between three and eight ($M = 5.56$; $SD = 1.67$). The families' average monthly income was R\$3,506.25 ($SD = 2,152.87$; $Md = 3,000.00$). The comparison group comprised 16 mothers aged between 23 and 43 ($M = 34.31$; $SD = 6.39$), with 12.88 years of schooling on average ($SD = 2.57$). Children of both sexes participated: 62.50% ($n = 10$) of girls and 37.50% ($n = 6$) of boys, between three and eight years old ($M = 5.69$; $SD = 1.44$). The average monthly income was R\$3,644.81 ($SD = 2,130.25$; $Md = 2,900.00$). The comparison analyses, performed using the Mann-Whitney test and the chi-square, did not reveal significant differences between the groups for any of the socio-demographic variables, considering the whole sample ($N = 32$). Table 1 presents the sample's socio-demographic characteristics. No significant differences were found between the groups for any of the sociodemographic variables, when only mothers of children aged between six and eight years were compared.

Table 1*Socio-demographic Characteristics of the Intervention and Comparison Groups*

| Variables | Group | |
|--|-------------------------------|-------------------------------|
| | Intervention (n = 16) | Comparison (n = 16) |
| Mother's age (in years) | Md = 34.50 (SD = 5.15) | Md = 36.50 (SD = 6.39) |
| | U = 117.50 / p = 0.69 | |
| Mother's education (in years) | Md = 11.00 (SD = 2.26) | Md = 12.00 (SD = 2.57) |
| | U = 107.50 / p = 0.40 | |
| Mother's occupation | | |
| Paid job | 5 (31.25%) | 11 (68.75%) |
| No paid job | 9 (56.25%) | 5 (31.25%) |
| On sick leave (INSS) | 2 (12.50%) | |
| | $\chi^2 = 5.39 / p = 0.06$ | |
| Father's age (in years) | Md = 41.00 (SD = 5.16) | Md = 41.50 (SD = 8.75) |
| | U = 119.50 / p = 0.98 | |
| Father's education (in years) | Md = 11.00 (SD = 2.91) | Md = 11.00 (SD = 3.90) |
| | U = 111.50 / p = 0.96 | |
| Father's occupation | | |
| Paid job | 12 (75%) | 14 (87.50%) |
| No paid job | 3 (18.75%) | 2 (12.50%) |
| Does not apply ^a | 1 (6.25%) | |
| | $\chi^2 = 0.32 / p = 0.57$ | |
| Mother and father live together | | |
| Yes | 13 (81.25%) | 12 (75%) |
| No | 2 (12.50%) | 4 (25%) |
| Does not apply ^a | 1 (6.25%) | |
| | $\chi^2 = 0.18 / p = 0.66$ | |
| Number of people living in the same household with the child | Md = 4.00 (SD = 1.09) | Md = 3.50 (SD = 1.64) |
| | U = 117.50 / p = 0.68 | |
| Family income (Reais) | Md = 3.000.00 (SD = 2.152.87) | Md = 2.900.00 (SD = 2.130.25) |
| | U = 124.00 / p = 0.88 | |
| Child's sex | | |
| Female | 13 (81.30%) | 10 (62.50%) |
| Male | 3 (18.70%) | 6 (37.50%) |
| | $\chi^2 = 1.39 / p = 0.23$ | |
| Child's age (in months) | Md = 74.50 (SD = 17.30) | Md = 81.00 (SD = 16.84) |
| | U = 121.50 / p = 0.80 | |
| Child's age (in years) | Md = 6.00 (SD = 1.67) | Md = 6.00 (SD = 1.44) |
| | U = 99.50 / p = 0.28 | |

^a Father deceased

Instruments

Socio-demographic information form. This form was used to collect data to characterize the sample, such as age, educational level, income, number of children, children's sex, mother and child mental disorders, and other information necessary to apply the inclusion and exclusion criteria.

Coping With Children's Negative Emotions Scale (CCNES). Developed by Fabes et al. (1990) and adapted for Brazilian parents by Lins et al. (2017), it is based on parents' reports. The CCNES is composed of 12 hypothetical situations commonly found in the daily lives of preschoolers and school-aged children, involving frustration and disappointment. Each situation is followed by seven statements concerning the parents' responses to their children's negative emotional expressions. Each statement corresponds to one of seven subscales: (1) punitive reactions (punishment or reprimands to decrease or inhibit children's emotional expressions); (2) distress reactions (the parents become distressed by the child's negative emotions); (3) minimizing reactions (parents minimize the importance or seriousness of the situation or the child's negative emotions); (4) ignoring reactions (parents do not respond to the child's emotional manifestations); (5) problem-focused reactions (strategies that help the child to solve the situation that triggered the manifestation of negative emotions); (6) emotion-focused reactions (strategies intended to help the child cope with emotions); and (7) encouraging reactions (parents encourage and validate their children's emotional expressions). The mothers are asked to rate on a five-point scale how likely they are to respond in the way described in each item, ranging from never (1) to very likely (5). Each subscale score corresponds to the average of the scores obtained in each item. The different types of parents' reactions to the children's negative emotions are distributed into two scales: unsupportive reactions (subscales 1 to 4) and supportive reactions (subscales 5 to 7). Lins et al. (2017) report a satisfactory internal consistency. The group of unsupportive reactions obtained a Cronbach's alpha equal to 0.85, while the group of supportive reactions obtained an internal consistency coefficient of 0.80.

Child Behavior Checklist for Ages 6-18 (CBCL - 6-18). This inventory was developed by Achenbach and Rescorla (2000) for children and adolescents between six and 18 years old to assess children's internalizing and externalizing problems. It comprises 118 items grouped into subscales of syndromes that examine internalizing problems (anxious/depressed, withdrawn/depressed, and somatic complaints), externalizing problems (rule-breaking behavior and aggressive behavior), as well as other problems in addition to other scales based on DSM-IV diagnostic criteria. Bordin et al. (2013) carried out the translation and cultural adaptation of this inventory for use in Brazil. Based on discussions between researchers and focus groups with low-educated mothers, it was found that the Brazilian version presented semantic, criteria and conceptual equivalence, compared to the original version of the inventory. The items are rated on a three-point Likert scale: zero for statements *Not True* (as far as you know), one for statements *Somewhat or Sometimes True*, and two for statements *Very True or Often True*. For the internalizing, externalizing and total problems scales, scores between 60 and 63 and above 63 characterize a borderline and clinic sample, respectively. Scores below 60 are regarded as non-clinical. For the internalizing and externalizing syndromes, scores up to 65 are non-clinical, between 65 and 69, borderline, and above 69, clinical. Note that only the internalizing and externalizing subscales were considered in this study. Items from the original version of the CBCL have high internal consistency for all scales. Cronbach's alpha was .96 for externalizing scores,

.89 for internalizing scores, and .97 for total behavior problems scores. Studies have informed satisfactory internal consistency of the Brazilian version (e.g., Amorim, 2020; Rocha et al., 2013).

Intervention Program: *Vivendo Emoções* [Experiencing Emotions]

Vivendo Emoções [Experiencing Emotions] is a group intervention focused on emotion socialization developed for Brazilian parents which includes activities implemented during sessions and home activities. Examples of activities implemented in the sessions are psychoeducation, contingency analysis, and role-play. In addition, home activities include the emotion memory game and reading and discussing child books addressing emotional content. These activities favor strategies that support children's expression of negative emotions and help the participants identify and understand the potential undesirable effects of unsupportive reactions on child development, encouraging parents to discuss emotions within the family context. The Experiencing Emotions program is composed of eight two-hour sessions. The first sessions (1 to 4) seek to identify emotions and their roles, develop skills to recognize, describe and become aware of one's own emotions and discuss those associated with the challenges of motherhood. The following sessions (5 to 8) emphasize emotion socialization practices when dealing with a child's negative emotions such as fear/concern, anger, anxiety, sadness, and also how to adopt reactions that support the children's expression of emotions in daily life.

Data Collection Procedure

This study was submitted and approved by the Research Ethics Committees of the UFBA School of Nursing and the UFBA Institute of Psychology, according to Opinion Reports N. 1.399.808 and N.3.323.584, respectively. After the study was approved, the mothers received an invitation sent through their children's school diaries. Posters and pamphlets were also distributed on the schools' premises, and the researchers personally invited potential participants. After the participants provided their consents, a pretest was applied in the schools according to the mothers' availability. The CCNES and CBCL were individually applied among the 38 participants in the format of interviews using response cards. Immediately after the pretest, the 22 mothers who agreed to participate in the program were included in the Experiencing Emotions intervention. However, in total, 16 mothers completed the program and formed the intervention group. The main reason for mothers to give up was the incompatibility between the date and time of the intervention and other activities, such as work and care for elderly family members. Therefore, there were four intervention groups between October 2016 and May 2019. The first group attended one two-hour weekly meeting for eight weeks, and the remaining three groups attended two two-hour meetings for four weeks. All the meetings were held at the school where the children were enrolled. The mothers who did not want or could not participate in the intervention were invited to compose the comparison group, which did not receive any treatment. Three months after the pretest, the 32 mothers participated in the posttest, when the CCNES and CBCL were applied according to the same procedures used in the pretest. The posttest was not

carried out by the facilitators of the groups; in addition, the researchers responsible for the posttest were unaware of the mother's group.

Data Analysis Procedure

Data were analyzed using *Statistical Package for the Social Sciences* – SPSS, version 22.0. Non-parametric statistical tests were performed to examine the effects of the intervention on the mothers' socialization practices and the children's internalizing and externalizing problems and compare the groups. The Mann-Whitney test assessed differences between the groups in the posttest, and the Wilcoxon test assessed changes between the groups in the pretest and posttest. Analyses of maternal reactions to children's emotions included the whole sample ($N = 32$). In contrast, analyses of children's internalizing and externalizing problems were performed only for reports from mothers whose children were between 6 and 8 years old ($n = 21$).

Results

Table 2 compares the pretest and posttest results in each of the two groups. The results for the intervention group revealed significant differences in the total number of unsupportive reactions and distress reactions. The mean score obtained by the mothers in the intervention group for unsupportive reactions in the posttest was lower than in the pretest ($z = -1.86$; $p = 0.03$). Likewise, the score concerning distress reactions was lower in the posttest than in the pretest ($z = -1.74$; $p = 0.04$). Regarding punitive and ignoring reactions, marginally significant differences were found between the pretest and posttest among the mothers in the intervention group. The punitive reactions displayed a lower mean score in the posttest than in the pretest ($z = -1.67$; $p = 0.05$). Additionally, the mean score concerning ignoring reactions was lower in the posttest than in the pretest ($z = -1.69$; $p = 0.05$). As for total supportive reactions and encouraging reactions, significant differences were found between the pretest and posttest. Both supportive reactions ($z = -1.76$; $p = 0.04$) and encouraging reactions ($z = -1.92$; $p = 0.03$) showed significantly higher mean scores in the posttest than in the pretest.

Additionally, according to the results presented in Table 2, contrary to expected, the comparison group presented a marginally significant difference for ignoring reactions. The mean score for ignoring behavior was lower in the posttest than in the pretest ($z = -1.68$; $p = 0.05$). Furthermore, the mean score for encouraging responses was significantly higher in the posttest than in the pretest ($z = -1.79$; $p = 0.04$), also an unexpected result.

Table 2

Wilcoxon Test Considering the Pretest and Posttest Scores Obtained by the Intervention and Comparison Groups for Maternal Reactions (N = 32).

| | Pretest Md (SD) | Posttest Md (SD) | z | p |
|-------------------------------------|--------------------|---------------------|-------|------|
| Intervention Group (n = 16)C | | | | |
| Mothers' Reactions | | | | |
| Unsupportive Reactions (total) | 1.97 (0.50) | 1.73 (0.39) | -1.86 | 0.03 |
| Punitive Reactions | 2.16 (0.64) | 1.95 (0.66) | -1.67 | 0.05 |
| Distress Reactions | 2.31 (0.66) | 2.00 (0.45) | -1.74 | 0.04 |
| Minimization Reactions | 1.95 (0.90) | 1.75 (0.57) | -1.11 | 0.14 |
| Ignoring Reactions | 1.54 (0.44) | 1.29 (0.22) | -1.69 | 0.05 |
| Supportive Reactions (total) | 4.09 (0.31) | 4.22 (0.26) | -1.76 | 0.04 |
| Problem-focused reactions | 4.50 (0.33) | 4.50 (0.26) | -0.84 | 0.22 |
| Emotion-focused reactions | 4.41 (0.41) | 4.45 (0.53) | -0.56 | 0.30 |
| Encouraging Reactions | 3.41 (0.50) | 3.79 (0.69) | -1.92 | 0.03 |
| Comparison Group (n = 16) | | | | |
| Mothers' Reactions | | | | |
| Unsupportive Reactions (total) | 2.34 (0.51) | 2.18 (0.53) | -1.24 | 0.12 |
| Punitive Reactions | 2.50 (0.71) | 2.66 (0.70) | -0.74 | 0.24 |
| Distress Reactions | 2.68 (0.64) | 2.43 (0.58) | -1.26 | 0.11 |
| Minimizing Reactions | 2.54 (0.73) | 2.24 (0.73) | -1.43 | 0.08 |
| Ignoring Reactions | 1.62 (0.43) | 1.41 (0.42) | -1.68 | 0.05 |
| Supportive Reactions (total) | 4.01 (0.37) | 4.06 (0.37) | -1.54 | 0.07 |
| Problem-focused Reactions | 4.50 (0.33) | 4.45 (0.26) | -0.85 | 0.20 |
| Emotion-focused Reactions | 4.41 (0.39) | 4.41 (0.45) | -0.32 | 0.39 |
| Encouraging Reactions | 3.41 (0.74) | 3.50 (0.84) | -1.79 | 0.04 |

Regarding the children's problem behaviors, as shown in Table 3, the intervention group presented significant differences between the pretest and posttest for the total externalizing problems and withdraw/depression. The results show that the mean score for externalizing problems was significantly lower in the posttest than in the pretest ($z = -1.11$; $p = 0.03$). Likewise, the mean score for withdraw/depression was lower in the posttest than in the pretest ($z = -2.23$; $p = 0.03$).

Table 3

Wilcoxon Test Considering the Pretest and Posttest Scores Obtained by the Intervention and Comparison Groups for Children's Problem Behaviors and Respective Syndromes (n = 21).

| | Pretest Md (SD) | Posttest Md (SD) | z | p |
|-----------------------------------|--------------------|---------------------|-------|------|
| Intervention Group (n = 9) | | | | |
| Children's Problem Behaviors | | | | |
| Internalizing Problems (total) | 64.00 (8.35) | 62.00 (6.65) | -0.25 | 0.79 |
| Anxious/depressed | 66.00 (7.55) | 66.00 (6.61) | -0.73 | 0.46 |
| Somatic complaints | 61.00 (8.33) | 58.00 (8.05) | -0.08 | 0.93 |
| Withdrawn/depressed | 54.00 (5.23) | 50.00 (4.87) | -2.23 | 0.02 |
| Externalizing Problems (total) | | | | |
| Rule-breaking behavior | 53.00 (6.70) | 52.00 (6.12) | -0.52 | 0.32 |
| Aggressive Behavior | 61.00 (8.04) | 57.00 (6.59) | -1.48 | 0.13 |
| Comparison Group (n = 12) | | | | |
| Children's Problem Behaviors | | | | |
| Internalizing Problems (total) | 62,50 (8.43) | 60,00 (7.67) | -1,34 | 0,89 |
| Anxious/depressed | 62,50 (7.94) | 60,50 (7.43) | -0,89 | 0,37 |
| Somatic complaints | 51,50 (7.65) | 57,00 (6.77) | -1,18 | 0,23 |
| Withdrawn/depressed | 54,00 (7.35) | 54,00 (6.00) | -0,56 | 0,57 |
| Externalizing Problems (total) | | | | |
| Rule-breaking behavior | 51,50 (6.87) | 50,50 (4.81) | -0,91 | 0,20 |
| Aggressive Behavior | 59,50 (6.96) | 59,50 (10.25) | -0,59 | 0,55 |

Note. Analyses performed considering only children over six years of age.

As shown in Table 4, no significant differences were found in the pretest between the two groups' scores concerning maternal reactions or the children's behavioral problems, showing that both groups were equivalent. On the other hand, analysis of the posttest revealed significant differences concerning the total number of unsupportive reactions, punitive reactions, distress, and minimizing reactions. The mothers in the intervention group obtained a lower mean score in the posttest for unsupportive reactions than the mothers in the comparison group ($U = 70.00$; $p = 0.01$). As for punitive reactions, the intervention group obtained a lower mean score than the comparison group ($U = 71.50$; $p = 0.02$). Likewise, the intervention group presented a lower mean score for distress reactions than the comparison group ($U = 66.50$; $p = 0.01$). The score obtained by the intervention group regarding minimizing reactions was also lower than that of the comparison group ($U = 77.50$; $p = 0.03$).

Table 4

Mann-Whitney Test Between the Intervention and Comparison Groups Concerning Maternal Reactions in the Pretest and Posttest.

| | Intervention (n = 16) Md (SD) | Comparison (n = 16) Md (SD) | U | p |
|--------------------------------|-------------------------------------|-----------------------------------|--------|------|
| Pretest | | | | |
| Mothers' Reactions | | | | |
| Unsupportive Reactions (total) | 2.09 (0.50) | 2.30 (0.51) | 81.50 | 0.08 |
| Punitive Reactions | 2.32 (0.64) | 2.47 (0.71) | 97.50 | 0.25 |
| Distress Reactions | 2.27 (0.66) | 2.59 (0.64) | 90.00 | 0.16 |
| Minimization Reactions | 2.29 (0.89) | 2.55 (0.73) | 89.00 | 0.15 |
| Ignoring Reactions | 1.55 (0.44) | 1.67 (0.43) | 104.50 | 0.38 |
| Supportive Reactions (total) | 4.08 (0.31) | 3.97 (0.37) | 112.00 | 0.56 |
| Problem-focused reactions | 4.41 (0.33) | 4.38 (0.33) | 119.50 | 0.75 |
| Emotion-focused reactions | 4.42 (0.41) | 4.35 (0.39) | 113.50 | 0.59 |
| Encouraging Reactions | 3.42 (0.50) | 3.19 (0.74) | 108.50 | 0.47 |
| Posttest | | | | |
| Mothers' Reactions | | | | |
| Unsupportive Reactions (total) | 1.83 (0.39) | 2.21 (0.53) | 70.00 | 0.01 |
| Punitive Reactions | 2.07 (0.66) | 2.56 (0.70) | 71.50 | 0.02 |
| Distress Reactions | 2.03 (0.45) | 2.43 (0.58) | 66.50 | 0.01 |
| Minimizing Reactions | 1.93 (0.57) | 2.41 (0.73) | 77.50 | 0.03 |
| Ignoring Reactions | 1.32 (0.22) | 1.47 (0.42) | 113.00 | 0.29 |
| Supportive Reactions (total) | 4.20 (0.26) | 4.09 (0.37) | 101.00 | 0.16 |
| Problem-focused reactions | 4.5 (0.26) | 4.47 (0.26) | 115.00 | 0.32 |
| Emotion-focused reactions | 4.32 (0.53) | 4.36 (0.45) | 124.00 | 0.44 |
| Encouraging Reactions | 3.79 (0.69) | 3.44 (0.84) | 92.50 | 0.09 |

A comparison of the two groups concerning the children's problem behaviors is also presented in Table 5. According to the analyses, no significant difference was found between the groups in the pretest and in the posttest.

Table 5

Mann-Whitney Test Between the Intervention and Comparison Groups Concerning Children's Problem Behaviors and Respective Syndromes in the Pretest and Posttest.

| | Intervention (n = 9) Md (SD) | Comparison (n = 12) Md (SD) | U | p |
|-------------------------------------|------------------------------------|-----------------------------------|-------|------|
| Pretest | | | | |
| Children's Problem Behaviors | | | | |
| Internalizing Problems (total) | 64.00 (8.35) | 62.50 (8.43) | 48.00 | 0.34 |
| Anxious/depressed | 66.00 (7.55) | 62.50 (7.94) | 44.00 | 0.25 |
| Somatic Complaints | 61.00 (8.33) | 51.50 (7.65) | 37.50 | 1.21 |
| Withdrawn/depressed | 54.00 (5.23) | 54.00 (7.65) | 52.50 | 0.47 |
| Externalizing Problems (total) | 62.00 (4.69) | 57.00 (7.42) | 35.00 | 0.09 |
| Rule-breaking behavior | 53.00 (6.70) | 51.50 (6.87) | 49.00 | 0.36 |
| Aggressive Behavior | 66.00 (4.59) | 59.50 (6.96) | 34.00 | 0.81 |
| Posttest | | | | |
| Children's Problem Behaviors | | | | |
| Internalizing Problems (total) | 62.00 (6.65) | 60.00 (7.67) | 43.00 | 0.22 |
| Anxious/depressed | 66.00 (6.61) | 60.50 (7.43) | 32.00 | 0.06 |
| Somatic Complaints | 58.00 (8.05) | 57.00 (6.77) | 45.00 | 0.26 |
| Withdrawn/depressed | 50.00 (4.87) | 54.00 (6.00) | 45.00 | 0.27 |
| Externalizing Problems (total) | 59.00 (6.85) | 56.50 (8.70) | 47.00 | 0.31 |
| Rule-breaking behavior | 52.00 (6.12) | 50.50 (4.81) | 45.00 | 0.26 |
| Aggressive Behavior | 60.00 (6.76) | 59.50 (10.25) | 50.50 | 0.41 |

Note. Analyses performed considering only children over six years of age.

Discussion

This study investigated the effects of an intervention program focused on emotion socialization, the *Vivendo Emoções* (Experiencing Emotions) program, on the mothers' reactions to their children's emotions, and the children's internalizing and externalizing problems. Three hypotheses were investigated, and the results indicate that the program decreased the frequency of unsupportive reactions toward children's emotional expressions. However, supportive reactions did not increase, nor did the children's internalizing and externalizing problems improve.

The first hypothesis predicted that the mothers in the intervention group would report unsupportive reactions less frequently than those in the comparison group in the posttest. This hypothesis was confirmed. The intervention group presented significantly lower scores for total unsupportive reactions, punitive reactions, distress reactions, and minimizing reactions than the comparison group. Comparisons between the pretest and posttest reinforce the changes in the intervention group. Wilson et al. (2012) found similar results. The authors examined the effects of TIK™ implemented in a non-clinical sample of parents of four- and five-year-old children in Australia. Seven months after the intervention, the parents in the intervention group reported significantly fewer unsupportive reactions. Other studies, such as Havighurst et al. (2013), also

verified fewer unsupportive reactions among non-clinical samples of parents of preschoolers in Australia.

The only specific category in which there was no significant difference between the groups was ignoring reactions. It is an intriguing finding, and the lack of difference in this study between the two groups in the posttest may be related to the decreased frequency of ignoring responses in the comparison group between the pretest and posttest. It is challenging to explain this decrease, but likely, the fact that the mothers reflected on the situations and considered the options of responses presented in the CCNES in the pretest may help explain such a change. The reason would be that when confronted with the different potential reactions to children's emotions, the mothers in the comparison group became aware that they ignored some of their children's negative emotions and started inhibiting this unsupportive reaction. Nonetheless, the results show that the mere exposure to the CCNES did not promote a decrease in the remaining unsupportive reactions in the comparison group.

Together, these findings highlight the relevance of intervention programs that promote the discrimination of different emotion socialization strategies and discuss their implications on child socio-emotional development. For example, a decrease in the frequency of unsupportive reactions among the mothers who attended the Experiencing Emotions program was possibly favored by activities that showed the different reactions and discussed the deleterious impact of unsupportive reactions on children's behavior. Likewise, emphasis on observing, identifying, and validating children's negative emotions may have decreased the frequency of unsupportive reactions. Additionally, the activities helped mothers distinguish between children's expression of negative emotions and inappropriate behavior, such as teasing, pretending, and using emotional blackmail. Furthermore, the sessions promoted a discussion of situations that would elicit maternal negative emotions similar to the children's emotions (e.g., fear, anger, and sadness). Next, we discussed how mothers usually cope with these situations and feelings, enabling them to establish a connection between their emotional experiences and those of their children.

The second hypothesis, that the intervention group would report supportive reactions more frequently than the comparison group on posttest, was not confirmed. Mothers are supposed to abandon unsupportive reactions; however, acquiring the skills to support the children's emotional expressions demands training, both during the sessions and at home. The opportunities the facilitators provided to the mothers to train supportive reactions and reinforce the use of such reactions might have been insufficient.

The intragroup analysis indicated a significant increase in the total supportive reactions and encouraging reactions in the intervention group. The comparison group also presented similar changes though. A marginally significant effect was found in the total supportive reactions and a significant increase was found for encouraging reactions. The Experiencing Emotions program may have contributed to these changes in the intervention group; however, the fact that these changes occurred in both groups may be related to the effects of the CCNES

in the pretest. The statements that investigate encouraging reactions in the CCNES show that this reaction demands simple actions from mothers. Essentially, the reactions consist of agreeing or accepting a child's emotional expression (e.g., "tell my child it's OK to cry"; "encourage my child to express his/her feelings of anger and frustration"). In comparison, emotion-focused and problem-focused reactions demand that mothers have a larger verbal repertoire. Emotion-focused and problem-focused reactions involve considering alternative strategies to deal with the child's emotions (e.g., "soothe my child and do something fun with him/her to make him/her feel better about missing the party") or with the situation or problem associated with the child's emotions (e.g., "tell my child that I'll help him/her practice so that he/she can do better next time"). Hence, similar to what happened with ignoring responses, the CCNES items described encouraging reactions that might have encouraged the mothers in the comparison group to reflect, leading them to adopt these reactions more frequently.

Additionally, Experiencing Emotions might have contributed to increasing the number of encouraging reactions in the intervention group. One of the purposes of this program is to show the importance of parents establishing the conditions that allow children to become aware of their feelings and develop emotional skills. This is an important emphasis of the program, which may have expressively improved the set of encouraging reactions. Possibly, encouraging reactions are more easily learned in a short period, as they demand fewer resources from the participants and are intensively addressed and improved during the meetings.

Hence, it is important to increase the number of activities that allow training the different supportive reactions within the Experiencing Emotions program, emphasizing strategies that facilitate learning emotion-focused and problem-focused reactions, as both require the development of complex skills, such as verbal repertoire and problem-solving skills. Thus, future research should increase the time dedicated to behavioral rehearsals during sessions for the participants to practice the different strategies used to manage children's emotions in a safe learning environment where facilitators can directly intervene.

Still, regarding the analysis of the CCNES items that compose the encouraging reactions subscale, the fact that the items describe parents' agreement or validation of the child's emotional expression may lead to social desirability. This trend may have also occurred with the mothers in the comparison group, which showed an increase in the frequency of encouraging reactions from the pretest to the posttest. In any case, this is only an assumption that demands further investigation. Therefore, different measures (e.g., observations, interviews) should be adopted to investigate the emotion socialization and test this hypothesis.

Nevertheless, the significant increase in the total number of supportive reactions in the intervention group is an encouraging finding that indicates the potential of the Experiencing Emotions intervention to promote supportive reactions. Wilson et al. (2012) verified an increase in supportive reactions among the mothers and fathers who attended the TIK™ sessions in the seven-month follow-up. On the other hand, Havighurst et al. (2013) investigated a clinical sample of externalizing problems and, even though they did not use the CCNES, they identified

beliefs and behaviors that supported the children's negative emotional expression, though only in the assessment performed immediately after the intervention; such a result did not remain in the six-month follow-up assessment. Similarly, Havighurst et al. (2015), also addressing a clinical sample for externalizing problems, did not identify significant changes in the parents' supportive behaviors and beliefs in the 10-month follow-up. Together, these findings suggest that changes in supportive reactions are more difficult to occur when the studies involve clinical samples for externalizing problems. It is also possible that standardized self-report instruments are less sensitive to detecting parental behaviors, reinforcing the need to use complementary measures in the future, such as observing parent/child interactions. Additionally, the participants possibly found it challenging to use verbal strategies to encourage their children to report emotions and, therefore, may require more support and time to present expressive changes in their repertoire of supportive reactions.

Finally, the third hypothesis, which predicted that internalizing and externalizing problems would be less frequent in the posttest among children in the intervention group, was not confirmed. Studies investigating the effect of TIK™ on the children's behaviors report that externalizing problems are significantly less frequent among children whose parents attend the program (e.g., Havighurst et al., 2013; Wilson et al., 2012). In this sense, Silk et al. (2011) noted that the frequent adoption of unsupportive reactions contributes to increasingly exacerbated emotional expressions (e.g., frequent crying and protests, aggressiveness, and impulsiveness), which may be associated with the development or maintenance of externalizing problems. Additionally, a child may have a more restricted repertoire to deal with different situations and emotions, as s/he has difficulties dealing with intense and challenging emotions; concomitantly dealing with her/his parents' unsupportive reactions may increase emotional arousal even more. Thus, from a theoretical perspective, the current study supports the notion that when parents are less punitive or dismissive and more encouraging in the face of children's emotional expressions, they may help reduce children's externalizing behaviors. Not expressing unpleasant feelings may arouse their intensity. Also, when children do not disclose difficult emotions, it is less likely that parents will be able to access problem situations that children need help to resolve, which may also increase their emotional arousal. Together, those two factors related to emotional functioning could explain, at least in part, the worsening of externalizing problems. The trend for a decrease in externalizing problems shown by the intervention group in the current study points out this hypothesis. However, further follow-up assessment would be necessary to confirm it.

On the other hand, the effects on internalizing problems are seldom investigated, and the few existing studies report conflicting results. For instance, Edrissi et al. (2019) verified a significant decrease in the anxiety scores of children whose parents attended the intervention, while Bølstad et al. (2021) did not find differences between children in the intervention and comparison groups. In the current study, there was only a marginal difference between the intervention and the comparison group regarding anxiety and depression, with children from

mothers who attended the program scoring slightly higher in this syndrome. Likely, children in the intervention group might have felt encouraged to disclose sadness, worry, and fear more frequently because of their mothers' decreased tendency to punish or dismiss those emotional expressions. Those emotional expressions might have been reported as symptoms of depression or anxiety by mothers on the posttest. Nevertheless, this is only an explanatory hypothesis that future studies must investigate.

The fact that the scores concerning internalizing and externalizing problems did not differ between the two groups on posttest also suggests that the time elapsed between the end of the intervention and the posttest was not sufficient for detecting changes in the children's behavior. For instance, Edrissi et al. (2019) verified a decreased frequency in internalizing problems among children six months after an intervention focused on emotion socialization was implemented. Therefore, future studies should adopt additional follow-up assessments. The hypothesis regarding the relevance of follow-up evaluation to detect behavioral changes is supported by the significant decreases displayed by the intervention group in externalizing problems, aggressive behavior, and withdrawal from pretest to posttest. These findings are consistent with studies addressing the effects of TIK™ for parents who took part in the intervention (e.g., Bølstad et al., 2021; Havighurst et al. 2013; Wilson et al., 2012).

This study has limitations. First, only mothers were the informants, and only standardized measures were used. Having more diversified informants and measures can favor precision in data collection. For instance, observation and qualitative interviews might be more sensitive to detecting subtle maternal and child behavior changes than standardized instruments. This is a particularly relevant aspect because few studies address this topic. Furthermore, there are inconsistent results regarding the relationship between internalizing problems and emotional socialization problems and the impact of interventions on parents' emotion socialization practices, even in other contexts. The current study implemented a quasi-experimental design with a small convenience community sample. For this reason, future studies should assess Experiencing Emotions among larger and clinical samples and adopt more sophisticated designs. It is also worth noting that the Brazilian version of the CBCL for children between 1 ½ and 5 years of age still does not have evidence of validity. Thus, only for the analysis of the impact of the intervention on the behavior problems, children between 6 and 8 years old were assessed in the current study. All other analyzes of the study considered the complete sample that included children between three and eight years of age. Finally, the frequency of the intervention sessions was not the same for the four groups of parents. The first group had weekly sessions, whereas the second, third and fourth groups gathered twice a week for the sessions. Since the number of participants in each group was small, it would not be possible to carry out comparative analysis to assess possible effects of this variable. However, holding two meetings per week may have reduced the time for homework and practice of the supportive reactions learned during the sessions.

In summary, this study evaluated an intervention program focused on emotion socialization practices aimed at Brazilian parents. The current study's findings showed that Experiencing Emotions effectively decreases unsupportive reactions among mothers and has the potential to improve mothers' supportive reactions and reduce externalizing problems among children. Additionally, results indicate the need to adjust the program's duration to give the participants more opportunities to practice supportive reactions. Implementing intervention programs like Experiencing Emotions promotes access to information concerning emotional regulation and child socio-emotional development, contributing to the quality of interactions within the family context. Further studies addressing the efficacy of this, and other programs focused on emotion socialization and implemented in developing countries like Brazil will elucidate the most appropriate intervention strategies and methodological approaches to enhance children's emotional development through parental support.

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