The New Friends Vignettes: A New Measure for Assessing Overprotective Parenting in Parents of Anxious Preschoolers

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ABSTRACT

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Research has demonstrated a link between children's internalizing problems and parental control. More specifically, parental overprotection has been associated with children's anxiety. The purpose of the current study was to develop and evaluate a new questionnaire measuring parental overprotection, and to compare it with other parenting measures. A second purpose was to evaluate the efficacy of the measure for predicting children's internalizing problems. Mothers and fathers completed the New Friends Vignettes (NFV), a new measure of overprotective parenting thoughts and behaviours, an existing measure of parental protection and an index of family cohesion. Mothers and teachers provided measures of children's internalizing and anxiety problems, and dependence. The NFV demonstrated adequate internal reliability for overprotective parenting, although the reliability was higher for behaviours than for thoughts. Overall, parents' overprotective scores were not related to parental protection or family cohesion. Mothers' overprotective behaviours predicted higher levels of anxiety and dependence in their children. Fathers' overprotective behaviours were not related to children's problem behaviours, although fathers' protection and family cohesion were related to children's internalizing problems. Results show that parenting is not only related to children's behaviour within the home, but to their behaviours at preschool and daycare. Implications for children's interactions outside the home, including their relationships with peers and teachers are discussed.

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Introduction

Anxiety problems affect between 5% and 20% of children (Albano, DiBartolo, Heimberg, & Barlow, 1995; Costello & Angold, 1995). Children with anxiety problems experience difficulties academically and interpersonally (Last, Hanson, & Franco, 1997; McGee & Stanton, 1990) and their anxiety can interfere with academic and social functioning (e.g., Craske, 1997). Furthermore, anxiety problems are often unremitting and increase in severity with age and put children at risk for other psychological problems (Hirshfeld-Becker & Biederman, 2002). The seriousness and pervasiveness of children's anxiety problems has prompted researchers to examine the roots of problematic anxiety, in order to address children's needs.

In understanding the causes of the anxiety, researchers have focused considerable attention on parental factors (e.g., Rapee, 1997), given the powerful role parents play in the lives of their children (Hirshfeld-Becker & Biederman, 2002; Siqueland, Kendal, & Steinberg, 1996). Early researchers focused on the relations between broad parenting styles and children's anxiety. Diana Baumrind (1967) found in her research that anxious children tended to have authoritarian parents. Recently, researchers have shifted their attention to specific parenting characteristics that are related to anxiety in children. Brian Barber (1996) has reintroduced the constructs of psychological and behavioural control. Psychological control refers to intrusions into the psychological and emotional development of a child, whereas behavioural control refers to attempts to control or manage a child's behaviour. Psychological control has also been further broken down to include characteristics such as: intruding, infantilizing, and overprotection (Barber & Harmon, 2002). Of these specific characteristics, parental overprotection has often been examined in association children's anxious and withdrawn behaviours (Rubin, Burgess,

& Hastings, 2002).

To be able to assess the role parental overprotection plays in the development of children's anxiety problems, a reliable and valid measure of this parenting construct is a prerequisite. Relying exclusively upon observational techniques is expensive and time-consuming. Also, an instrument that could assess overprotection in parents of young children would be a strong advantage as research has shown that anxiety symptoms are often manifested at a young age (Hirshfeld-Becker & Biederman, 2002). Child-report measures clearly cannot be useful or valid if one is interested in studying the parenting experienced by infants, toddlers or preschoolers. Taken together, there is a need for a parent-report measure for *overprotection*. The purpose of the current study is to develop and evaluate a new questionnaire measuring parental overprotection, and to compare it with more traditional, less focused parent assessment methods. A second purpose is to assess the validity of the measure by comparing it with measures of anxiety in children.

Anxiety in Children

All children experience fear, worry, anxiety or shyness to some degree. It is when these feelings become excessive and debilitating that children need special attention (Albano, Chorpita, & Barlow, 1996). The fact that these feelings, in mild forms, are common to all children can mean that anxiety disorders in children go unnoticed. Also, anxious symptoms and feelings are "invisible", as they include physical sensations and feelings which are inherently internal. Further, the fact that anxiety is not as damaging to other people or property as some other disorders are, makes the detection of these symptoms more difficult than symptoms of other disorders (e.g., externalizing problems;

Albano, et al., 1996; Rubin & Mills, 1991; Rubin, Stewart, & Chen, 1995; Siqueland et al., 1996).

Anxiety can be displayed on physical, cognitive, and behavioural levels (Barrios & Hartmann, 1997). Physical symptoms can include increased heart rate; stomach upset; muscle tension; heart palpitations; and sweating. Cognitive symptoms can include thoughts of being scared; self-critical thoughts; thoughts of being hurt; thoughts of appearing foolish; and difficulty concentrating. Behavioural symptoms can include avoidance of specific situations; crying; thumb sucking; avoidance of eye-contact; and maintaining physical proximity to parents. Thus overall, most symptoms of anxiety are not outwardly visible in children.

While anxiety disorders and anxious symptoms are often used interchangeably, it is the presence or absence of impairment and distress that differentiates them (Zahn-Waxler, Klimes-Dougan, & Slattery, 2000). More specifically, fears or anxieties are considered pathological when the intensity and duration are such that a child's daily functioning is impaired (Albano et al., 1995). Thus, anxiety can be conceptualized along a dimension. Anxiety at low to moderate levels serves an adaptive function to alert an individual to novel or threatening situations and allows the individual to confront or flee such situations (Albano et al., 1996). As such, anxiety within a normal range is part of common emotional experiences. Pathological anxiety, or anxiety at the extreme, would constitute intractable and pervasive anxiety leading to interference in daily functioning.

Anxiety problems in children often have a chronic course if untreated. A study of lifetime prevalence of anxiety disorders (overanxious and separation anxiety disorders) in

mainly non-treated children from a sample of children at risk for mood disorders, found that the mean duration of the disorder was 4 years. Furthermore, 30% of the children who initially recovered experienced a relapse (Keller et al., 1992). Similar results have been found for children who were treated (Hirshfeld-Becker & Biederman 2002; Last, Perrin, Hersen, & Kazdin, 1996). It has been estimated that children diagnosed with an anxiety disorder would continue to suffer from the disorder for 8 years or more (Keller et al., 1992).

The age of onset for anxiety problems in children has generally been found to be in the early childhood years (8 to 10 years old; Keller et al., 1992). Given this early age of onset, it has been stated that symptoms most likely exist even earlier than this. Some have placed the age of onset for anxious symptoms to be before age 6 (Schneier, Johnson, Hornig, & Liebowitz, 1992). Growing evidence suggests that children who show a pattern of depressed affect, social anxiety and withdrawal in the preschool years are at risk for developing internalizing disorders at subsequent developmental stages (Hirshfeld-Becker & Biederman, 2002; LaFreniere, Provost, & Dubeau, 1992; Lefkowitz & Tessiny, 1984; Rubin, LaMare, & Lollis, 1990). Thus, working with younger children offers the opportunity to deal with anxious symptoms before they develop into more serious disorders.

Childhood anxiety problems can interfere significantly with children's academic and social functioning (Strauss, Frame, & Forehand, 1987). A large epidemiological study of first-grade children sought to assess the impact of anxious symptoms on adaptive functioning over an eight-month time period (Ialongo, Edelsohn, Werthamer-Larsson,

Crockett, & Kellam, 1994). Children in the top 25% of anxiety scores were almost 8 times more likely to be in the lowest 25% of reading achievement. Similarly, this same group of children was more than twice as likely to be in the lowest 25% of math achievement. These children were assessed again in fifth grade (Ialongo, Edelsohn, Werthamer-Larsson, Crockett, & Kellam, 1995), and first grade anxious symptoms significantly predicted fifth grade achievement. More specifically, children in the top third of anxiety scores in first grade were 10 times more likely to be in the bottom third of achievement in fifth grade. In accounting for the effects of anxiety on academic achievement, it is thought that anxiety may interfere in ways to increase class absences and decrease children's levels of concentration in test-taking situations (Mash & Wolfe, 1999). It has also been suggested that anxiety can interfere directly with concentration which may serve to disrupt the acquisition of new academic skills (Ialongo et al., 1994).

Anxious children also develop cognitive biases where they are likely to interpret ambiguous situations with adults and peers as threatening (Albano et al., 1996). Anxious children are more likely to perceive threat and danger in social situations (e.g., entering a peer group; Chansky & Kendall, 1997). They also report more negative self-statements than nonanxious children (Treadwell & Kendall, 1996) and report more negative thoughts than nonanxious children (Chansky & Kendall, 1997). In social relationships, anxious children experience more difficulties starting and maintaining friendships (Strauss et al., 1987). They are also likely to be viewed as socially maladjusted by parents and teachers (Strauss et al., 1987; Strauss, Lease, Kazdin, Dulcan, & Last, 1989). They also view themselves as possessing lower social competence (Chansky & Kendall, 1997) and lower

cognitive, physical, and overall competence (Messer & Beidel, 1994) compared to nonanxious children. Based on self-reports, peer-reports and teacher-reports, anxious children show impairment in their peer relations, self esteem and social behaviour (Strauss et al., 1987). It is thought that anxiety serves to prevent children from engaging in social situations with their peers, thus hindering the development of social skills (Ialongo et al., 1994).

Role of Parenting in Children's Anxiety

With the relatively high prevalence rates of anxiety disorders, the unremitting nature of the disorder, the early onset of symptoms, and the harmful effects to children's development, a great deal of research has focused on uncovering the contributing factors to anxiety in children. Because children's behaviours are thought to be, in part, a result of the immediate social environment around them, attention has focused on familial factors (Barrios & Hartmann, 1997). Of particular focus have been parenting styles and practices.

In the 1960s, Schaefer (1959; 1965a; 1965b) and Becker (1964) theorized that parenting worked along dimensions. A dimensional approach classifies parents based on quantification of the same parenting attributes rather than assigning parents to different categories. Schaefer (1959) theorized that parenting varied along two dimensions: *love versus hostility* and *autonomy versus control*. Through analyses of maternal behaviour, this last factor included intrusiveness, parental direction, excessive contact, and control through guilt. Schaefer (1965b) went on to analyze his own parenting behaviour questionnaire, and derived two similar dimensions: *acceptance versus rejection* and

psychological autonomy versus psychological control. Psychological control was defined as negative, love-oriented discipline; more specifically, discipline that involved the manipulation of the love relationship between the parent and the child as a means of controlling the child's behaviour. Schaefer (1965b) stated that psychological control included covert, psychological methods of controlling the child's activities and behaviours that prevent the child from developing as an individual apart from the parent.

Becker (1964) also modeled parenting behaviour along dimensions. While his model was similar to that of Schaefer (1959), he further divided Schaefer's psychological autonomy versus psychological control dimension into a behavioural dimension of *restrictiveness versus permissiveness* and an emotional dimension of *anxious-emotional versus calm-detachment.* He defined *restrictiveness* as strict enforcement of demands made by the parent on various areas of the child's life (e.g., toilet training, orderliness). *Anxious-emotional* was defined as high emotional displays with child, protectiveness and anxious over-concern about children's well-being. Based on his model, overprotection would be a combination of restrictiveness, warmth and emotional involvement. In examining the effects of the overprotective parenting on children's adjustment, Becker reported that Radke (1946) found that restrictive parenting was related to inhibition and withdrawal in nursery school children.

Other researchers conceptualized variations in parenting as representing distinct patterns of behaviour within a set typology. Diana Baumrind (1966; 1967; 1971) found in her research that anxious children were most likely to have authoritarian parents. Authoritarian parents were characterized by using negative and punitive attempts to

control children, displaying little warmth and responsiveness, and restricting to inhibit the development of children's autonomy and independence. Restrictive control is defined as "extensive proscriptions and prescriptions which cover many areas of the child's life and need systems and limit his autonomy to try out his skills in these areas" (Baumrind, 1971, p. 98). Thus, authoritarian parents were believed to act in ways to shield the children from opportunities to engage in interactions with others, resulting in increased risk for anxiety disorders. A number of researchers have examined the associations between internalizing problems and authoritarian parenting, although the results have not been entirely consistent (Baumrind, 1991; Lamborn, Mounts, Steinberg, & Dornbusch, 1991; Steinberg, Lamborn, Darling, Mounts & Dornbusch, 1994; Weiss & Schwarz, 1996). It would appear that overall authoritarian parenting has a negative effect on children's and adolescents' self-esteem, but its effect on internalizing problems is not yet fully understood.

For a little over a decade, researchers increasingly have focused their attention on decomposing the broad parenting typologies and on elaborating on the psychological control dimension of parenting. This shift in attention was prompted by some of the mixed results regarding the association between authoritarian parenting and internalizing problems in children and adolescents. Authoritarian parenting is an aggregated set of parenting dimensions, and as such specificity is sacrificed for breadth. A consequence of this is the fact that authoritarian parenting is associated with a slew of child and adolescent outcome measures. Authoritarian parenting has been linked to externalizing problems and hostility (Robinson et al., 1996; as cited in Barber & Harmon, 2002) and

delinquency and school misconduct (Fletcher, Darling, Steinberg, & Dornbusch, 1995). Likewise, use of an aggregate fails to reveal the relative contribution of the typology's parts to *specific* aspects of child development (Darling & Steinberg, 1993).

With respect to researchers' desire to understand the causes of anxiety, a particular focus on psychological aspects of parenting emerged because the notion of parents' involvement in the psychological world of their children was a common thread through Baumrind's, Schaefer's, and Becker's conceptualizations of parenting. Psychological control returned to the literature in 1990 when Laurence Steinberg published an article discussing the significant role psychological autonomy played in adolescent development. He reported that adolescents thrive developmentally in families where the home environment is characterized by warm relationships in which individuals are permitted to express their opinions and assert their individuality. These two characteristics were named warmth and psychological autonomy. Authoritarian parents were described as displaying high levels of demandingness (a third construct he described), low levels of warmth and psychological autonomy. Steinberg also described the conceptual distinction between behavioural and psychological control. Behavioural control includes parents' efforts to adapt and regulate children's behaviour through guidance and supervision; whereas psychological control describes parents' motivations to inhibit the children's developing autonomy, to keep children dependent on the parents, and to help retain power in the relationship. Similar to Schaefer's and Becker's conceptualizations, Steinberg argued that psychological control reflected attempts made by the parent to inhibit the development of psychological autonomy in children and

adolescents.

This conceptual isolation of psychological control from other forms of parental control served to bring to the forefront of research investigations the explicit study of psychological control. Barber, Olsen, and Shagle (1994) stated that past research on the effects of parental control of children has often been equivocal. They suggested that a possible reason for this is the vast number of definitions and types of control that are studied. They propose that conceptualization of control as a distinction between psychological and behavioural control would serve to elucidate the relationships between parental control and children's development.

A distinction along these lines makes sense developmentally because developing children require a degree of autonomy and also require sufficient regulation of behaviour to enable them to learn the rules of social interaction and to develop competence in social interactions. Barber et al. (1994) also stated that non-optimal amounts of psychological and behavioural control would lead to different outcomes for children. Children experiencing psychologically controlling environments would be at risk for developing internalizing problems (e.g., anxiety); whereas children experiencing insufficient behavioural control would be at risk for developing externalizing problems (e.g., delinquency). Psychological control is thought to work in such a way as to prevent the development of psychological autonomy. Children are then not equipped to express themselves and are rarely given the chance to do so. Their expression of psychological autonomy is inadequate or even unacceptable and the children withdraw into themselves when they encounter stresses and pressures in social interactions (Barber et al., 1994).

Thus, regardless of the age of the child or adolescent, any parental attempts to prevent the development of psychological autonomy will have negative effects.

Psychological control refers to intrusions into the psychological and emotional development of a child, whereas behavioural control refers to attempts to control or manage a child's behaviour. In addition to the intrusive, over-controlling (overprotective) element of psychological control, a second element of undermining, demeaning, and critical responses has been described (Rubin et al., 2002). This includes parents' use of criticism or derision in interacting with their child, especially in the company of others. It is posited that these comments spur the development of negative feelings of the self and bring about withdrawal from the world, in much the same as restriction of autonomy does. In fact, Mills and Rubin (1998) found a positive association between mothers' use of *both* intrusive control and derogation, and school-aged children's withdrawal within their peer group.

Barber (Barber et al., 1994; Barber & Buehler, 1996; Barber & Shagle, 1992) has also described psychological control at a family-systems level (as opposed to a parent-child dyad level); he refers to this characteristic as enmeshment. More specifically, enmeshment is defined as patterns of interaction in families which facilitate emotional and psychological fusion about members, which at extreme levels can inhibit individuation and the development and maintenance of psychosocial maturity (Barber & Buehler, 1996). Although not a primary focus of his research (c.f., Barber & Buehler, 1996), enmeshment is included in measures of psychological control since parental behaviour seeks to enmesh the child's psychological world with that of the parent. As

such, it is thought to have the same effect as psychological control, and research, albeit limited, has demonstrated that family enmeshment is positively related to adolescents' internalizing problems. Barber and Buehler (1996) found that family enmeshment, conceptualized as psychological control at the level of the family-system, was positively related to depression and withdrawn behaviour among adolescents. In addition, a related construct called family cohesion (shared affection, support, helpfulness and caring) was negatively related to internalizing problems. At present, no such research has been examined with young children.

Petit and Laird (2002) have examined the associations between psychological control and internalizing problems using a longitudinal approach with a sample of young children. Data collection began when the children were 5 years of age, and concluded when children were 14 years of age. Measures of psychological control were collected separately from mother and adolescent interviews, and from an adolescent questionnaire. Anxiety was assessed through mother- (at age 14), adolescent- (at age 14), and teacher-reports (at age 14). Bivariate correlations revealed modest positive correlations between psychological control and anxiety as reported by adolescents and mothers although not for teacher-reported anxiety. Regression analyses failed to find support for the role of early anxiety symptoms (age 8) as a moderator in the interaction between adolescent-reported anxiety and parent-reported psychological control. This lack of support was taken to mean that the impact of psychological control on adolescents' anxiety does not vary as a function of childhood history of anxious behaviour. Petit, Laird, Dodge, Bates and Criss (2001) have also found a positive association between parental psychological

control and anxiety and depression, and a lack of support for childhood anxiety and depression as a moderator in the interaction between psychological control and adolescent anxiety. Thus, overall it seems that psychological control is related to adolescent anxiety and depression, and that this relationship does not change as a function of anxiety and depression levels in childhood.

Stark, Humphrey, Crook and Lewis (1990) asked children (aged 9-14 years) to describe their family environments. The children had been diagnosed with anxiety disorders, depression and mixed anxiety and depression. As compared with nondiagnosed children, children with internalizing problems described their family environments as less democratic and more enmeshed. Siqueland et al. (1996) examined family interactions in families of children with anxiety disorders and without anxiety disorders. Observers rated parents on psychological autonomy granting and warmth. Parents of children with anxiety disorders were rated as less likely to grant autonomy and displayed more psychological control than parents of children without anxiety disorders. On the whole, constructs related to parental psychological control (e.g., family enmeshment and parental autonomy granting) have been found to be related to adolescents' anxiety in similar ways.

Overall, research has found a consistent relation between parental psychological control and children's internalizing problems, with correlations ranging from .2 to .4 (Bates, Petit, Dodge, & Ridge, 1998). Researchers have sought to understand the reasons why this effect is small. Recently, research on the effects of parenting on children's adjustment has focused on the interplay or transactional nature of parenting practices and

children's characteristics. Rubin and Mills (1991) provide a model of how internalizing problems develop in childhood. The model posits that internalizing problems develop based on the interplay between children's temperamental predispositions, socialization experiences with parents, and the effect of certain "setting conditions" (e.g., environmental conditions) on the family. Internalizing problems would develop within children with different temperament styles. In the case of a temperamentally easy-going infant, familial stress, a lack of social support, and parental overcontrol and overinvolvement can deflect children from the path of social and emotional well-being. In the case of a dispositionally inhibited child, familial circumstances may lead to an exaggerated sense of insecurity in childhood. This in turn may exacerbate the inhibition in novel settings and situations. Parents could respond with insensitivity or overcontrol. This overprotection, in turn, can lead to the preclusion of opportunities with peers to develop social competence, potentially resulting in loneliness and depression (Rubin et al., 1990). Also, it is possible that once a child displays an inhibited style, parents may sense their child's anxieties and insecurities and may tailor their actions to influence the child's development through either excessive direction or taking over for the child (i.e., solving the child's problems). Thus, in both cases, it is the child and parent factors *taken together* which are hypothesized to predict internalizing symptoms. In addition to both parent and child characteristics playing a role in the development of internalizing problems, it is the *interplay* between these characteristics that can foster the development of internalizing problems.

Transactional models take into account not only parent and child effects, but the

interplay between the two. More broadly speaking, Sameroff (1975a; 1975b; Sameroff & Chandler, 1975) describes a transactional model as the dynamic contact between the organism and the environment, whereby each is altered by the other. Therefore in a parenting context, the infant or child affects the parent while at the same time the parent affects the infant or child. In terms of maladaptive development, there requires a *continuous* malfunction in the organism-environment transaction to prevent the child from adaptive and successful development. Other researchers have viewed a model of parent-child relations from an ecological perspective (Brofenbrenner, 1979; Cicchetti & Toth, 1997). The ecological framework is comprised of the macrosystem (e.g., culture), the exosystem (e.g., community), the microsystem (e.g., family) and ontogenic development (e.g., factors within the person). This model maintains that interrelations between the systems and the person are mutually interactive; such that throughout development the structure of both the child and the environment are constantly in a state of flux involving bidirectional influences. With respect to parenting specifically, the multiple transactions among parental, child, and environment characteristics could result in pathological development overtime if development has involved continuous maladaptive processes (Cicchetti, Toth, Bush, & Gillespie, 1988).

Other research has more explicitly examined the transaction between parent and child characteristics. Morris, Silk et al. (2002) examined the relationship between psychological control and young children's internalizing behaviours and the role of temperament as a potential moderator of this relationship. Children (aged 6-9 years) provided a measure of maternal psychological control through interviews, mothers

provided a measure of temperament, and teachers provided a measure of internalizing behaviour. Psychological control and irritable distress (a measure of temperament) interacted to predict children's internalizing behaviours (R^2= .26). Analyses showed that for children high in irritable distress, psychological control predicted internalizing behaviour. This relationship did not hold for children low in irritable distress. Thus, the effect of psychological control on children's internalizing behaviours differed as a function of children's temperament.

Rubin et al. (2002) examined whether behavioural inhibition and parenting style would predict children's future social and emotional problems, using a prospective longitudinal design. The association between toddlers' peer inhibition and preschoolers' social reticence was significant only for mothers who frequently used intrusive control and/or derisive comments (i.e., criticism) and not for mothers who were neither intrusive nor derisive. Thus, maternal behaviours moderated the relation between toddlers' peer inhibition and preschoolers' social reticence (a measure of social wariness in peer interaction). The strength of this association reported as R^2=.25, which is slightly higher than previous studies not using a transactional model. Overall, pursuing research within a transactional model framework yields slightly better statistical results compared to results from other frameworks. It is important to note that the transactional model attempts to include a greater number of potential factors, while being able to statistically examine transactions between parent and child characteristics; thereby revealing the specific processes at work.

Intrusive parenting behaviours occur when the parent "steps in" to prevent the

occurrence of an upsetting experience for their child. Intrusion is seen as part of overprotective parenting; which also includes the encouragement of dependency and controlling of the child's behaviour. Overprotective parenting is seen as a construct subsumed under psychological control. Rubin and others (e.g. Hudson & Rapee, 2002; Hudson & Rapee, 2001; Rapee, 1997; Rubin et al., 2002) have focused their attention specifically on overprotection as playing a role in children's anxiety. In keeping with a transactional model, overprotective parenting with socially wary or fearful toddlers could lead to the development of internalizing problems, because parents of shy toddlers may feel the need to protect their children from emotionally-arousing situations. This protection is manifested through a variety of actions. They may discourage any attempts by the child to explore the unfamiliar, they may intrude on the child's ongoing activities, they become overly affectionate, and they might "take over" the child's activities in a situation. These behaviours may occur regardless of whether their child is actually experiencing anxiety. Taken together, "overprotective parenting is characterized by displays of warmth, intrusiveness, and restrictiveness *in situations that do not warrant it*" (Rubin et al., 2002, p. 485).

Of the research previously reviewed, it should be noted that for the majority of studies, psychological control was examined in mothers only. Although some researchers have focused on both parents, these studies have used adolescent-report (e.g., Barber et al., 1994). Research using parent-reports of psychological control has been conducted with mothers only. Other researchers have examined the role fathers play, but have assessed general parenting styles, and not specific characteristics such as psychological

control (e.g. Lamborn et al., 1991).

Regardless of the parenting research in general that has been conducted with fathers, the focus has rarely been to examine what specific contributions fathers make (Parke, 1995). Research is beginning to demonstrate that mothers and fathers both play important roles in the socialization of their children, but that their roles differ. For example, fathers have relatively greater concern for socializing their children's practical skills and understanding of rules, whereas mothers have more concern for fostering emotional closeness within the family (Hastings & Grusec, 1997). Also, fathers spend less time with their children compared to mothers, although a greater proportion of the father-child time is spent in play (Clarke-Stewart, 1978; MacDonald & Parke, 1986).

Thus, despite the deficit of work on the relations between fathers' childrearing and children's adjustment, there are strong reasons to believe that fathers may contribute in unique ways to children's social adjustment, through fathers' special style of interacting, namely play (Parke, 1995).

Overall, there is little insight into how fathers would respond to measures of psychological control. Therefore, research on fathers' parenting characteristics, namely overprotection, would provide a more complete picture of parental influences on children's anxiety problems.

Current Methods of Assessing Overprotective Parenting

Researchers have relied on behavioural observations, child-reports and parent-reports as measures of parental psychological control and related constructs. Behavioural observation coding schemes have been developed for use with young children. Child-

reports include interactive procedures for use with young children and questionnaires for use with older children. Parent-report measures include general questionnaires which have been used to derive more specific indices of psychological control.

Behavioural observations. Rubin and his colleagues (Rubin et al., 2002; Rubin, Hastings, Stewart, Henderson, & Chen, 1997; Mills & Rubin, 1998) have developed a behavioural coding system to assess psychological control in mother-child dyads with young children during a set of structured interactions. Psychological control was made of two indices: (i) intrusive, overprotective control, and (ii) derisive comments. Intrusive, overprotective control included behaviours such as restriction of child's independent activity (e.g., doing the child's task for him/her) and enmeshment with child (e.g., high amounts of physical affection). Measures of internal consistency have been found to be good (α= .79-1.00). Mothers of anxious children were found to demonstrate more psychological control mothers of non-anxious children (Mills & Rubin, 1998; Rubin et al., 1997).

Holmbeck and his colleagues (as cited in Holmbeck, Shapera, & Hommeyer, 2002) have developed a behavioural coding scheme for use with young children and their parents during a set of three family interaction tasks. The coding scheme uses a global method for assessing five dimensions of parenting behaviour, child behaviour, and parent-child relationships. The scale for parental psychological control assesses the following parental responses: (i) being not receptive to statements made by child; (ii) not tolerating differences and disagreements; (iii) pressuring child to agree; (iv) not allowing for child's input in decisions; and (v) overprotective parenting. Good internal reliability

has been established (α= .71-.76). This measure of psychological control has been found to be highly negatively correlated with acceptance (r = -.71 to -.80). Correlations between this observational measure of psychological control and child-reports are between r = -.04 to .45[a]. Research has found this measure of psychological control to be a significant predictor of children's internalizing problems, although for fathers only (Holmbeck et al., 2002).

Direct observations of parenting behaviour have the potential of offering rich, real-world examples of everyday situations. The behavioural assessment measures of parental psychological control are generally psychometrically sound. However, behavioural assessment as an avenue has serious limitations in regards to validity and feasibility. Inherent in the processing of behavioural observation is the risk of observer bias or coder bias. Also, as with most forms of behavioural observations in which the targets are aware that they are being observed, there remains the possibility that children and adults are not behaving as they would in everyday life (i.e., existence of observer influence). Furthermore, use of a structured interaction in an artificially constrained context considerably limits the ecological validity of the measure. In addition, observational coding is difficult to undertake, requiring planning, training and preparations. Higher costs, in terms of time, effort, and money, are involved, including purchasing audiovisual recording and playback equipment, scheduling and conducting visits with families, training both the examiners and the coders to standardization, and coding the taped materials. Despite all efforts in preparation, it is possible to fail to

[a] Holmbeck et al. (2002) reported correlations across three parenting constructs from the observational scale, one of which was psychological control.

capture any incidence of infrequent or context-specific behaviours like psychological control. Within an ongoing dyadic interchange, it can be difficult to discern whether an observed behaviour was a novel contribution by a parent, a reaction to the child's behaviour, or a function of the unique history of interactions shared by the dyad. Lastly, as mentioned previously, psychological control is multifaceted, including behaviour, affect, and cognition; the latter two are difficult to accurate assess through observation.

Child-reports. Sessa, Avenevoli, Steinberg, and Morris (2001) have developed an interview technique to assess parental psychological control with children aged 4 to 6 years old. The Child Puppet Interview-Parenting Scales (CPI-P) uses opposing statements presented by two different puppets and asks children to choose which puppet is more like them. Statements measuring psychological control include endorsement of "When I am bad, my mom ignores me". The CPI-P has demonstrated adequate internal reliability with a sample of 4 to 6 year old children (α=.68-.77; Sessa et al., 2001). However, the internal reliability of the psychological scale for a sample of preschoolers was low (α=.42; Morris, Steinberg et al., 2002). Also, the correlation between structure-demandingness and psychological control is low (r = -.13; as cited in Morris, Steinberg et al., 2002). In terms of validity, Morris (1999; as cited in Morris, Steinberg et al., 2002) reports that children's reports are correlated with teacher reports of emotional problems.

The Egna Minnen Betraffende Uppfostran, My memories of upbringing (EMBU-Children) is a scale measuring children's (aged 7-12 years) perceptions of parental rearing behaviour (Grüner, Muris, & Merckelbach, 1999; Muris, Bosma, Meesters, & Schouten, 1998). The scale taps into three domains of parenting behaviour: emotional

warmth, rejection and control. Items from the control dimension include items such as "When you come home, you have to tell your parents what you've been doing". It is widely used to assess relationships between parenting characteristics and children's anxious symptoms (e.g., Grüner et al., 1999; Muris, Bögels, Meesters, Van der Kamp, & Van Oosten, 1996; Muris & Merckelbach, 1998). Researchers have assessed the reliability and validity of the EMBU-C and the results are mixed. Measures of internal consistency for the EMBU-C overprotection scale range from $\alpha = .58$-$.67$ (Bögels, van Oosten, Muris, Smulders, 2001; Muris & Merckelbach, 1998; Muris et al., 1998). Research has not yet explored relationships between the EMBU-C and other child-report measures of parental overprotection. Research assessing relationships with the overprotection scale and anxiety is inconsistent. On the one hand Muris and Merckelbach (1998) found a significant relationship between overprotection and emotional problems, whereas Muris et al. (1996) failed to find this association in a sample of anxious children.

There are disadvantages to child-report measures of parental psychological control. There are age-limits for which these measures can be used. For instance, it is not possible to use questionnaire-style self-report measures with children under 8 years of age. Although the CPI-P is available for use with younger children, as it is a videotaped interview, it retains some of the disadvantages discussed in the observational assessment section, namely the cost and time involved with administration and coding. Also, research (Sessa et al., 2001) has shown that preschool children were not able to reliably differentiate psychological control from two other control scales (structure and demandingness). Furthermore, the developers clearly indicate that because of the low

internal reliability ($\alpha = .42$) of the psychological control scale with preschoolers that children of this age may not be capable of providing reliable reports of psychological control. Therefore the CPI-P can not reliably be used with very young children (2 to 4 years old). This is a shortcoming as the preschooler age is a critical age in the development of anxious symptoms (Hirshfeld-Becker & Biederman, 2002). A key disadvantage of child-reports is that they cannot be used to assess children of all ages. Another avenue for assessing parental psychological control is through parental self-report measures, which can adequately address this issue.

Parent-reports. Overall, there are fewer parent-report measures for psychological control. The majority of parenting measures assess general parenting styles. Some researchers have attempted to modify the general measures to create more specific indices of psychological control.

Questionnaires assessing *general* parenting styles, attitudes and beliefs are numerous (Holden & Edwards, 1989), although few directly assess psychological control. One measure which does assess psychological control is the Parental Psychological Control (PPC) measure developed by Hart and Robinson (as cited in Nelson & Crick, 2002). The PPC was conceptualized based on the dimensions of psychological control Barber (1996) has described and used for the adolescent-report measure, Psychological Control Scale (PCS). The internal reliability of the PPC is α=.58-.64 (Nelson & Crick, 2002). Other researchers have used an interview format to assess parental psychological control and have simply embedded items from Barber's (1996) PCS into the interview with the parent (Petit & Laird, 2002; Petit et al., 2001). Measures of internal consistency

have been reported at α=.63-.76 (Petit & Laird, 2002; Petit et al., 2001). This measure of psychological control has been shown to be related (r = .18-.20) to adolescent- and mother-reported anxiety (Petit & Laird, 2002).

Other researchers have selected items from the Child-rearing Practices Report (CRPR; Block, 1981) to reflect parental "overprotection" based on their own research and original factors developed by Block (Chen et al., 1998). Rubin, Nelson, Hastings, and Asendorpf (1999) had mothers complete the CRPR and selected items to form a measure of Encouragement of Independence, thought conceptually to be the reverse of psychological control. Measures of internal consistency were reported as α = .59-.64 for mothers and fathers. Encouragement of independence was not found to be related to young children's anxiety (Rubin et al., 1999). Other researchers have created a protection factor from the CRPR (Chen et al., 1998; Hastings & Rubin, 1999). Items were selected to reflect parents' concern and/or restriction of children's activity. Measures of internal consistency were reported as α = .40 for mothers. Mothers' protection scores were related to children's inhibition (Chen et al., 1998).

As with the other measures of psychological control which have been reviewed, parent-report measures also have some disadvantages. Overall, research has shown that self-report measures of parenting are moderately associated with observational measures (Kochanska, Kuczynski, & Radke-Yarrow, 1989). However, some research has demonstrated a stronger relationship between observer ratings and child-reports than observer ratings and mother-reports (Sessa et al., 2001). Some have argued that this is in part due to the fact that children and observers are like outsiders who are asked to

describe another person's behaviour, namely mothers' behaviour (Sessa et al., 2001). Thus, the similarity of ratings by observers and children (as compared to parents) may not be an artifact of validity but of shared perspective. A related issue is whether the discrepancy between parent-reports and observer ratings is the result of a social desirability bias (Gonzales, Cauce, & Mason, 1996); such that mothers-report a much more positive image of their parenting than their children or observers do. However, not all research has found this to be the case (e.g., Sessa et al., 2001). Another argument against parent-report measures is that some research has shown adolescent-report measures to be a more accurate measure of parenting (e.g., Steinberg, 1990). However, there is only limited support for this argument (see Schwarz, Barton-Henry, & Pruzinsky, 1985).

The use of parent-report measures to assess parental psychological control has the advantage of being easy to administer and score, and of yielding ratings that are from the individuals who can provide the best "insider" knowledge of parenting (Gonzales et al., 1996). Use of parent-report measures, as opposed to child-report measures, can potentially reduce chances of misinterpretation of items and of rating anchors. Also, it will afford the opportunity to study psychological control in children of all ages; which is not available with child-report measures. Steps can be taken to increase the validity and reliability of parent-report measures, in response to arguments presented above.

Ways to Improve Current Measures of Overprotective Parenting

Of the methods of assessment previously reviewed, parent-report measures of overprotection represent one method that is lacking in reliable and valid measures. The

questionnaires that are reliable and valid are those that measure general parenting characteristics and offer little or no specificity for psychological control, intrusiveness, or overprotection. Behavioural observations and child-report measures do offer a wider range of parental psychological control measures to choose from, but there are many disadvantages to their use. A parent-report measure offers a viable alternative which would as it would cost effective, quick to administer and appropriate for use with parents of young children.

Current psychometrically sound parent questionnaires assess general, global parenting traits. Holden and Edwards (1989) have argued that "parenting attitudes fail to provide an adequate assessment of the family environment" (p. 29). Furthermore, they concluded that parental attitude questionnaires do not reflect parental behaviour. Parenting attitudes are individuals' predispositions, reactions, and affective evaluation of a situation or person which are considered to be stable and invariant (Holden & Edwards, 1989). Questionnaires that focus simply on attitudes, thus, do not tend to provide the most well rounded picture of parenting characteristics. Parenting cognitions, considered to be part of a parental belief system, represent what parents *specifically* think about certain situations or child behaviours (Coplan, Hastings, Lagace-Seguin, & Moulton, 2002). The potential for specificity in parenting cognitions offers the possibility of assessing something more than general attitudes. Overall, some questionnaires cover emotions only, others cover cognitions only. For a questionnaire to provide the best description of an aspect of parental psychological control, for example overprotection, items should reflect a varied content and should include behaviour, affect, and cognition.

There is a need to create questionnaires that show greater specificity in parenting characteristics that are captured. Currently there is one questionnaire, PPC, which measures psychological control. It is comprised of items from already existing measures (e.g., Barber, 1996) and contains items assessing actions, beliefs and emotions. Although this is a much needed step away from previous questionnaires measuring broad parenting style, the measure confounds what parents do with what parents think and feel. Although parental beliefs and emotions may shape their actions, actions are the expression of psychological control which most directly affect children. Moreover, the construct of psychological control is multifaceted. Concentration on *specific aspects* of psychological control, such as frequent displays of warmth, would help to understand the specific processes underlying relationships and would allow for greater specificity in the measure of parenting characteristics.

Likewise, items assessing parental attitudes represent statements that parents endorse usually without any specific context or child-rearing situation. Providing a context would facilitate exposure of transactional processes. Moreover, a context would serve to increase ecological validity and present real-world situations to parents. In fact, a criticism of child-report measures, which are devoid of context, is that they do not allow for the understanding of *which* parental behaviours are triggered by specific aspects of the immediate interaction, including what children do or say (Barber et al., 2002).

There are a number of ways in which a parent-report measure of psychological control could be designed in order to improve upon existing questionnaires (Holden & Edwards, 1989; Miller, 1998). First, questionnaire items can be based on specific indices

of psychological control that have been identified from observational research, in order to ensure the relevance or ecological validity of the items. Second, items can be worded to reflect discrete and precise actions or thoughts with clear meanings, in order to minimize the likelihood of individual variations in interpretations of items. Third, items can be framed within hypothetical contexts that are relevant to parents' use of psychological control, in order to increase the likelihood of endorsing an item. Fourth, the contents of the questionnaire can include items assessing psychological control and other aspects of parenting, such as behavioural control or non-authoritarian parenting, in order to assess divergent validity. Fifth, items can measure both behavioural and cognitive features of psychological control, while maintaining the distinction between these features, in order to assess both the parenting actions which children experience and the parental belief systems that support those actions.

Current Study

The research reviewed concerning authoritarian parenting and anxiety problems in children has shown that authoritarian parenting does have some influence on children's anxiety, but this is not the full picture. Research examining psychological control has helped to reveal the specific parenting characteristics that influence children's development of internalizing problems, and has highlighted the effects of overprotective parenting on temperamentally vulnerable children. However, advances in this research have been slowed due to limitations in the ways to assess psychological control. Direct observations of psychological control are difficult and expensive to obtain, and child-reports may be biased and are limited to use with older children and youth. Relatively

few measures have been developed to elicit parents' reports of psychological control. A new, reliable and valid parent-report measure of psychological control, and specifically overprotective parenting, is needed.

This research has been conducted to evaluate the efficacy of one such measure: the New Friends Vignettes (NFV; Hastings, 2001). Parents of children low in anxiety and high in anxiety will be asked to complete the NFV and other questionnaires assessing parental overprotection, cohesion, and general parenting styles. The first focus of the study will be to assess the reliability and validity of the NFV. It is expected that parents' overprotection scores from the NFV will be related to other similar measures of protection and cohesion, and not related to measures of authoritarian parenting. It is also expected that parents' overprotection scores will be related to children's internalizing problems. The second focus of the study will be to assess whether parents' overprotection scores can predict over and above other similar parenting measures. A final goal of this research is to examine overprotection in mothers and fathers, and to compare the relations between children's internalizing problems and fathers' overprotective parenting to the relations between children's internalizing and mothers' overprotective parenting. Given the relative deficit of research on fathers' protective parenting, no specific hypotheses were proposed.

Method

Participants

In this study, toddlers and their parents were recruited through advertisements in

newspapers and at daycares in the Montréal region of Québec. To be eligible to participate in this study, all children had to be enrolled in daycare or preschool, both parents and children had to have a working knowledge of English or French, and children had to be between 2 and 5 years old. To control for confounding variables, all children with severe mental or physical health problems were not eligible to participate (e.g., pervasive developmental disorder, Spina Bifida, etc.). In total, 97 families participated in the research project. For the purposes of this study, only those parents for whom relevant data was completed were included in this sample. As such, participants were 84 toddlers and their parents (83 mothers and 63 fathers). (For one child, the mother did not complete the questionnaire, although the father did so.) The sample of 14 mothers who did not complete the questionnaire was compared with those 83 mothers who completed the questionnaire. Multiple *t* tests showed no significant differences on demographic variables for mothers' age and child's internalizing score, $t < 1.20$. However, a significant difference was found for children's age, $t\ (95) = -2.54$, $p < .05$; whereby children of mothers who did not complete their questionnaires were younger than children of mothers who did complete their questionnaire. And a significant difference was found for mother's education, $t\ (95) = -3.49$, $p < .01$; whereby mothers who did not complete the questionnaire reported fewer years of education than mothers who did complete the questionnaire. Similar analyses could not be conducted with fathers, as those fathers who participated all completed their questionnaires.

Mothers' mean age was 35.30 years (*SD*= 4.95, *range* = 19.75-50.50). Fathers' mean age was 37.72 years (*SD*= 5.82, *range* = 25.42-57.08). 84% of families were two-

parent families. 58% of mothers and 56% of fathers reported their first language to be English. 69% of mothers and 54% of fathers had 16 years or more of education. 86% of mothers were Caucasian, 5% were Asian/Indian, 2% were Middle Eastern/North African, 6% described their ethnicity as other, and 1% declined to provide an ethnicity. 92% of fathers were Caucasian, 2% were Caribbean/African, 2% were Middle Eastern/North African, 2% were Hispanic, and 2% declined to provide an ethnicity. Overall, this sample was diverse, reflecting the diversity of the greater Montréal community. The sample of toddlers consisted of 46 girls and 38 boys, with a mean age of 3.54 years (*SD*= .74, *range* = 2.00 -4.92 years), and a mean CBCL Internalizing score of 52.71 (*SD*= 10.44, *range* = 29.00-76.00).

Originally, 171 families expressed an interest in the study in response to the advertisements. In total 74 families initially expressed an interest, but did not participate for the following reasons: 25 families were no longer interested after receiving information; 11 families were no longer interested after being screened; 8 families withdrew their participation for unclear reasons; 8 families were not eligible because the target child was too old; 6 families were not able to have a home visit booked; 4 families were not eligible because the target child did not speak French or English; 2 families were not eligible because the target child was not attending daycare; 2 families declined to participate because they were worried about their child; 2 families were not eligible for other reasons; 2 families withdrew their participation after the initial phase of the study; 1 family could not be screened; 1 family was not eligible because the target child's daycare declined to participate; 1 family withdrew their participation due to a family illness; and 1

family was not eligible because the target child was too young. The sample of 74 families who did not participate in the study was compared to the 97 families who did participate in the study. Multiple *t* tests showed no significant differences on demographic variables (child's age, mother's age, father's age), all $t < .81$. However, children's internalizing score at screening was significantly different, $t(120) = 2.32$, $p = .03$; whereby children of families who did not participate ($M = 58.19$, $SD = 8.10$) had higher internalizing scores than children of families who did participate ($M = 53.24$, $SD = 10.62$).

Measures

New Friends Vignettes. The NFV (Hastings, 2001) is a parent-report measure designed to assess psychological control, including assessment of overprotective parenting (see Appendix A). Items were developed conceptually from past studies by Rubin and colleagues (2002) who identified how overprotective/psychologically controlling parenting is manifested, and what distinguishes it from authoritarian/harsh behavioural control and authoritative/appropriate structuring and guidance. The items were identified through research using more time-consuming and expensive observational techniques. The overprotective factor is comprised of items assessing restriction of a child's independence, restriction of situations that the child can experience, and excessive/unnecessary warmth or affection (Rubin et al., 2002). Overall, the overprotective factor focuses on parental thoughts and actions which interfere with the child's opportunities to function independently. Parents are asked to read two hypothetical situations in which the parent and child meet other children and adults, and the child is described as acting shy. Each story is followed by 27 items describing certain

Thoughts parents might have, specific Statements they might say, and specific Actions they might do with their own child. Parents are asked to rate the likelihood of thoughts, statements and actions on a three-point scale: 0 (no), 1(maybe) and 2 (yes). There are three factors: Overprotective ("Ask my child if s/he'd prefer to go home and play with me."); Negative/Authoritarian ("Tell my child s/he shouldn't behave this way in front of others."); and Appropriately Supportive ("I should let him do this at his own pace."). Appendix B contains the items from the NFV scale and their corresponding subscale.

Child Rearing Practices Report (CRPR). Parents completed the Child Rearing Practices Report (CRPR) developed by Block (1981). The CRPR uses a 91 item Q-sort methodology to measure parenting style, attitudes and beliefs. For this measure, parents are individually asked to sort through a series of cards with statements typed on them about child rearing thoughts, feelings, and behaviours. By sorting these cards into seven equal piles with 13 cards in each pile they are able to rate how descriptive to undescriptive each statement is of their child-rearing methods. This measure has been well validated, and the 8 month test-retest average correlation $r = .71$ (Block, 1981). The CRPR measures several aspects of child-rearing including components of authoritarian and authoritative, and other approaches to parenting. Items from the CRPR were grouped together to form an authoritarian score (see Kochanska et al., 1989) and a protective score (Chen et al., 1998; Hastings & Rubin, 1999). The authoritarian dimension included factors labeled: authoritarian control (items 14, 15, 27, 31, 43, 54, 55, 64, and 70); control by anxiety induction (items 29 and 83); and supervision (items 76 and 91). The protection factor was derived through the work of Chen and his colleagues (Chen et al., 1998) and

Hastings and Rubin (1999) by identifying items reflecting parents' concern and/or restriction of children's activity. The protection factor included the following items: 4, 12, 28, 68, 75, and 80. Past research has reported internal reliability to be α= .40 (Hastings, & Rubin, 1999). In the current sample, reliability was α= .34 for mothers and α= .35 for fathers. Although this value is low to moderate, it is expected as the forced-ranking paradigm of the Q-sort methodology inherently contributes to low or negative correlations between items (Hastings & Rubin, 1999).

Family Adaptability and Cohesion Evaluation Scale III. Each parent was asked to complete the Family Adaptability and Cohesion Evaluation Scale III (FACES-III; Olson, 1991; Olson, Portner, & Lavee, 1985). The FACES-III assesses family functioning by measuring adaptability and cohesion. Both adaptability and cohesion are theorized to be curvilinear, with ideal family functioning represented by midrange scores. However, little non-clinical research has supported this curvilinear pattern (Green, Harris, Forte, & Robinson, 1991). Thus, in non-clinical samples, the model is theorized in linear terms (Olson, 1994). As such, computation of a mean has been used as an acceptable measure of cohesive and adaptive family functioning (Olson, 1991). Of particular interest is the cohesion subscale; which has been linked with enmeshment at high levels and chaotic family functioning at low levels (based on a curvilinear model). However, in a linear model, low scores represent extreme, poorly functioning families with non-optimal levels of cohesion; whereas high scores represent connected, balanced families with optimal levels of cohesion. In the scale, parents are asked to describe their family situation at present, through rating items on a scale from 1 (almost never) to 5 (almost always).

Measures of internal reliability for the FACES-III for non-clinical samples have been reported as α= .72 for the adaptability scale and α= .87 for the cohesion scale (Green et al., 1991). However, this sample was limited as it consisted of adult males and their families. For our sample, measures of internal reliability were α= .73 for mothers and fathers. FACES-III has demonstrated adequate convergent validity when compared to the Family Assessment Measure (Thomas & Cierpka, 1989; as cited in Olson, 1991) and the McMaster Family Assessment Device (Miller, Epstein, Bishop, & Kreitner, 1985).

Child Behavior Checklist. Primary caregivers provided a measure of their child's internalizing problems by completing a portion of the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1981; Achenbach & Rescorla, 2000). The CBCL asks parents to endorse the frequency with which their child shows a variety of behaviours. More specifically, each parent was asked to use a three-point scale to rate how descriptive each behaviour was of her child. For the current study, only items pertaining to internalizing problems were included (emotionally reactive, somatic complaints, anxious/depressed, and withdrawn) and only two scores were calculated (internalizing and anxiety problems). Scales are summed and raw scores are converted into T-scores according to a metric provided by Achenbach and Rescorla (2000). The CBCL has demonstrated good internal reliability (α= .63-.95) and 8 day test-retest reliability (r= .68-.92; Achenbach & Rescorla, 2000).

Caregiver-Teacher Report Form. Teachers of children participating in the study were asked to complete a measure of children's internalizing problems by completing the Caregiver-Teacher Report Form (CTRF; Achenbach & Rescorla, 2000). The CTRF is

similar to the CBCL in respect to item content coverage and scoring. Teachers completed all items of this 99 item scale. Two indices from the CTRF were used: internalizing and anxiety problems. The CTRF has demonstrated good internal reliability (α= .52-.97) and 8 day test-retest reliability (r= .57-.92; Achenbach & Rescorla, 2000).

Social Competence and Behavior Evaluation. Teachers of children participating in the study were asked to complete a measure of children's social competence, affective expression and adjustment difficulties by completing the Social Competence and Behavior Evaluation (SCBE; LaFreniere & Dumas, 1995). The SCBE is an 80 item questionnaire, asking teachers to rate how often specific behaviours occur in the context of a preschool or daycare center. The SCBE yields 8 basic scales and 4 summary scores. For the purposes of this study, only 2 basic scales (Anxious/Secure and Dependent/Autonomous) and 1 summary score (Internalizing Problems) were used. The SCBE has demonstrated good internal reliability (α= .80-.89) and 2 week test-retest reliability (r= .74-.87; LaFreniere & Dumas, 1995). The SCBE has also been compared with the CTRF, and modest positive correlations, r = .40-.66, were found (LaFreniere & Dumas, 1995).

Procedure

In response to advertisements in local newspapers, and posters in daycares and preschools, interested participants contacted researchers at which point eligibility for participation in the study was assessed. Some advertisements were geared for general recruitment of families, whereas others were specific to shy, withdrawn behaviour in children.

Primary caregivers completed a telephone interview used to screen children to assess eligibility for the study. The CBCL was adapted for this purpose and was used to get an initial indication of children's internalizing and anxiety problems. The goal was to have a diverse range of problems represented in this sample. In addition, demographic questions were included to determine eligibility (e.g., child must live with mother). If the family met the criteria for the study, a visit to their home was scheduled.

During the home visit, the CRPR was administered. The CRPR was completed with each parent individually, and the administration was directed by a trained research assistant. Parents were led through a series of steps (as devised by Block, 1981) to sort the 91 cards into 7 piles of 13 cards each. Parents begin this process by sorting cards into 3 piles (generally true, not sure, generally not true). Through the following steps, parents end up with 7 piles: most descriptive; quite descriptive; fairly descriptive; neither descriptive nor undescriptive; fairly undescriptive; quite undescriptive; and most undescriptive. Upon return from the home visit, the research assistant sorted through the cards and scored the q sort (most undescriptive = 1; most descriptive = 7).

The NFV and FACES were included in a packet of questionnaires completed separately by each parent. If the difference between the screening and scheduling of the home visit permitted, the packet of questionnaires was mailed ahead of time and parents gave the completed questionnaires to the experimenters during the home visit. Other parents who had not completed the questionnaires by the time of the home visit mailed them in at a later point.

Teachers were mailed the CTRF and the SCBE to complete and were asked to mail them back. They were instructed to focus on the child's behaviour over the past 3 months. Time between home visits and completion of teacher questionnaires ranged from 4 months to 9 months.

Results

NFV Item Descriptions

NFV items are presented in Appendix B. Frequency distributions of responses were inspected to ensure adequate distributions of responses prior to conducting reliability analyses. Those are also presented in Appendix B.

Psychometric Properties of the NFV

Evaluation of internal consistency was done using Cronbach's α (Cronbach, 1951). This statistic measures the extent to which each item correlates with the total score of all remaining items. The statistic was calculated for mothers and fathers separately, for each of the three subscales, and for each of the three response types (Thoughts, Statements, Actions). Corrected item-total correlations are presented in Appendix B. To assess the internal reliability of the scales, sequential deletion of single items was used to determine if scale alphas improved. For all scales, except one, alphas for both mothers and fathers decreased if any one item was removed. Alphas improved for Appropriately Supportive Thoughts if items 13 and 17 were removed. By doing so, internal reliability increased from $\alpha = .18$ to .30 for mothers and $\alpha = .22$ to .36 for fathers. Final scale alphas are presented in Table 1. Alpha coefficients for Negative/Authoritarian Thoughts and Overprotective Statements for mothers and fathers, and Negative/Authoritarian Actions

for fathers demonstrated good internal consistency. Alpha coefficients for Negative/Authoritarian Statements, Appropriately Supportive Statements, Overprotective Actions, Appropriately Supportive Actions for mothers and fathers, and Negative/Authoritarian Actions for mothers demonstrated acceptable internal consistency. Alpha coefficients for Overprotective Thoughts and Appropriately Supportive Thoughts for mothers and fathers demonstrated low internal consistency.

Descriptive Statistics for the NFV

All indices were calculated using a mean of scores across items (3) and vignettes (2). Thus, each index consists of 6 items, with the exception of Appropriately Supportive Thoughts which contains 4 items. Table 2 contains the mean, standard deviation, and range of mothers' and fathers' scores on each of the subscales of the NFV. Distributions of responses were inspected to ensure variability in responses. Two indices, Negative/Authoritarian Statements and Actions, showed skewed distributions demonstrating overall low endorsement of items. As these indices would not be used in further analyses, no transformations were performed.

Mothers' and fathers' responses to the NFV were compared via multiple *t*-tests. Mothers reported more Appropriately Supportive Statements than fathers, $t(144) = 2.59$, $p < .05$. Mothers reported more Overprotective Actions than fathers, $t(144) = 1.75$, $p < .10$. Mothers reported more Appropriately Supportive Actions than fathers $t(144) = 2.29$, $p < .05$.

Table 3 contains the intercorrelations between the subscales of the NFV for mothers. Of the 36 correlations between the subscales, 22 of them were significant and all

were positive. Most of the strongest correlations were between corresponding scales; such as overprotective thoughts and overprotective actions, and appropriately supportive statements and appropriately supportive actions. There was also substantial correspondence between mothers' responses to several of the overprotective and appropriately supportive scales. Mothers' responses to negative/authoritarian scales were not as strongly related to the overprotective and even less so to appropriately supportive scales, which may be a function of mothers' limited variability of responses to the negative/authoritarian scales.

Table 4 contains the intercorrelations between the subscales of the NFV for fathers. Of the 36 correlations between the subscales, 19 of them were significant and all were positive. As with mothers, most of the strongest correlations were between corresponding scales; such as overprotective thoughts and overprotective actions, and appropriately supportive statements and appropriately supportive actions. There was also substantial correspondence between fathers' responses to several of the overprotective and appropriately supportive scales. Fathers' responses to negative/authoritarian scales were not strongly related to the overprotective and to appropriately supportive scales, which may be a function of fathers' limited variability of responses to the negative/authoritarian scales.

Given the significant correlations between statements and actions for mothers and fathers and in order to reduce the number of variables for subsequent analyses, these two indices were combined to form an index of behaviours. Descriptive statistics for the new behaviours index are presented in Table 2. Multiple *t* tests were also used to compare

mothers' and fathers' reported behaviours. Mothers reported more Appropriately Supportive Behaviours than fathers, $t(144) = 2.65$, $p < .001$.

Descriptive Statistics of Other Parenting Measures and Children's Problems

Table 5 contains the means and standard deviations of the other parenting measures and children's problem behaviour scores. Based on the CBCL, 24% of children had internalizing scores in the borderline to clinical range and 17% of children had anxiety scores in the borderline to clinical range. Based on the CTRF, 15% of children had internalizing scores in the borderline to clinical range and 21% of children had anxiety scores in the borderline to clinical range. Based on the SCBE, 4% of children had internalizing scores in the borderline to clinical range, 11% of children had anxiety scores in the borderline to clinical range, and 13% of children had dependency scores in the borderline to clinical range.

Assessment of the Validity of the NFV

Relations between the overprotective scores of the NFV, the three other measures of parenting, and seven measures of children's problems were examined in order to assess the convergent, divergent, and criterion validity of the NFV scales. Tables 6 and 7 contain correlations between overprotective scores from the NFV and the other parenting measures (authoritarian, protective, and cohesion), for mothers and fathers, respectively. Parents' overprotective scores on the NFV were not strongly associated with their scores on the Q-sort or FACES. Mothers' scores on the protective items from the Q-sort were marginally significantly correlated with NFV overprotective thoughts and fathers' authoritarian scores from the Q-sort were negatively related to NFV overprotective

thoughts.

There were several small but significant correlations between the indices of children's problems and their mothers' overprotective scores, but not for their fathers' overprotective scores. Mothers who reported more overprotective thoughts had children with more internalizing and anxiety problems according to mothers. Mothers who reported more overprotective statements had children who were described by teachers as having more anxiety problems and as being more dependent. Mothers who reported more overprotective actions had children who were described as having more internalizing and anxiety problems, and as being more dependent.

Mothers' other parenting scores were not as strongly related to children's problems. Mothers who reported more protective child-rearing attitudes had children who were described as having more internalizing problems. Mothers who reported low levels of family cohesion had children who were described as having more internalizing problems and as being more dependent.

Although fathers' overprotective scores were not significantly correlated with children's problem behaviours, their other parenting scores were. Fathers who reported more authoritarian child-rearing attitudes had children who were described as having more internalizing problems. Fathers who reported more protective child-rearing attitudes had children who were described as having more internalizing and anxiety problems, and as being more dependent. Fathers who reported low levels of family cohesion had children who were described as having more internalizing problems and as being more dependent.

Predicting Children's Problems from Overprotective Behaviours of the NFV

Hierarchical regression models were used to examine the extent to which overprotective parenting predicted children's problem behaviours. Preliminary analyses revealed that some scores on the parent-report and teacher-report measures varied as a function of children's age, sex, or family composition (single parent versus two parent families). Therefore, these variables were controlled in all regressions. There were 4 steps of predictor entry for all regressions. On the first step, child's age, sex, and family composition were entered to first control for these demographic characteristics. On the second step, protective scores (Q-sort) and cohesion scores (FACES) were entered. On the third step, overprotective behaviours were entered in order to reveal whether overprotective behaviours improved prediction of children's problems beyond current parenting measures. And on the fourth step, two 2-way interaction terms of overprotective behaviours and child characteristics (overprotective behaviours X age, overprotective behaviours X sex) were entered. As suggested by Aiken and West (1991), all variables involved in the regression models were centered prior to computing interaction terms by using *z*-transformations.

A total of 7 regression models were constructed for mothers and for fathers. Regressions predicted internalizing problems (CBCL; CTRF; SCBE); anxiety problems (CBCL; CTRF; SCBE) and dependence (SCBE).

Internalizing Problems. The results of the regression analyses predicting mother-reported internalizing problems are presented in Table 8 for mothers and Table 9 for fathers. For mothers, the regression analysis predicting internalizing problems on the

CBCL was not significant, F (8, 73) = 1.19, *ns*. However, one individual predictor approached significance. Mothers who described themselves as having more protective child-rearing attitudes had children with more internalizing problems.

For fathers, the regression analysis predicting internalizing problems on the CBCL was not significant, F (8, 52) = 1.47, *ns*. However, one individual predictor was significant. Fathers who described themselves as having more protective child-rearing attitudes had children with more internalizing problems.

The results of the regression analyses predicting teacher-reported internalizing problems on the CTRF are presented in Table 10 for mothers and Table 11 for fathers. For mothers, the regression analysis predicting internalizing problems was significant, accounting for 17% of the variance, F (8, 64) = 2.90, p <.01. Higher internalizing scores were found for daughters, as compared to sons. Mothers who reported lower levels of cohesion, had children with more internalizing problems.

For fathers, the regression analysis predicting internalizing problems on the CTRF was significant, accounting for 18% of the variance, F (8, 46) = 2.44, p <.05. Higher internalizing scores were found for daughters, as compared to sons.

The results of the regression analyses predicting teacher-reported internalizing problems on the SCBE are presented in Table 12 for mothers and Table 13 for fathers. For mothers, regression analysis failed to reach significance, F (8, 65) = 1.02, *ns*. However, a marginally significant effect was found for family composition. Internalizing problems tended to be higher in single parent families.

For fathers a different pattern emerged. For fathers, the regression analysis predicting internalizing problems on the SCBE was marginally significant, accounting for 12% of the variance, F (8,46) = 1.89, p <.10. Fathers who described themselves as having more protective child-rearing attitudes, had children with higher levels of internalizing problems. Fathers who reported lower levels of cohesion, had children with higher levels of internalizing problems. Fathers who reported more overprotective behaviours had children with fewer internalizing problems.

Anxiety Problems. The results of the regression analyses predicting mother-reported anxiety problems on the CBCL are presented in Tables 14 for mothers and Table 15 for fathers. For mothers, the regression analysis failed to reach statistical significance, F (8,73) = .62, *ns*. The regression analysis also failed to reach statistical significant for fathers, F (8,52) = .54, *ns*.

The results of the regression analyses predicting teacher-reported anxiety problems on the CTRF are presented in Table 16 for mothers and Table 17 for fathers. For mothers, regression analyses failed to reach significance, F (8,64) = 1.31, *ns*. However, one predictor approached significance. Mothers who reported more overprotective behaviours, had children with more anxiety problems.

For fathers, regression analyses failed to reach significance, F (8,46) = 1.50, *ns*. However, one predictor approached significance. Fathers who described themselves as having more protective child-rearing attitudes, had children with higher levels of internalizing problems.

The results of the regression analyses predicting teacher-reported anxiety problems on the SCBE are presented in Table 18 for mothers and Table 19 for fathers. For mothers, the regression analysis did not reach statistical significance, F (8, 65) = .53, *ns*.

For fathers, the regression analysis also failed to reach significance, F (8, 46) = .99, *ns*. However, one predictor reached statistical significance. Fathers who described themselves as having more protective child-rearing attitudes, had children with higher levels of anxiety problems.

Dependence. The results of the regression analyses predicting teacher-reported anxiety problems on the SCBE are presented in Table 20 for mothers and Table 21 for fathers. For mothers, regression analysis failed to reach significance, F (8, 65) = 1.54, *ns*. However, two marginally significant effects were found. Dependence tended to be higher in single-parent families. Mothers' who reported more overprotective behaviours, had children with higher dependence.

For fathers, regression analysis was marginally significant, accounting for 14% of the variance, F (8, 46) = 2.14, p <.10. Fathers who described themselves as having more protective child-rearing attitudes, had children with higher levels of dependence. Fathers who reported lower levels of cohesion, had children with higher levels of dependence.

Discussion

Given the pervasive and persistent nature of internalizing problems, the study of parental overprotection and its links to preschoolers' internalizing problems is a necessary element in understanding factors influencing children's internalizing problems.

A focus on preschoolers is essential as this is a critical age for the onset of anxious symptoms (Hirshfeld-Becker & Biederman, 2002). Taken together, a reliable and valid measure of overprotection, or even psychological control in general, for use with young children is necessary. This study evaluated a new parent-report measure and assessed the links between parent-reported overprotection and children's internalizing problems. The primary focus was to assess the psychometric properties of the scale, by examining how it related to other parenting measures (convergent and divergent validity) and how it related to children's internalizing, anxiety, and dependence (criterion validity). Overall, this study has shown that parental assessment of overprotection in parents of young children using the NFV has the potential to elucidate the links between parental overprotection and preschoolers' internalizing problems.

The NFV is a reliable measure for assessing overprotective behaviours in mothers and fathers, as it demonstrated adequate internal reliability. However, items assessing parents' overprotective statements and actions demonstrated higher internal reliability than parents' overprotective thoughts. Although the thoughts provided in the NFV were aimed to be specific and clear, it is possible that some of the problems associated with assessment of parental thoughts still surfaced. Previous research has shown that specific parental cognitions are correlated with matching parental actions within given contexts (e.g., Dix, Ruble, Grusec, & Nixon, 1986; Hastings & Grusec 1998). However, the majority of research has focused on parents' use of discipline, behavioural control, and non-power assertive strategies like reasoning. Relatively little research has been conducted on the cognitive aspects of overprotection. It is possible that the thoughts

identified in the NFV are not prototypical of the cognitions that motivate parents to use overprotection. Alternatively, each of the thoughts in itself may be associated with overprotection, but together the thoughts do not form a cohesive or coherent construct; parents may use overprotection for a variety of reasons. Further work is needed to increase our understanding of the thoughts and affect that underlie overprotection, and to improve the assessment of parental thoughts in the NFV.

Overall parents' overprotective scores were not strongly related to similar parenting measures (protection and cohesion). It was expected that these two scales would be related to the NFV overprotective scale, and would demonstrate convergent validity. One possible reason is that the two measures are considerably different in design from the NFV. The items measuring protection and cohesion are worded without reference to a specific situation, although the items are similar in content to the overprotective items. Conversely, the NFV items are *specific* thoughts, statements, and actions that parents might have in response to a *specific* situation. Accordingly, parents' responses to shy or withdrawn behaviours might be different from their reported general ratings of protection and cohesion.

Correlations between authoritarian parenting and overprotective parenting were examined to assess divergent validity. While it is recognized that certain features of overprotection are similar to characteristics of the authoritarian typology, a high degree of overlap was not expected as overprotection is conceptualized as a very specific, distinct construct. Overall, overprotective measures of the NFV were not related to authoritarian child-rearing attitudes, nor were they strongly related to

negative/authoritarian measures of the NFV. However, fathers who reported more overprotective thoughts, tended to report fewer authoritarian child-rearing attitudes. This should be interpreted with caution, however, as the overprotective thoughts demonstrated only fair internal reliability. Other small but significant correlations were found between overprotective indices and negative/authoritarian indices. Overall, these results demonstrate that overprotective parenting, as measured by the NFV, is not an aspect of general parenting attitudes, and instead may reflect a more specific set of thoughts and behaviours that parents might have and engage in when their child behaves in anxious or shy way.

The NFV overprotective scores were also assessed for validity; that is, to assess whether the scores related to children's problem behaviours. For mothers, more associations were found between overprotective scores from the NFV and children's problem behaviours than between the other parenting measures and children's problem behaviours. It appears that the NFV tapped into specific overprotective indices which have been theorized to be related to children's internalizing problems. This provides support for the psychometric soundness of the measure, and provides support for the link between maternal overprotection and young children's internalizing problems which has previously been reported (e.g., Mills & Rubin, 1998; Rubin et al., 1997). Also, in assessing the predictive validity of overprotective scores, similar patterns emerged. For mothers, overprotective scores were predictive of children's anxiety and dependence (teacher-reported), over and above other parenting measures (protection and cohesion). These results are quite interesting as they represent one of the first attempts to isolate the

effects of overprotection from the effects of other similar constructs. In addition, the independent sources of information strengthen the validity of these results. Furthermore, this demonstrates that mothers' overprotective attempts to restrict children's behaviours within the family are associated with children's problem behaviours in different contexts.

Of particular importance is the fact that maternal overprotection predicted *greater dependence* in children at daycare. This could be interpreted to mean the children have begun to see themselves as not competent, and in turn, look towards their teachers for support and guidance during their time at daycare. Rubin and colleagues (Rubin et al., 1990; Rubin & Mills, 1991) have described how the interplay between child and parent characteristics can lead to loneliness and depression through the preclusion of opportunities with peers to develop social competence. Thus, if children are spending a great deal of time interacted with their teachers and being shy and anxious, they are spending less time interacting with peers. In order to fully understand this link within a developmental or transactional model, longitudinal studies would be necessary to untangle the direction of effects.

Other studies employing parent-report measures of overprotective parenting for mothers have shown contemporaneous correlations with children's internalizing problems that are of similar magnitude to those observed in the current study (e.g., Chen et al, 1998). Longitudinal research examining the link between overprotective parenting and children's internalizing problems has produced stronger correlations. Rubin et al. (1997) found that observed maternal oversolicitousness and toddlers' fearful temperaments, in combination, significantly predicted children's inhibition 2 years later

($R^{2=}$.26). To date, no longitudinal study has employed a parent-report measure of overprotective parenting with toddlers. Future research could examine these associations using the NFV with mothers and fathers.

On the whole, maternal overprotection as measured by the NFV showed moderate associations with children's internalizing and anxiety problems and dependence. However, for fathers the overprotective scores did not show the same associations. In fact, different patterns emerged when comparing the NFV to other measures of parenting. Contrary to the findings for mothers, fathers' other parenting measures were correlated with children's problem behaviours. As well, fathers' overprotective scores were not predictive of children's problem behaviours; although measures of protective parenting and cohesion were predictive of children's internalizing problems, anxiety, and dependence. Thus, it would seem that the NFV was not as successful in measuring fathers' overprotection, as it was in measuring mothers' overprotection. There are a couple of reasons why the NFV did not seem to work as well for measuring fathers' overprotection as it did for mothers. The eliciting scenarios of the NFV may have been more familiar experiences for mothers, and thus more salient contexts. Also, because the overprotective items were derived from past research with *mothers*, they may not have accurately described how fathers show their overprotective behaviours. Conversely, given that the protection scores seemed to work better for fathers than mothers, it may be that fathers behave in accord with less specific parenting characteristics than mothers, responding less to variations in context.

Limitations

It must be recognized that, in general, the results of the regression analyses were low to moderate in strength. Many factors that were not examined could be contributing to parental overprotection and children's problem behaviours. For example, this study did not consider parents' own anxiety. Past research has shown that parents' anxiety is a risk for the development of anxiety in their children (Rapee, 2002). It is also possible that parental anxiety is a moderator of, or antecedent of, parental overprotection.

The NFV was designed specifically to provide a context in which parents could provide ratings of their overprotective responses. The context created in the NFV ensured that parents responded to the *same, specific* child characteristics, and did not respond to their own child's characteristics (which would differ across parents). While we may know a great deal about how parents might think or act in response to children's shyness or anxiety, we lack information on how parents react in more ambiguous situations. We might expect that overprotective parents would continue to act in similar ways in ambiguous situations. Parental overprotective responses need also to be examined in other situations in order to fully understand how parental overprotection is displayed across contexts.

Another limitation is that the fathers from several two-parent families (N=9) declined to participate. It is possible that they were different in some way from fathers who did participate in the study.

One caveat warranting further discussion is the measure of cohesion used in the current study. Based on the measure used, low cohesion scores represented poorly functioning families, with non-optimal levels of cohesion. Results were all in the

predicted direction, where low levels of cohesion were related to and predictive of children's problem behaviours. This is consistent with past research by Barber and Buehler (1996). Notwithstanding, it remains to be understood what this means exactly. Low cohesion scores could represent either chaotic *or* enmeshed households based on the FACES-III measure. It is difficult to decipher if the observed effects demonstrated that family enmeshment was the significant factor in the relationship, or if it was chaotic family functioning. Future research should use either a clinical sample of children, where the curvilinear structure of the FACES-III has been demonstrated, or use another measure where enmeshment scores are more clearly understood.

Future Directions

This study contributed to building our understanding of overprotection in parents of young children. Future studies can measure overprotection with the NFV with parents of children of different ages. The vignettes can easily be adapted from the daycare scenarios to school scenarios. This would provide researchers with a reliable and valid parent-report measure to assess overprotection in children of a variety of ages.

Future research could also examine how reported overprotective behaviours shape everyday interactions between parents and children. Siqueland et al. (1996) conducted such an observational study examining family interactions in children with anxiety disorders, but did not include any other measures of parental overprotection. By combining these two methods, a fuller, more descriptive picture of the effects of parental overprotection on children's internalizing problems would emerge.

Parental overprotection appears to be detrimental for young children's emotional wellbeing, and undermines their autonomy. This suggests that interventions to address parenting practices may be effective for promoting children's emotional wellbeing. Such interventions could entail providing parents with information on how their overprotective thoughts, actions, and behaviours directly affect their children's emotional wellbeing, and in turn their children's behaviours at daycare. With this information, parents could then modify their behaviours to encourage autonomy and independence in their children.

Tables

Table 1

Alpha Coefficients for Mothers' and Fathers' Responses to the New Friends Vignettes

	Mothers	Fathers
Thoughts		
Overprotect	.49	.43
Neg/Auth	.74	.76
App Sup	.30	.36
Statements		
Overprotect	.78	.75
Neg/Auth	.68	.56
App Sup	.69	.66
Actions		
Overprotect	.63	.66
Neg/Auth	.61	.82
App Sup	.70	.67

Table 2

Descriptive Statistics for Mothers' and Fathers' Responses to the New Friends Vignettes

		Mothers *N*=83			Fathers *N*=63		
		M	*SD*	range	*M*	*SD*	range
Thoughts	Overprotect	.64	.30	.00-1.83	.57	.27	.00-1.17
	Neg/Auth	.47	.41	.00-1.50	.43	.41	.00-1.50
	App Sup	1.54	.34	.75-2.00	1.51	.34	.50-2.00
Statements	Overprotect	1.17	.52	.00-2.00	1.10	.45	.00-1.83
	Neg/Auth	.19	.82	.00-2.00	.18	.22	.00-1.00
	App Sup	1.57	.39	.17-2.00	1.40	.38	.50-2.00
Actions	Overprotect	1.13	.37	.00-2.00	1.02	.36	.33-1.67
	Neg/Auth	.35	.36	.00-1.60	.38	.41	.00-1.83
	App Sup	1.59	.37	.50-2.00	1.46	.35	.83-2.00
Behaviours[a]	Overprotect	1.15	.38	.17-1.83	1.06	.32	.33-1.75
	Neg/Auth	.24	.29	.00-1.63	.28	.28	.00-1.33
	App Sup	1.58	.35	.42-2.00	1.43	.33	.67-2.00

Note. [a] Behaviours refers to mean of statements and actions.

Table 3

Intercorrelations between Subscales of the New Friends Vignettes for Mothers

		1	2	3	4	5	6	7	8	9
Thoughts	1. Overprotect	-	.34**	.29**	.18	.25*	-.11	.55***	.15	.12
	2. Neg/Auth		-	.15	.06	.21^{+}	-.01	.18	.49***	.06
	3. App Sup			-	.48***	.27*	.41***	.48***	.27*	.50***
Statements	4. Overprotect				-	.24*	.57***	.44***	.27*	.51***
	5. Neg/Auth					-	.14	.18	.52***	.10
	6. App Sup						-	.26*	.33**	.76***
Actions	7. Overprotect							-	.25*	.34**
	8. Neg/Auth								-	.21^{+}
	9. App Sup									-

***p <.001; **p <.01; *p <.05; ^{+}p < .10.

Table 4

Intercorrelations between Subscales of the New Friends Vignettes for Fathers

		1	2	3	4	5	6	7	8	9
Thoughts	1. Overprotect	-	.42**	.18	.24^{+}	.12	.31*	.51***	.11	.21
	2. Neg/Auth		-	.21^{+}	.21	.42**	.22^{+}	.22^{+}	.67***	.30*
	3. App Sup			-	.25*	.11	.17	.32*	.19	.41**
Statements	4. Overprotect				-	.28*	.33*	.28*	.26*	.14
	5. Neg/Auth					-	.17	.16	.45***	.22^{+}
	6. App Sup						-	.30*	.26*	.63***
Actions	7. Overprotect							-	.20	.31*
	8. Neg/Auth								-	.32*
	9. App Sup									-

***p <.001; **p <.01; *p <.05; ^{+}p < .10.

Table 5

Descriptive Statistics for Parenting Measures and Children's Problems

	Authoritarian (Q-sort)		Protective (Q-sort)		Cohesion (FACES)		CBCL		CTRF		SCBE		
	M	F	M	F	M	F	Intl	Anx	Intl	Anx	Intl	Anx	Dep
M	3.05	3.20	3.84	3.67	41.83	39.65	52.71	53.12	50.75	54.95	47.93	48.95	50.34
SD	.41	.52	.59	.61	4.50	4.64	10.44	5.93	9.95	5.75	10.27	10.13	9.18
range	2.08-	2.00-	2.67-	2.00-	28.00-	24.00-	29.00-	50.00-	34.00-	50.00-	30.00-	30.00-	30.00-
	4.00	4.46	5.22	5.00	49.00	50.00	76.00	84.00	70.00	74.00	67.00	70.00	70.00
N	84	61	84	61	82	63	84	84	75	75	76	76	76

Note. M= Mothers; F= Fathers; Intl= Internalizing; Anx= Anxiety; Dep= Dependence.

Table 6

Correlations between Mothers' New Friends Vignettes Overprotective Scores, Parenting Measures, and Children's Problems

	NFV				Q sort		FACES	CBCL		CTRF		SCBE[1]		
	T	S	A	B	Auth	Prot	Cohe	Intl	Anx	Intl	Anx	Intl	Anx	Dep
Thoughts	-	.16	.55***	.38*	-.03	.20^{+}	-.04	.32**	.22^{+}	.20^{+}	.11	-.06	-.06	-.17
Statements		-	.42***	.89***	.10	-.02	-.04	.07	.08	.13	.25*	-.14	-.11	-.21^{+}
Actions			-	.78***	.07	.09	-.04	.09	.09	.20^{+}	.24*	-.05	.02	-.27*
Behaviours				-	.10	.03	-.05	.10	.10	.19	.29*	-.12	-.07	-.29*
Auth					-	.21^{+}	.15	-.02	-.16	.02	.15	.15	.07	.13
Protective						-	.16	.27*	.14	-.09	.13	.12	.08	.00
Cohesion							-	.06	.01	-.32**	-.11	.24*	.17	.20^{+}

Note. [1] Low scores on the SCBE are indicative of problematic functioning. $N = 83$. T= Thoughts; S=Statements; A=Actions; B= Behaviours; Auth= Authoritarian; Cohe= Cohesion; Intl= Internalizing; Anx= Anxiety; Dep= Dependence.

***$p < .001$; **$p < .01$; *$p < .05$; $^{+}p = .10$.

Table 7

Correlations between Fathers' New Friends Vignettes Overprotective Scores, Parenting Measures, and Children's Problems

	NFV				Q sort		FACES	CBCL		CTRF		SCBE[1]		
	T	S	A	B	Auth	Prot	Cohe	Intl	Anx	Intl	Anx	Intl	Anx	Dep
Thoughts	-	.27^{+}	.58***	.50***	-.30*	.10	-.01	.09	.08	.17	.05	-.12	-.22	-.07
Statements		-	.25^{+}	.86***	.00	-.05	-.10	.01	-.04	-.14	-.05	.22	.14	.07
Actions			-	.71***	.01	.10	-.06	.16	.14	.15	.07	.17	.10	.04
Behaviours				-	.00	.02	-.11	.09	.04	-.03	.00	.25^{+}	.16	.07
Auth					-	.01	-.13	-.11	-.16	.13	.25^{+}	-.04	-.05	-.03
Protective						-	.09	.30*	.14	.11	.31*	-.12	-.15	-.30*
Cohesion							-	.22	.04	-.24^{+}	-.19	.33*	.20	.30*

Note. [1] Low scores on the SCBE are indicative of problematic functioning. $N = 53$. T= Thoughts; S=Statements; A=Actions; B= Behaviours; Auth= Authoritarian; Cohe= Cohesion; Intl= Internalizing; Anx= Anxiety; Dep= Dependence.

***$p < .001$; **$p < .01$; *$p < .05$; $^{+}p < .10$.

Table 8

Hierarchical Multiple Regression Analysis for Mothers' Parenting Variables Predicting Children's CBCL Internalizing Scores

Step and Variables	R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1	.05	.01	.05	*ns*				
z-Age					.17	1.54	*ns*	.17
Sex (1=male)					-.09	-.78	*ns*	-.09
Family Composition (1=single parent)					-.12	-1.05	*ns*	-.12
Step 2	.10	.04	.05	*ns*				
z-Protective					.20	1.78	$p < .10$	.20
z- Cohesion					.05	.47	*ns*	.05
Step 3	.11	.04	.01	*ns*				
z-NFV: Overprotective Behaviours					.12	1.03	*ns*	.12
Step 4	.12	.02	.01	*ns*				
Interaction: Age* Overprotective Behaviours					-.08	-.60	*ns*	-.07
Interaction: Sex* Overprotective Behaviours					.26	.64	*ns*	.07

Note. $N = 82$.

Table 9

Hierarchical Multiple Regression Analysis for Fathers' Parenting Variables Predicting Children's CBCL Internalizing Scores

Step and Variables	R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1	.01	-.04	.01	*ns*				
z-Age					.11	.84	*ns*	.11
Sex (1=male)					-.02	-.14	*ns*	-.02
Family Composition (1=single parent)					.00	.03	*ns*	.00
Step 2	.15	.07	.14	$p < .05$				
z-Protective					.31	2.43	$p < .05$	.31
z- Cohesion					.18	1.41	*ns*	.19
Step 3	.16	.06	.01	*ns*				
z-NFV: Overprotective Behaviours					.09	.72	*ns*	.10
Step 4	.18	.06	.03	*ns*				
Interaction: Age* Overprotective Behaviours					.19	1.29	*ns*	.18
Interaction: Sex* Overprotective Behaviours					-.01	-.02	*ns*	.00

Note. $N = 61$.

Table 10

Hierarchical Multiple Regression Analysis for Mothers' Parenting Variables Predicting Children's CTRF Internalizing Scores

Step and Variables	R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1	.13	.09	.13	$p < .05$				
z-Age					-.08	-.73	*ns*	-.09
Sex (1=male)					.33	2.94	$p < .01$	.33
Family Composition (1=single parent)					-.06	-.53	*ns*	-.06
Step 2	.21	.15	.09	$p < .05$				
z-Protective					.01	.12	*ns*	.02
z- Cohesion					-.31	-2.69	$p < .01$	-.31
Step 3	.22	.15	.01	*ns*				
z-NFV: Overprotective Behaviours					.12	1.03	*ns*	.13
Step 4	.27	.17	.04	*ns*				
Interaction: Age* Overprotective Behaviours					-.12	-.89	*ns*	-.11
Interaction: Sex* Overprotective Behaviours					-.58	-1.45	*ns*	-.18

Note. $N = 73$.

Table 11

Hierarchical Multiple Regression Analysis for Fathers' Parenting Variables Predicting Children's CTRF Internalizing Scores

Step and Variables	R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1	.25	.20	.25	$p < .01$				
z-Age					.12	.94	*ns*	.13
Sex (1=male)					.47	3.89	$p < .01$	.48
Family Composition (1=single parent)					-.17	-1.30	*ns*	-.18
Step 2	.28	.21	.04	*ns*				
z-Protective					.12	.93	*ns*	.13
z- Cohesion					-.16	-1.31	*ns*	-.18
Step 3	.28	.19	.00	*ns*				
z-NFV: Overprotective Behaviours					-.01	-.06	*ns*	-.01
Step 4	.30	.18	.02	*ns*				
Interaction: Age* Overprotective Behaviours					.11	.71	*ns*	.10
Interaction: Sex* Overprotective Behaviours					.33	.77	*ns*	.11

Note. $N = 55$.

Table 12

Hierarchical Multiple Regression Analysis for Mothers' Parenting Variables Predicting Children's SCBE Internalizing Scores

Step and Variables	R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1	.07	.03	.07	*ns*				
z-Age					.04	.33	*ns*	.04
Sex (1=male)					-.13	-1.13	*ns*	-.13
Family Composition (1=single parent)					.22	1.90	$p < .10$	.22
Step 2	.10	.03	.03	*ns*				
z-Protective					.00	.03	*ns*	.00
z- Cohesion					.18	1.49	*ns*	.18
Step 3	.10	.02	.01	*ns*				
z-NFV: Overprotective Behaviours					-.09	-.73	*ns*	-.09
Step 4	.11	.00	.01	*ns*				
Interaction: Age* Overprotective Behaviours					-.09	-.62	*ns*	-.08
Interaction: Sex* Overprotective Behaviours					-.13	-.29	*ns*	-.04

Note. Low scores on the SCBE are indicative of problematic functioning. $N = 74$.

Table 13

Hierarchical Multiple Regression Analysis for Fathers' Parenting Variables Predicting Children's SCBE Internalizing Scores

Step and Variables	R^2	*Adj.* R^2	ΔR^2	*Sign.*	β	*t*	Sign.	Partial *r*
Step 1	.07	.01	.07	*ns*				
z-Age					.07	.50	*ns*	.07
Sex (1=male)					-.22	-1.62	*ns*	-.22
Family Composition (1=single parent)					.09	.64	*ns*	.09
Step 2	.18	.10	.12	$p < .05$				
z-Protective					-.24	-1.80	$p < .10$	-.25
z- Cohesion					.29	2.19	$p < .05$	.30
Step 3	.23	.14	.05	$p < .10$				
z-NFV: Overprotective Behaviours					.23	1.74	$p < .10$	.24
Step 4	.25	.12	.02	*ns*				
Interaction: Age* Overprotective Behaviours					-.15	-.92	*ns*	-.13
Interaction: Sex* Overprotective Behaviours					-.17	-.38	*ns*	-.06

Note. Low scores on the SCBE are indicative of problematic functioning. $N = 55$.

Table 14

Hierarchical Multiple Regression Analysis for Mothers' Parenting Variables Predicting Children's CBCL Anxiety Scores

Step and Variables	R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1	.01	-.02	.01	*ns*				
z-Age					.07	.65	*ns*	.07
Sex (1=male)					-.08	-.74	*ns*	-.08
Family Composition (1=single parent)					-.01	-.09	*ns*	-.01
Step 2	.03	-.04	.01	*ns*				
z-Protective					.12	1.00	*ns*	.11
z- Cohesion					.01	.09	*ns*	.01
Step 3	.04	-.04	.02	*ns*				
z-NFV: Overprotective Behaviours					.12	1.07	*ns*	.12
Step 4	.06	-.04	.02	*ns*				
Interaction: Age* Overprotective Behaviours					-.08	-.62	*ns*	-.07
Interaction: Sex* Overprotective Behaviours					.53	1.25	*ns*	.15

Note. $N = 82$.

Table 15

Hierarchical Multiple Regression Analysis for Fathers' Parenting Variables Predicting Children's CBCL Anxiety Scores

Step and Variables	R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1	.02	-.03	.02	*ns*				
z-Age					.07	.51	*ns*	.07
Sex (1=male)					.10	.74	*ns*	.10
Family Composition (1=single parent)					.07	.52	*ns*	.07
Step 2	.05	-.03	.03	*ns*				
z-Protective					.16	1.21	*ns*	.16
z- Cohesion					.05	.33	*ns*	.05
Step 3	.05	-.05	.00	*ns*				
z-NFV: Overprotective Behaviours					.01	.10	*ns*	.01
Step 4	.08	-.07	.03	*ns*				
Interaction: Age* Overprotective Behaviours					-.01	-.05	*ns*	-.01
Interaction: Sex* Overprotective Behaviours					.55	1.17	*ns*	.16

Note. $N = 61$.

Table 16

Hierarchical Multiple Regression Analysis for Mothers' Parenting Variables Predicting Children's CTRF Anxiety Scores

Step and Variables	R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1	.04	.00	.04	*ns*				
z-Age					-.14	-1.14	*ns*	-.14
Sex (1=male)					.14	1.14	*ns*	.14
Family Composition (1=single parent)					.01	.07	*ns*	.01
Step 2	.09	.02	.05	*ns*				
z-Protective					.20	1.61	*ns*	.19
z- Cohesion					-.15	-1.19	*ns*	-.14
Step 3	.14	.06	.05	$p<.10$				
z-NFV: Overprotective Behaviours					.23	1.88	$p<.10$	.23
Step 4	.14	.03	.01	*ns*				
Interaction: Age* Overprotective Behaviours					.01	.08	*ns*	.01
Interaction: Sex* Overprotective Behaviours					.27	.62	*ns*	.08

Note. $N = 73$.

Table 17

Hierarchical Multiple Regression Analysis for Fathers' Parenting Variables Predicting Children's CTRF Anxiety Scores

Step and Variables	R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1	.03	-.03	.03	*ns*				
z-Age					-.04	-.30	*ns*	-.04
Sex (1=male)					.14	1.04	*ns*	.14
Family Composition (1=single parent)					-.09	-.60	*ns*	-.08
Step 2	.16	.07	.13	$p < .05$				
z-Protective					.31	2.39	$p < .05$	.32
z- Cohesion					-.20	-1.47	*ns*	-.21
Step 3	.16	.05	.00	*ns*				
z-NFV: Overprotective Behaviours					-.01	-.05	*ns*	-.01
Step 4	.21	.07	.05	*ns*				
Interaction: Age* Overprotective Behaviours					.04	.23	*ns*	.03
Interaction: Sex* Overprotective Behaviours					.75	1.68	*ns*	.24

Note. $N = 55$.

Table 18

Hierarchical Multiple Regression Analysis for Mothers' Parenting Variables Predicting Children's SCBE Anxiety Scores

Step and Variables	R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1	.02	-.02	.02	*ns*				
z-Age					.09	.72	*ns*	.09
Sex (1=male)					-.05	-.40	*ns*	-.05
Family Composition (1=single parent)					.08	.65	*ns*	.08
Step 2	.04	-.03	.02	*ns*				
z-Protective					.00	.01	*ns*	.00
z- Cohesion					.15	1.20	*ns*	.14
Step 3	.04	-.05	.00	*ns*				
z-NFV: Overprotective Behaviours					-.04	-.32	*ns*	-.04
Step 4	.06	-.06	.02	*ns*				
Interaction: Age* Overprotective Behaviours					-.17	-1.18	*ns*	-.15
Interaction: Sex* Overprotective Behaviours					.21	.48	*ns*	.06

Note. Low scores on the SCBE are indicative of problematic functioning. $N = 74$.

Table 19

Hierarchical Multiple Regression Analysis for Fathers' Parenting Variables Predicting Children's SCBE Anxiety Scores

Step and Variables		R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1		.05	.00	.05	*ns*				
	z-Age					.12	.87	*ns*	.12
	Sex (1=male)					-.20	-1.45	*ns*	-.20
	Family Composition (1=single parent)					-.02	-.17	*ns*	-.02
Step 2		.13	.05	.08	*ns*				
	z-Protective					-.26	-1.89	$p < .10$	-.26
	z- Cohesion					.16	1.16	*ns*	.16
Step 3		.15	.04	.01	*ns*				
	z-NFV: Overprotective Behaviours					.12	.82	*ns*	.12
Step 4		.15	.00	.00	*ns*				
	Interaction: Age* Overprotective Behaviours					-.02	-.11	*ns*	-.02
	Interaction: Sex* Overprotective Behaviours					.14	.29	*ns*	.04

Note. Low scores on the SCBE are indicative of problematic functioning. $N = 55$.

Table 20

Hierarchical Multiple Regression Analysis for Mothers' Parenting Variables Predicting Children's SCBE Dependence Scores

Step and Variables	R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1	.07	.03	.07	*ns*				
z-Age					.16	1.41	*ns*	.17
Sex (1=male)					-.01	-.06	*ns*	-.01
Family Composition (1=single parent)					.20	1.67	$p < .10$	.20
Step 2	.11	.05	.04	*ns*				
z-Protective					-.14	-1.17	*ns*	-.14
z- Cohesion					.17	1.41	*ns*	.17
Step 3	.16	.08	.05	$p < .10$				
z-NFV: Overprotective Behaviours					-.23	-1.93	$p < .10$	-.23
Step 4	.16	.06	.00	*ns*				
Interaction: Age* Overprotective Behaviours					-.03	-.24	*ns*	-.03
Interaction: Sex* Overprotective Behaviours					.04	.10	*ns*	.01

Note. Low scores on the SCBE are indicative of problematic functioning. $N = 74$.

Table 21

Hierarchical Multiple Regression Analysis for Fathers' Parenting Variables Predicting Children's SCBE Dependence Scores

Step and Variables	R^2	Adj. R^2	ΔR^2	Sign.	β	t	Sign.	Partial r
Step 1	.03	-.03	.03	*ns*				
z-Age					.09	.62	*ns*	.09
Sex (1=male)					.02	.17	*ns*	.02
Family Composition (1=single parent)					.11	.72	*ns*	.10
Step 2	.26	.18	.23	$p < .01$				
z-Protective					-.43	-3.40	$p < .01$	-.44
z- Cohesion					.30	2.33	$p < .05$	.32
Step 3	.26	.17	.00	*ns*				
z-NFV: Overprotective Behaviours					.04	.28	*ns*	.04
Step 4	.27	.14	.01	*ns*				
Interaction: Age* Overprotective Behaviours					-.06	-.35	*ns*	-.05
Interaction: Sex* Overprotective Behaviours					-.39	-.87	*ns*	-.13

Note. Low scores on the SCBE are indicative of problematic functioning. $N = 55$.

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Appendices

Meeting New Friends

As you read the following two vignettes, please imagine that the child being described is your own child (the child you have given permission to participate in the study). After each vignette, there is a series of questions. Some of the questions ask about what thoughts you might have in the situation. Some of the questions ask about what you might say or do with your child. Some of the questions ask about what you might say or do with the other characters in the vignette. For all of the questions, you will be asked to make ratings on a three-point scale. "No" means that you would *never* think, say, or do the action described by the item. "Maybe" means that you *might* think, say, or do the action described sometimes, but that it might not be a response that you typically or usually make. Finally, "Yes" means that you *definitely* or *probably would* think, say, or do the action described.

Vignette One

A casual friend of yours has a child the same age as your daughter. The two children have never met before. Your friend invites you and your daughter to her home for a play-date with her and her daughter, Tina. Your daughter seems calm and happy while you are on the way there. However, things change when you arrive and enter your friend's home. Your daughter sees Tina and her mother, and then immediately moves behind you. She holds onto your leg and starts to sniffle.

Would any of the following **thoughts** be running through your head when your daughter hides behind you?
(you can endorse as many as are true)

		Circle one response for each		
1.	I wonder why she is acting this way?	No	Maybe	Yes
2.	This is so embarrassing!	No	Maybe	Yes
3.	I guess this is too much for her.	No	Maybe	Yes
4.	I just want her to stop this and play nicely.	No	Maybe	Yes
5.	She just needs a bit of encouragement.	No	Maybe	Yes
6.	Now what am I supposed to do?	No	Maybe	Yes
7.	Maybe we should just leave before she gets really upset.	No	Maybe	Yes
8.	I should let her do this at her own pace.	No	Maybe	Yes
9.	She just needs a little cuddle from Mommy.	No	Maybe	Yes

Would you **say** any of the following things to **your friend and her daughter Tina**?
(you can endorse as many as are true)

		Circle one response for each		
1.	"Don't worry, she'll be fine."	No	Maybe	Yes
2.	"She's just being a silly girl."	No	Maybe	Yes
3.	"Thanks for inviting us to your home."	No	Maybe	Yes
4.	"Tina, would you like to come meet my daughter?"	No	Maybe	Yes
5.	"She does this kind of thing all the time."	No	Maybe	Yes
6.	"It's okay, we just need a minute."	No	Maybe	Yes
7.	"What do you think we should play today, Tina?"	No	Maybe	Yes
8.	"You can see what I have to deal with."	No	Maybe	Yes
9.	"We'll just take this one step at a time."	No	Maybe	Yes

Would you **say or do** any of the following things with **your daughter**?
(you can endorse as many as are true)

		Circle one response for each		
1.	I would say: "You're okay, Mommy is right here with you."	No	Maybe	Yes
2.	I would say: "Do you want to say 'Hello' to Tina?"	No	Maybe	Yes
3.	I would move my daughter so that she was standing in front of me.	No	Maybe	Yes
4.	I would say: "Maybe the four of us can all play together."	No	Maybe	Yes
5.	I would say: "Stop acting like this; you can be a big girl now."	No	Maybe	Yes
6.	I would pick my daughter up and give her a nice hug.	No	Maybe	Yes
7.	I would say: "You shouldn't behave this way in front of others."	No	Maybe	Yes
8.	I would say: "Do you want to go home and play with Mommy?"	No	Maybe	Yes
9.	I would hold my daughter's hand and start to walk toward Tina.	No	Maybe	Yes

Vignette Two

You and your daughter go to a playground near your home. There are a few other little girls there who are about the same age as your daughter. Their parents are sitting on a park bench a few meters away from the girls, close to where you are standing. The other girls have a ball and some toys and are all playing together. You recognize one of the girls, Marie, but you don't think that your daughter has met any of the other children. Your daughter holds onto your hand tightly, and just stands beside you, watching the other girls play.

Would any of the following **thoughts** be running through your head while your daughter stands beside you?
(you can endorse as many as are true)

		Circle one response for each		
1.	I don't think she's ready to play with a group like this.	No	Maybe	Yes
2.	She just needs a bit of encouragement.	No	Maybe	Yes
3.	Maybe we should go home and come back later.	No	Maybe	Yes
4.	Why can't things ever be easy?	No	Maybe	Yes
5.	She'll join them when she's ready.	No	Maybe	Yes
6.	I wish she would just go play with them.	No	Maybe	Yes
7.	If I give her a hug and kiss, that will show her everything is fine.	No	Maybe	Yes
8.	I can't believe we walked all the way here for this!	No	Maybe	Yes
9.	I wonder if she feels okay about this?	No	Maybe	Yes

Would you **say** any of the following things to the **other parents or to the other girls**?
(you can endorse as many as are true)

		Circle one response for each		
1.	"We'll just watch for now."	No	Maybe	Yes
2.	"Oh, she never makes it easy."	No	Maybe	Yes
3.	"Hello, Marie, what are you doing today?"	No	Maybe	Yes
4.	"We just need a few minutes to get ready."	No	Maybe	Yes
5.	"This is just how she acts; it's always like this."	No	Maybe	Yes
6.	"Girls, can my daughter play with you, too?"	No	Maybe	Yes
7.	"It looks like you girls are having fun with those toys."	No	Maybe	Yes
8.	"She's just being a shy girl today."	No	Maybe	Yes
9.	"We're fine here, there's no rush."	No	Maybe	Yes

Would you **say or do** any of the following things with **your daughter**?
(you can endorse as many as are true)

		Circle one response for each		
1.	I would say: "You don't need to act like this."	No	Maybe	Yes
2.	I would say: "Would you rather go back home to play with me?"	No	Maybe	Yes
3.	I would walk with my daughter towards the girls, at a relaxed pace.	No	Maybe	Yes
4.	I would say: "They are not going to be impressed by this behaviour."	No	Maybe	Yes
5.	I would say: "Maybe you can ask them if you can play, too."	No	Maybe	Yes
6.	I would kneel down to her height and give my daughter a cuddle.	No	Maybe	Yes
7.	I would say: "I'm right here beside you, so everything is fine."	No	Maybe	Yes
8.	I would say: "Why don't you go say 'Hello' to Marie?"	No	Maybe	Yes
9.	I would send my daughter towards the boys, and sit with the parents.	No	Maybe	Yes

Appendix B.

New Friends Vignettes Items with Item Total Correlations for Mothers and Fathers

					Mothers		Fathers	
Item Number	Response Type	Vignette	Factor	Item	Response Distribution 0 1 2	Corrected Item Total Correlation	Response Distribution 0 1 2	Corrected Item Total Correlation
1	Thought	1	Overprotect	I guess this is too much for him/her.	50, 39, 11	.31	48, 44, 8	.28
2	Thought	1	Overprotect	Maybe we should just leave before he/she gets really upset.	92, 5, 4	.33	84, 13, 3	.23
3	Thought	1	Overprotect	He/She just needs me to give him/her a little cuddle.	2, 39, 59	.22	8, 58, 34	.19
4	Thought	2	Overprotect	I don't think	70, 26, 4	.19	69, 31, 0	.28

Item Number	Response Type	Vignette	Factor	Item	Mothers Response Distribution 0 1 2	Mothers Corrected Item Total Correlation	Fathers Response Distribution 0 1 2	Fathers Corrected Item Total Correlation
				he's/she's ready to play with a group like this.				
5	Thought	2	Overprotect	Maybe we should go home and come back later.	92, 6, 2	.34	92, 8, 0	.25
6	Thought	2	Overprotect	If I give him/her a hug and a kiss, that will show him/her everything is fine.	23, 45, 32	.21	23, 56, 21	.11
7	Thought	1	Neg/Auth	This is so	63, 31, 6	.69	73, 22, 5	.45

Item Number	Response Type	Vignette	Factor	Item	Mothers Response Distribution 0 1 2	Mothers Corrected Item Total Correlation	Fathers Response Distribution 0 1 2	Fathers Corrected Item Total Correlation
				embarrassing!				
8	Thought	1	Neg/Auth	I just want him/her to stop this and play nicely.	42, 30, 28	.54	36, 40, 24	.62
9	Thought	1	Neg/Auth	Now what am I supposed to do?	69, 21, 10	.48	70, 24, 6	.49
10	Thought	2	Neg/Auth	Why can't things ever be easy?	81, 15, 4	.32	84, 15, 1	.46
11	Thought	2	Neg/Auth	I wish he/she would just go and play with them.	40, 40, 20	.56	49, 33, 18	.65

Item Number	Response Type	Vignette	Factor	Item	Mothers		Fathers	
					Response Distribution 0 1 2	Corrected Item Total Correlation	Response Distribution 0 1 2	Corrected Item Total Correlation
12	Thought	2	Neg/Auth	I can't believe we walked here for this!	94, 5, 1	.30	92, 3, 5	.39
13	Thought	1	App Sup	I wonder why he/she is acting this way?	27, 25, 48	not retained	30, 23, 47	not retained
14	Thought	1	App Sup	He/She just needs a bit of encouragement.	1, 23, 76	.15	2, 24, 74	.29
15	Thought	1	App Sup	I should let him/her do this at his/her own pace.	4, 17, 79	.07	5, 35, 60	.07
16	Thought	2	App Sup	He/She just needs a bit of encouragement.	12, 35, 53	.28	3, 39, 58	.30

Item Number	Response Type	Vignette	Factor	Item	Mothers		Fathers	
					Response Distribution 0 1 2	Corrected Item Total Correlation	Response Distribution 0 1 2	Corrected Item Total Correlation
17	Thought	2	App Sup	He'll/She'll join when he's/she's ready.	3, 22, 75	not retained	2, 29, 69	not retained
18	Thought	2	App Sup	I wonder if he/she feels okay about this?	12, 49, 39	.13	13, 56, 31	.14
19	Statement	1	Overprotect	"Don't worry, he'll/she'll be fine."	12, 32, 56	.33	5, 33, 62	.22
20	Statement	1	Overprotect	"It's okay, we just need a minute."	7, 34, 59	.58	13, 34, 53	.51
21	Statement	1	Overprotect	"We'll just take this one step at a time"	17, 38, 44	.61	22, 52, 26	.46

Item Number	Response Type	Vignette	Factor	Item	Mothers		Fathers	
					Response Distribution 0 1 2	Corrected Item Total Correlation	Response Distribution 0 1 2	Corrected Item Total Correlation
22	Statement	2	Overprotect	"We'll just watch for now."	39, 36, 25	.56	34, 50, 16	.50
23	Statement	2	Overprotect	"We just need a few minutes to get ready."	37, 36, 27	.55	27, 57, 16	.73
24	Statement	2	Overprotect	"We're fine here, there's no rush."	26, 49, 25	.57	30, 49, 21	.55
25	Statement	1	Neg/Auth	"He's/She's just being a silly boy/girl."	91, 6, 3	.40	85, 13, 2	.11
26	Statement	1	Neg/Auth	"He/She does this kind of thing all the	73, 23, 4	.45	75, 22, 3	.35

Item Number	Response Type	Vignette	Factor	Item	Mothers		Fathers	
					Response Distribution 0 1 2	Corrected Item Total Correlation	Response Distribution 0 1 2	Corrected Item Total Correlation
				time."				
27	Statement	1	Neg/Auth	"You can see what I have to deal with."	96, 4, 0	.38	98, 2, 0	.41
28	Statement	2	Neg/Auth	"Oh, he/she never makes it easy."	98, 1, 1	.53	95, 5, 0	.52
29	Statement	2	Neg/Auth	"This is how he/she acts; it's always like this."	91, 7, 1	.54	90, 8, 2	.52
30	Statement	2	Neg/Auth	"He's/She's just being a shy boy/girl today."	63, 32, 5	.42	60, 37, 3	.29

Item Number	Response Type	Vignette	Factor	Item	Mothers		Fathers	
					Response Distribution 0 1 2	Corrected Item Total Correlation	Response Distribution 0 1 2	Corrected Item Total Correlation
31	Statement	1	App Sup	"Thanks for inviting us to your home."	4, 11, 85	.27	3, 15, 82	.05
32	Statement	1	App Sup	"Todd/Tina, would you like to come and meet my son/daughter?"	6, 21, 73	.34	5, 30, 65	.37
33	Statement	1	App Sup	"What do you think we should play today, Todd/Tina"	9, 33, 58	.38	13, 52, 35	.44
34	Statement	2	App Sup	"Hello, Marcus/Tina, what are you doing	4, 17, 79	.47	1, 39, 60	.49

Item Number	Response Type	Vignette	Factor	Item	Mothers Response Distribution 0 1 2	Mothers Corrected Item Total Correlation	Fathers Response Distribution 0 1 2	Fathers Corrected Item Total Correlation
				today?"				
35	Statement	2	App Sup	"Boys/Girls, can my son/daughter play with you, too?"	24, 41, 35	.48	25, 46, 29	.48
36	Statement	2	App Sup	"It looks like you boys/girls are having fun with those toys."	8, 27, 65	.60	15, 51, 34	.53
37	Actions	1	Overprotect	I would say: "You're okay, I'm right here with you."	6, 16, 78	.42	1, 31, 68	.19
38	Actions	1	Overprotect	I would pick my	5, 28, 67	.34	6, 54, 40	.48

Item Number	Response Type	Vignette	Factor	Item	Mothers Response Distribution 0 1 2	Mothers Corrected Item Total Correlation	Fathers Response Distribution 0 1 2	Fathers Corrected Item Total Correlation
				son/daughter up and give him/her a nice hug.				
39	Actions	1	Overprotect	I would say: "Do you want to go home and play with me?"	88, 7, 5	.18	87, 11, 2	.27
40	Actions	2	Overprotect	I would say: "Would you rather go back home to play with me?"	76, 17, 7	.24	76, 23, 1	.50
41	Actions	2	Overprotect	I would kneel down	12, 32, 56	.46	16, 44, 40	.54

Item Number	Response Type	Vignette	Factor	Item	Mothers Response Distribution 0 1 2	Mothers Corrected Item Total Correlation	Fathers Response Distribution 0 1 2	Fathers Corrected Item Total Correlation
				to his/her height and give my son/daughter a cuddle.				
42	Actions	2	Overprotect	I would say: "I'm right here beside you, so everything is fine."	12, 29, 59	.54	13, 31, 56	.41
43	Actions	1	Neg/Auth	I would move my son/daughter so that he/she was standing in front of me.	48, 36, 16	.23	41, 45, 14	.46
44	Actions	1	Neg/Auth	I would say: "Stop	77, 18, 5	.46	79, 15, 6	.57

Item Number	Response Type	Vignette	Factor	Item	Mothers		Fathers	
					Response Distribution 0 1 2	Corrected Item Total Correlation	Response Distribution 0 1 2	Corrected Item Total Correlation
				acting like this; you can be a big boy/girl now."				
45	Actions	1	Neg/Auth	I would say: "You shouldn't behave this way in front of others."	89, 11, 0	.35	89, 8, 3	.77
46	Actions	2	Neg/Auth	I would say: "You don't need to act like this."	77, 16, 7	.58	76, 21, 3	.62
47	Actions	2	Neg/Auth	I would say: "They	94, 5, 1	.35	90, 7, 3	.59

Item Number	Response Type	Vignette	Factor	Item	Mothers Response Distribution 0 1 2	Mothers Corrected Item Total Correlation	Fathers Response Distribution 0 1 2	Fathers Corrected Item Total Correlation
				are not going to be impressed by this behaviour."				
48	Actions	2	Neg/Auth	I would send my son/daughter towards the boys/girls, and sit with the parents.	46, 41, 13	.30	40, 45, 15	.64
49	Actions	1	App Sup	I would say: "Do you want to say 'Hello' to Todd/Tina"	1, 15, 84	.28	2, 25, 73	.41
50	Actions	1	App Sup	I would say: "Maybe	8, 36, 55	.19	10, 55, 35	.21

Item Number	Response Type	Vignette	Factor	Item	Mothers Response Distribution 0 1 2	Mothers Corrected Item Total Correlation	Fathers Response Distribution 0 1 2	Fathers Corrected Item Total Correlation
				the four of us can all play together."				
51	Actions	1	App Sup	I would hold my son's/daughter's hand and start to walk toward Todd/Tina.	5, 37, 58	.48	10, 47, 43	.52
52	Actions	2	App Sup	I would walk with my son/daughter towards the boys/girls, at a relaxed pace.	8, 39, 53	.58	7, 53, 40	.41
53	Actions	2	App Sup	I would say: "Maybe	5, 28, 67	.52	2, 48, 50	.41

Item Number	Response Type	Vignette	Factor	Item	Mothers Response Distribution 0 1 2	Mothers Corrected Item Total Correlation	Fathers Response Distribution 0 1 2	Fathers Corrected Item Total Correlation
				you can ask them if you can play, too."				
54	Actions	2	App Sup	I would say: "Why don't you go say 'Hello' to Marcus/Tina"	6, 22, 72	.58	0, 37, 63	.50

Note. Response distributions: percentage of no (0), maybe (1), and yes (2) response