

THE EFFICIENCY OF RATIONAL-EMOTIVE BEHAVIORAL EDUCATION FOR PARENTS

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Abstract

One of the aims of this study is to support the efficiency of rational - emotive behavioral parent education (REBPE) in diminishing irrational beliefs of parents, emotional distress, and dysfunctional behaviors in interactions with their children. The experimental group was comprised of twenty-five (25) Romanian mothers, 10 of whom had children with special needs, while a control group was represented by forty-five (45) Romanian mothers, all of them with children 6-7 years old. The experimental group participated in 10 sessions of rational-emotive behavioral parenting education, with each session being thirty (30) minutes, once per week. REBPE was highly efficient in modifying irrational beliefs. At the emotional level, the parents from the experimental group showed a medium level of modification in comparison with the control group; it was judged that the REBPE program accounted for the difference. REBPE helped

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We are grateful for all of Professor *James McMahon's* support and friendship. We pay a last tribute to the one who made possible the formation and the development of the REBT School in Romania. All of us who are fellows of Albert Ellis Institute owe him our training and affiliation to the REBT family. Only with his support, Oradea has become a powerful pole of the REBT training for counselors and therapists. Thank you very much, Professor *James McMahon*, Doctor Honoris Causa University of Oradea.

parents to diminish punitive behaviors toward children and to increase reward management applications. The second objective was to reveal the mediation effect of the modification of irrational beliefs in changing the emotional and behavioral consequences for children.

Keywords: rational-emotive behavioral parenting education; irrational beliefs; emotional distress; dysfunctional behaviors; special needs

Introduction

Currently, Rational Emotive Behavioral Therapy (REBT) is one of the most popular forms of psychotherapy and counseling; it has been applied to numerous areas of professional psychology. The theoretical foundations of REBT are based on the assumption that human thinking, emotion and behavior are not disparate processes but are integrally interrelated.

The basic belief that underlies human disturbance is the absolutistic “must” or demand about self, others and life conditions (Ellis, 1994). Demandingness is our tendency to transform our wishes, desires, and preferences into absolutistic requirements. A desire is equated with a need (I would like to be loved by him, but I do not need it). REBT hypothesized that if people rigorously think in terms of preferences and desires, they would not feel and act neurotically in response to undesirable events. Parental irrational beliefs are associated with disturbed negative emotions (emotional problems) that interfere with effective practical problem solving (parenting skills). As a result, the parent-child relationship can deteriorate and children can develop emotional problems (Joyce, 1990). Grieger and Boyd (1983) and Bernard and Joyce (1984) described the main parental irrational beliefs. The “musturbatory” cognitions are linked with dysfunctional negative emotions such as anger, depression, anxiety and guilt (*e.g.*, Children should always and unequivocally do well and behave correctly; I must have the love and approval of my child at all the times).

REBT postulates three other types of irrational thoughts: awfulizing (it is awful, terrible, and horrible), low frustration tolerance (I cannot stand it; I cannot bear it), and global evaluation of human worth (I am worthless person). Ellis (1994) and DiGiuseppe and Bernard (1990) added allness and neverness or unrealistic overgeneralization (Because I failed at this important task, I will always fail and never succeed).

Awfulizing is an extreme evaluation of negative events; the negative consequences are exaggerated, and the event is assessed as being the worst that could happen. Examples of awfulizing parental beliefs include: If my child misbehaves frequently it is awful; It is awful for my child to suffer and I must therefore prevent it at all costs.

Low frustration tolerance (LFT) is a belief that reality must be as we want it to be - easy, pleasurable and comfortable. If not, we cannot bear it, stand it, or face it. However, experience teaches that there is seldom gain without pain. Frustration tolerance helps people to face adversity more effectively, take greater risks and work harder to maximize their productivity (DiGiuseppe, Doyle, Dryden, & Backx, 2014). Examples of parental low frustration tolerance include beliefs such as: difficult issues in life are best handled by avoiding them as long as possible; I can not stand my child's behavior; if a situation is frustrating, it must be avoided at all costs; I can't stand it if something bad happens.

Global evaluation of human worth is a generalized denigration of people, including beliefs that some people have more worth than others. On the contrary, unconditional self/other acceptance means to understand that we are imperfect creatures with human fallibilities; people are more than their individual behaviors. Parental irrational ideas categorized as global evaluation of human worth were mainly associated with anger, depression and guilt. Examples include: There are bad and wicked people in the world and the only way to make bad people into good people is by being very severe with them, beating them, and telling them how worthless they are; A child and his behavior are the same and thus children who act badly are bad. Parents often think in terms of allness and neverness or unrealistic overgeneralizations: I am the sole cause of my child's problems; If I make a mistake, it will always affect my child; I must never do the wrong thing with my child; my child's problems are all my fault.

Rational Emotive Behavioral Education (REBE) has a virtually identical philosophy to Rational Emotive Behavioral Therapy (REBT). Its basic idea is to teach children, parents and teachers to think rationally, with a goal of helping children grow into healthy adults. Because of the amount of influence they have, parents are in the best position to help ensure preventive adjustment in their children. While many parent education programs attempt to teach parents skills in order for them to solve child-oriented problems, REBE with parents recognizes the importance of helping them to reduce their emotional stress

associated with parenting as well as teaching parents how to manage child problems and foster child development.

There are many studies supporting the importance of parenting skills in socio-emotional development of children and adolescents. In a meta-analytical study, Rueger, Katz, Risser, and Lovejoy (2011) concluded that parental negative affect was more strongly related to hostile parenting, and positive affect was more strongly related to supportive parenting. Expressed positive affect by parents was related to social skills while negative affect by parents predicted significantly lower social skills for children with intellectual disabilities than for children who normally developed (Green & Baker, 2011). Parental responsiveness, parental emotionally related coaching, and parental positive demandingness were related to children's higher emotional intelligence, while parental negative demandingness was related to children's lower emotional intelligence (Alegre, 2011). Children who were spanked when they were three years old were more likely to have screaming tantrums, get into fights, hurt animals, and refuse to share toys and engage in positive behaviors by the time they were five than children who were not spanked (Flaskerud, 2011).

Wilde (1992) and Joyce (1990) argued that the relationship between irrational beliefs about parenting and parental emotional distress could negatively affect children. In Pochtar's study (Pochtar, 2011), the results indicated parents with more irrational beliefs reported more stress. Gustafson (1992) suggested children learn rational beliefs and adopt a rational approach to life through a child-rearing practice characterized by forming clear but flexible boundaries between parents and the child. He found the greater the transmission of irrational beliefs from the parents to the child, the more likely the child would have difficulty with emotional adjustment as an adult, especially with respect to depression.

The number of studies found in the literature about REBE with parents is meager. Bruner (1979) reduced parent's irrational beliefs through the use of REBE. The parents learned how to control their stress levels using REBT principles, how to recognize their mistakes and how to teach children to differentiate their personality factors from their behaviors.

DiGiuseppe (1983, 1988) reported the efficiency of REBE for parents who had children with conduct disorders. Berger (1983) obtained changes in parental irrational cognitions that were related to anger and guilt, but these emotions did not decrease in intensity as a result of an REBE intervention with

parents. Berger's program focused especially on self-directed *should* statements and other-directed *should* statements. In this study, it was found that predicted changes targeted cognitions changed emotional outcome measures. Similarly, El-Din (1982) obtained changes in the behavior of children as a consequence of REBE for parents.

Joyce (1995) studied the effects of REBPE on parent irrationality, parent emotionality, parent perceptions of child problems and the perception of participants' parenting by their spouses. The results supported the effectiveness of the REBPE program in reducing parental irrationality, parental guilt, and parental anger and anxiety. Changes in irrational beliefs correlated with changes in emotions. The reduction of parental perceptions of child behavior was associated in follow-up with changes in parental self-acceptance.

REBPE may be an appropriate intervention for parents of disabled children. The fact that a child is disabled cannot be changed; what can be modified are the parental attitudes towards this fact. The parents of young children with a disability deal with such external stressors as negative public opinion, lack of child progress and development, financial needs, loneliness, and interaction with helping professionals. The evaluation of these stressors gives rise to parental negative emotions and elevates stress levels. Greaves (1997) developed a program of eight sessions and involved in the study 54 mothers of pre-school children with Down's syndrome. Stress reduction was achieved, especially at the emotional and cognitive levels, as a consequence of the involvement of mothers in an REBPE program. The mothers who received the intervention indicated that they were significantly more satisfied with their parenting style than were mothers from the control group. The mothers from the experimental group reduced their negative ratings of self and other and attributed less stress to their children's disability. A reduction of anger and guilt was also obtained. The mothers of the REBPE group increased their general state of wellbeing, and they reported feeling less overwhelmed by their children while experiencing less depression, unhappiness, and guilt. Perez-Nieves (2001) analyzed the efficacy of REBPE, including parents' stress reduction, on children's attention and activity. Thirty (30) Hispanic parents with special needs kindergarten children were involved in this study. The results did not support the idea that REBPE was superior to parental training or a control group in reducing parental stress and dysfunctional child behavior. However, REBPE showed a large positive effect size on all dependent variables.

Objective

One of the aims of this study was to support the efficiency of REBPE in diminishing irrational beliefs of parents, diminishing emotional distress, and dysfunctional behaviors in interaction with their children. The second objective was to reveal the mediation effect of irrational beliefs modifications in changing parental emotional and behavioral consequences.

Method

Participants

Initially, eighty-five (85) parents were involved, fifteen (15) of them dropped out of the study. The experimental group consisted of twenty-five (25) parents, 10 of whom who had children with special needs (hearing loss, deafness). The control group was represented by forty-five (45) parents. All children were enrolled in kindergarten and were 6-7 years old. It is important to note that all the subjects were mothers, with a mean age of 27 years ($SD=1,2$).

Materials

Attitudes and Beliefs Scale - Short Form (SGABS) - was developed as a result of a series of investigations undertaken by Burgess (1986), DiGiuseppe et al. (1988), and Bernard (1990; in David, 2007). The scale measures the following irrational beliefs: the global evaluation of self-worth, the need for realization, the need for approval and comfort, the absolute demand for justice, and the global evaluation of the worth of another person or people. The scale also yields scores for rationality and irrationality. Test takers were asked to evaluate on 5 points Likert scale how strongly they believed in each of 26 sentences.

Dysfunctional Behaviors Self-Report Scale (DBSS) was proposed by the authors. This survey has the form of a behavioral rating. The participants were asked to assess on a 4 points Likert scale how often they engaged in thirty-one (21) negative behaviors in their relationship with their children over the last month. Each behavior was analyzed separately; the scores were not counted as part of a global score.

Affective Distress Profile (ADP) - Opris and Macavei (2007; in David, 2007) - This survey contains thirty-nine (39) adjectives describing emotions: 6 of them represent negative functional emotions and 8 items describe negative

dysfunctional emotions from the sadness/depression category. Another 6 items represent negative functional emotions and 6 negative dysfunctional emotions from a worry/anxiety category, while 13 items describe positive emotions. This instrument has strong reliability and validity. It assesses participant emotional status during the last two weeks using a 5 points Likert scale. The survey shows a score for functional emotions, a score for dysfunctional emotions, and a global score summarizing the whole of the survey.

Procedure

The experimental group participated in 10 weekly, 30 minute long sessions of REBPE. The parents were assigned homework to complete between sessions, and they had to apply daily what they had learned in the sessions. The focus of the first meeting was the ABC model from REBT. The second session was based on the B-C relationship; the parents learned to understand their emotions were associated with their own thoughts/perceptions and therefore such beliefs were not generated by their children. The third meeting focused on unconditional acceptance of the children (but not unconditional acceptance of a child's negative behavior), while the fourth aimed to increase parental unconditional self-acceptance. The fifth session approached the tyranny of irrational beliefs and their relationship with parental dysfunctional emotions and behaviors in relationship to their children. The parents analyzed the relationship between their irrational beliefs and the parenting mistakes they made. The sixth meeting taught parents the difference between reinforcement and punishment of behavior, as well as rules that were to be followed when managing consequences. The seventh meeting focused on guilt, which parents tended to experience after disciplining their children. The eighth session dealt with the parents' awfulizing and its association with parental anxiety, fears and phobias. The ninth session focused on anger and its consequences for child-parent interaction, especially in the discipline process. The last session reviewed and summarized all the knowledge and skills the parents had learned in the foregoing meetings.

Results

The irrational beliefs data collected using the *Attitudes and Beliefs Scale - Short Form (SGABS)*, was analyzed with an independent samples t-test to highlight the difference between the experimental group and the control group.

Additionally, a t-test for pair samples was applied to compare differences between pretest and posttest results for both groups.

It seems that in the pretest the two samples were not homogenous regarding their irrational beliefs. The experimental group recorded higher scores. In the posttest the two samples differed in the total rationality score ($d=0.92$), the total score of irrationality ($d=1.77$) and also in specific beliefs: self-downing ($d=0.92$), other-downing ($d=1.07$), the need for realization ($d=2.22$), the need for comfort ($d=1.68$), and the absolutistic demands for fairness ($d=0.52$). The mean values (Table 1) were lower for the experimental group for the total score of irrationality and the irrational beliefs, and higher for the total score of rationality compared to control group values.

Table 1. Means and Standard Deviations for Beliefs

Beliefs	Sample (N)	Pretest		Posttest		Posttest	Pretest-Posttest
		M	SD	M	SD	t	t
Rationality	Experimental (25)	17.04	2.76	18.24	1.33	3.55**	2.22*
	Control (45)	16.64	2.55	16.60	2.52		
Self-downing	Experimental (25)	10.08	2.85	7.80	1.65	4.03**	3.21*
	Control (45)	9.73	2.40	9.80	2.47		
The need for realization	Experimental (25)	14.88	2.22	7.12	1.76	10.22 **	17.17**
	Control (45)	13.17	3.22	13.15	3.17		
The need for approval	Experimental (25)	8.80	2.04	6.92	1.25	.630	4.50**
	Control (45)	7.26	2.38	7.20	2.42		
The need for comfort	Experimental (25)	12.44	2.75	7.40	1.47	8.13**	9.02**
	Control (45)	12.31	3.26	12.24	3.47		
Demanding for fairness	Experimental (25)	16.28	2.20	12.84	2.07	2.34*	10.06**
	Control (45)	14.24	3.13	14.31	3.15		
Other - downing	Experimental (25)	7.00	2.73	4.44	1.44	4.84**	4.30**
	Control (45)	6.71	2.59	6.80	2.63		
Irrationality	Experimental (25)	69.48	9.61	46.52	6.85	7.95**	12.11**
	Control (45)	63.44	10.53	63.51	10.99		

Note: * $p<.05$; ** $p<.001$

The pretest-posttest comparisons showed that in posttest the experimental sample recorded a higher level of rationality, with a medium - sized main effect ($d=0.45$), and a lower level of irrationally, with a high main effect ($d=2.42$). The scores of irrational beliefs decreased significantly in posttest, with a medium main effect for self-downing ($d=0.64$), and high main effects for the need for realization ($d=3.44$), the need for approval ($d=0.90$), the need for comfort ($d=1.80$), the absolutist demand for fairness ($d=2.02$), and other downing

($d=0.86$). For the control group no significant differences between pretest and posttest were found.

The evolution of the two experimental groups was also analyzed, i.e. parents with children with special needs, and parents with typically developing children. In the pretest condition, the group of parents with disabled children showed a higher level of rationality ($t=3.00$, $p<.01$), a lower level of self-downing ($t=2.10$, $p<.05$), and a lower level of other-downing ($t=4.69$, $p<.01$). By confronting their children's problems, the parents learned how to accept themselves and their children unconditionally. They knew that having a child with special needs did not make them bad parents, and they managed to recognize the difference between their children and the problems that the children had. In posttest, no significant differences between the two groups were revealed. The means and the standard deviations for the two groups cited are presented in Table 2.

Table 2. Results for Experimental Groups

Beliefs	Group (N)	Pretest		Posttest		t
		M	SD	M	SD	
Rationality	PTDC (15)	15.86	2.77	18.06	1.33	3.55*
	PCSN (10)	18.80	1.61	18.50	1.37	.38
Self-downing	PTDC (15)	11.00	2.36	7.80	1.78	3.83*
	PCSN (10)	8.70	3.09	7.80	1.54	.77
The need for realization	PTDC (15)	14.40	1.76	7.06	1.16	13.35**
	PCSN (10)	15.60	2.71	7.20	2.48	11.00**
The need for approval	PTDC (15)	9.33	2.09	7.00	1.19	4.46**
	PCSN (10)	8.00	1.76	6.80	1.39	1.80
The need for comfort	PTDC (15)	13.13	2.09	7.13	.91	9.72**
	PCSN (10)	11.40	3.37	7.80	2.04	4.01*
Demanding fairness	PTDC (15)	16.13	1.35	12.26	1.75	10.64**
	PCSN (10)	16.50	3.17	13.70	2.31	4.45*
Other – downing	PTDC (15)	8.53	2.41	4.46	1.40	5.92**
	PCSN (10)	4.70	1.05	4.40	1.57	.53
Irrationality	PTDC (15)	72.53	6.17	45.73	4.36	15.41**
	PCSN (10)	64.90	12.18	47.70	9.65	5.24**

Note: * $p<.01$; ** $p<.001$, PTDC (parents with typically developing children), PCSN (parents with children with special needs)

The group of parents with typically developing children strongly modified their thoughts. The main effect was powerful for the following variables: rationality ($d=0.92$), self-downing ($d=0.99$), the need for realization ($d=3.44$), the need for approval ($d=1.15$), the need for comfort ($d=2.51$), the

absolutistic demand for fairness ($d=2.75$), others-downing ($d=4.53$), and irrationality ($d=3.98$). The group of parents with disabled children did not show much in the way of thought modifications: the need for realization ($d=3.48$), the need for comfort ($d=1.27$), the absolutistic demand for fairness ($d=1.41$), and irrationality ($d=1.65$).

In the next section, the REBE program was analyzed for parental efficiency in reducing their emotional distress. In the pretest condition, there were no differences between the two samples (experimental and control). The means and the standard deviations for both are presented in Table 3. At posttest, significant differences were found between the two samples for depression ($d=0.82$), positive emotions ($d=0.49$), dysfunctional emotions ($d=0.62$) and emotional distress ($d=0.58$). The scores of the experimental group were lower than the control group for depression, dysfunctional emotions, and emotional distress, and higher for positive emotions.

Table 3. Means and the Standard Deviations for Emotional Distress

Emotions	Sample (N)	Pretest		Posttest		Posttest t	Pretest- Posttest t
		M	SD	M	SD		
Sadness	Experimental (25)	9.08	2.25	9.44	1.59		
	Control (45)	10.02	3.65	10.22	3.59		
Depression	Experimental (25)	10.48	2.21	7.88	1.05	4.13**	5.58**
	Control (45)	11.64	3.12	10.31	3.67		
Anxiety	Experimental (25)	8.04	2.38	8.08	1.38		6.99**
	Control (45)	8.42	2.98	8.77	2.89		
Positive emotions	Experimental (25)	40.12	9.13	43.12	2.75	2.46*	2.73*
	Control (45)	39.22	8.91	39.53	9.04		
Functional emotions	Experimental (25)	22.24	4.91	21.92	3.49		2.46*
	Control (45)	23.88	7.42	24.20	7.35		
Dysfunctional emotions	Experimental (25)	18.52	4.25	15.96	1.79	3.13*	3.01**
	Control (45)	20.06	5.76	19.08	6.25		
Distress	Experimental (25)	78.64	14.06	72.76	5.78	2.95*	2.42*
	Control (45)	82.73	17.97	81.75	18.91		

Note: * $p<.01$; ** $p<.001$

The pretest-posttest comparisons revealed the following results for the experimental sample: significant lowering of depression ($d=1.12$), lowering of the total score for dysfunctional emotions ($d=0.60$), and lowering of emotional distress ($d=0.48$). The control group showed significant differences for the following variables: sadness, depression ($d=1.04$), anxiety, positive emotions,

functional emotions, dysfunctional emotions ($d=0.65$) and emotional distress ($d=0.46$). In the control group, means increased for sadness, worry, anxiety, functional emotions and positive emotions. Means decreased for depression, dysfunctional emotions, and for emotional distress. If at pretest the two samples were similar concerning the concept of emotional expression, at posttest there appeared to be significant differences in experiencing depression, worry, positive emotions, dysfunctional emotions, and emotional distress. It can be concluded that, for both groups, levels of depression, dysfunctional emotions and emotional distress decreased, while main effects in both samples ranged from medium to powerful. The posttest comparison between groups revealed the following main effect values: depression ($d=0.80$), dysfunctional emotions ($d=0.60$) and emotional distress ($d=0.57$). In both samples, these three emotional variables were made salient in pretest and both showed a powerful modification in all three at posttest, with a medium main effect of group. External factors acted on the emotional state of the control group and managed to lower the levels of depression, dysfunctional emotions and emotional distress. However, there was a medium to high difference between the patterns of change for the two groups of parents. It was judged that the REBPE program accounted for this medium to high modification.

At pretest, the two experimental groups (the parents with children with special needs, the parents with typically developing children) differed in emotional expression, especially anxiety ($t=3.26$; $p<.01$), emotional distress ($t=4.43$; $p<.01$), dysfunctional emotions ($t=2.36$; $p<.01$), and positive emotions ($t=4.59$; $p<.01$). The parents with typically developing children manifested a higher level of anxiety compared to parents with special needs children. Emotional distress and dysfunctional emotions also were higher in parents with typically developing children. Even though differences were not statistically significant, the parents with typically developing children experienced more negative emotions such as sadness, depression, and worry, as well as less positive emotions, as compared to parents of children with special needs (*see* Table 4). At posttest, the two groups differed in their experience of anxiety ($t=2.93$; $p<.01$), sadness ($t=2.11$; $p<.05$), emotional distress ($t=2.86$; $p<.01$), and dysfunctional emotions ($t=2.09$; $p<.01$). Parents of typically developing children showed higher levels of anxiety, dysfunctional emotions, and emotional distress. The pretest-posttest comparisons showed significant differences for the group of parents with typically developing children in the following: depression ($d=0.09$),

positive emotions ($d=1.49$), dysfunctional emotions ($d=0.62$), and emotional distress ($d=1.03$). The parents of children with special needs showed decreased depression ($d=0.25$), and dysfunctional emotions ($d=0.76$).

Table 4. Means and Standard Deviations for Parents the Experimental Group

Emotions	Group (N)	Pretest		Posttest		t
		M	SD	M	SD	
Sadness	PTDC (15)	9.66	2.60	9.93	1.22	
	PCSN (10)	8.20	1.22	8.70	1.70	
Depression	PTDC (15)	10.80	2.65	7.93	1.16	4.07**
	PCSN (10)	10.00	1.33	7.80	.91	4.29*
Worry	PTDC (15)	14.00	3.25	12.93	2.46	
	PCSN (10)	11.90	2.68	11.80	2.09	
Anxiety	PTDC (15)	9.00	2.56	8.60	1.50	
	PCSN (10)	6.60	.96	7.30	.67	
Positive emotions	PTDC (15)	35.06	4.92	42.26	2.78	5.79**
	PCSN (10)	47.70	8.84	44.40	2.27	
Functional emotions	PTDC (15)	23.66	5.20	22.86	3.37	
	PCSN (10)	20.10	3.72	20.50	3.34	
Dysfunctional emotions	PTDC (15)	19.80	5.10	16.53	1.84	2.43*
	PCSN (10)	16.60	.96	15.10	1.37	2.42*
Distress	PTDC (15)	86.40	10.82	75.13	6.05	4.02**
	PCSN (10)	67.00		69.20	2.93	

Note: * $p<.01$; ** $p<.001$, PTDC (parents of typically developing children), PCSN (parents of children with special needs)

The data for behaviors was not normally distributed, so they were analyzed using the Mann Whitney test. At pretest, significant differences were found for several behaviors used in the relationship with their children; the control group produced these behaviors more often than the experimental group. At posttest condition, differences were statistically significant for all behaviors (see Table 5).

Table 5. The Means of the Ranks

Behaviors	Group (N)	Pretest	Posttest
		Mean of Ranks	Mean of Ranks
to put the child in the corner	Experimental (25)	34.66	25.70
	Control (45)	35.97	40.94
to hit the child	Experimental (25)	37.18	45.42
	Control (45)	34.57	29.99
to reprove the child	Experimental (25)	34.88	30.84
	Control (45)	35.84	38.09

Table 5. The Means of the Ranks - *continued*

Behaviors	Group (N)	Pretest Mean of Ranks	Posttest Mean of Ranks
to stop the child by hair pulling	Experimental (25)	30.38	26.50
	Control (45)	38.34	40.50
to stop the child by ear pulling	Experimental (25)	29.54	24.50
	Control (45)	38.81	41.61
not to let the child watch TV	Experimental (25)	31.40	42.22
	Control (45)	37.78	31.77
to ignore the child	Experimental (25)	33.72	28.22
	Control (45)	36.49	39.54
to forbid the child to speak	Experimental (25)	33.94	29.00
	Control (45)	36.37	39.11
to force the child to sleep	Experimental (25)	34.72	29.84
	Control (45)	35.93	38.64
to let the child alone for a long time	Experimental (25)	34.04	29.84
	Control (45)	36.31	38.64
to offend the child	Experimental (25)	34.94	28.34
	Control (45)	35.81	39.40
to push the child	Experimental (25)	39.64	29.50
	Control (45)	33.20	38.83
to reward the child	Experimental (25)	31.50	48.68
	Control (45)	37.72	28.18
not to let children go to kindergarten	Experimental (25)	31.50	29.50
	Control (45)	37.72	38.83
to be brusque with the child	Experimental (25)	27.32	30.50
	Control (45)	40.04	38.88
to spill the beans when the kid did something wrong	Experimental (25)	27.32	24.50
	Control (45)	40.04	41.61
to hurt the child	Experimental (25)	38.00	29.50
	Control (45)	34.11	38.83
to criticize the child's behavior	Experimental (25)	38.34	51.02
	Control (45)	33.92	26.88
to let child know why he/she was punished	Experimental (25)	35.62	50.98
	Control (45)	35.43	26.90
to punish immediately after bad behavior	Experimental (25)	28.70	53.06
	Control (45)	39.28	25.74
to use the labels good and bad	Experimental (25)	28.70	18.42
	Control (45)	39.28	44.99
not to let children outdoors	Experimental (25)	28.82	35.20
	Control (45)	39.21	35.67

By analyzing the means of ranks, it could be concluded that in posttest the parents from the control group showed elevated dysfunctional behaviors compared to the parents from the experimental group. The control group seemed

to use more physical and verbal punitive behaviors at pretest as well as at posttest. At posttest, the experimental group better managed their children's behaviors through putting the child in the corner, not permitting the child to watch TV, rewarding the child, criticizing the child's behavior, and punishing unwanted behavior immediately after telling the child why she/he was being punished. The participating parents learned how to more effectively use punishments - to punish the behavior and not the child.

These results were supported by the pretest-posttest comparisons (Wilcoxon Test). Significant descending differences were found for the verbal and physical aggressive behaviors, such as: to reprove the child ($d=0.55$), to hit the child ($d=0.51$), to forbid the child to speak ($d=0.43$), to force the child to sleep ($d=0.50$), to offend the child ($d=0.50$), to push the child ($d=0.43$), to stop the children misbehaving by ear pulling ($d=0.43$), and to use the labels good and bad ($d=0.84$). At posttest, the experimental group showed a significantly increased ability to manage the punishment and reward system in the following way: to put the child in the corner ($d=0.93$), to take away the child's preferred toy ($d=0.43$), not to permit the children to go outdoors ($d=0.46$), not to permit the child to play ($d=0.60$), not to permit the child to watch TV ($d=0.72$), to reward the child ($d=0.64$), to criticize the child's behavior ($d=1.09$), to let child know why he/she was punished ($d=1.10$), to punish immediately after the child engaged in bad behavior ($d=1.78$) (see Table 6).

Table 6. Pretest-Posttest Comparisons for the Experimental Group

Behavior	Entire sample	PTDC	PCSN
	z	z	z
to reprove the child	2.49*	2.51 *	
to hit the child	2.25*	2.25*	
to forbid the child to speak	2.00*	2.31*	
to force the child to sleep	2.23*	2.23*	
to offend the child	2.23*		
to push the child	2.00*	2.00*	
to stop the children by ear pulling	2.00*		
to use the labels good and bad	3.30**	2.97**	
to put the child in the corner	3.44**	2.30*	2.64**
not to permit the child to watch TV	2.94**		2.46*
to reward the child	2.73**	2.97**	
to criticize the child's behavior	3.69**	3.47**	
to let child know why he/she was punished	3.72**	3.23**	2.46*
to punish immediately after the child engaged bad behavior	4.13**	3.37**	1.94*

Note: * $p<.05$; ** $p<.01$, PTDC (parents of typically developing children), PCSN (parents of children with special needs)

The parents of children with special needs used less physical and verbal punitive methods, and following the REBE program, they learned more about punishments and reward management and applications. At posttest, their scores rose higher for the following behaviors: to put the child in the corner, to not to let children outdoors, not permitting the child to play, not to permit the child to watch TV, to let a child know why he/she was punished, and to punish the bad behavior immediately after. The group of parents of typically developing children showed lower scores for physical and verbal punitive behaviors and higher values of the behaviors that manipulated the punishments and rewards.

Regarding this study's second hypothesis, an SPSS macros initiated by Preacher and Hayes (2004) was used to test the mediation effect. Macros facilitate estimation of the indirect effect within a normal theory approach (Soebel Test), bootstrap approach to obtain confidence intervals, as well as the traditional approach advocated by Baron and Kenny (1986).

The results supported the hypothesized mediation effect of change in self-downing, other-downing and rationality, in increasing parental positive emotions. The mediation effect of self-downing modification was present in all three procedures. Following the Baron and Kenny (1986) approach, $b(YX)$, the total effect of the REBPE participation on increasing positive emotions was different from zero ($t=-2.92$; $p<.01$). The effect of the REBPE participation on self-downing $b(MX)$ was also statistically different from zero ($t=-4.39$; $p<.01$). The effect of the self-downing modification on increasing positive emotions, controlling for the REBPE participation $b(YM.X)$, was also different from zero ($t=-4.03$; $p<.01$). Finally, $b(YX.M)$, the direct effect of the REBPE participation on increasing positive emotions, while controlling for self-downing, was not statistically different from zero ($t=-.21$; $p>.05$). This result indicated that self-downing modification seemed to mediate the REBPE program effect on positive emotions.

The other-downing belief decreased for parents that attended REBPE and this mediated their positive emotional expression. The $b(YX)$ ($t=-2.16$; $p<.05$), the $b(MX)$ ($t=-5.85$; $p<.01$), $b(YM.X)$ ($t=4.98$; $p<.01$) were different from zero, but not the $b(YX.M)$ ($t=.83$; $p>.05$), indicating that modification of other-downing seemed largely to mediate the effect of the REBPE program on positive emotions. There were significant data for all three procedures showing that parental rationality increases for REBPE attendees and this mediated the positive emotional change. The argument for the mediation effect was supported by

Baron and Kenny's data ($b(YX)$: $t=2.16$; $p<.05$, $b(MX)$: $t=3.05$; $p<.01$, $b(YM.X)$: $t=5.68$; $p<.01$, $b(YX.M)$: $t=.47$; $p>.05$).

Self-downing change also served to mediate decreasing of dysfunctional emotions due to REBPE. This result is thoroughly consistent with Ellis' argument that as unconditional self-acceptance is achieved, pathology diminishes (McMahon & Vernon, 2010). This mediation was made salient by Baron and Kenny's procedure. The $b(YX)$ ($t=-2.26$; $p<.05$), and the $b(MX)$ ($t=-4.39$; $p<.01$), $b(YM.X)$ ($t=3.65$; $p<.01$) were different from zero, but not the $b(YX.M)$ ($t=-.45$; $p>.05$). The decrease in other-downing mediated emotional distress reduction following the REBPE participation. The $b(YX)$ ($t=2.65$; $p<.01$), the $b(MX)$ ($t=5.85$; $p<.01$), $b(YM.X)$ ($t=4.26$; $p<.01$) were different from zero, but not the $b(YX.M)$ ($t=.043$; $p>.05$), indicating that REBPE modified other-downing and this mediated the program's effect on parents' emotional distress. The need for comfort modification largely mediated the emotional distress change in parents participating in REBE. The $b(YX)$ ($t=-2.65$; $p<.01$), the $b(MX)$ ($t=-11.24$; $p<.01$), $b(YM.X)$ ($t=2.05$; $p<.05$) were different from zero, but not the $b(YX.M)$ ($t=.049$; $p>.05$).

Self-downing largely mediated the diminution of emotional distress: $b(YX)$ ($t=-2.65$; $p<.01$), the $b(MX)$ ($t=-4.39$; $p<.01$), $b(YM.X)$ ($t=5.63$; $p<.01$), $b(YX.M)$ ($t=-.17$; $p>.05$). The same pattern was evident for the mediation effect of rationality on emotional distress - $b(YX)$ ($t=-2.65$; $p<.01$), the $b(MX)$ ($t=3.05$; $p<.01$), $b(YM.X)$ ($t=-3.66$; $p<.01$), $b(YX.M)$ ($t=-1.43$; $p>.05$). The parents' emotional distress was reduced by teaching them to unconditionally accept themselves and others, especially their children. The REBPE program helped parents to become more rational, which in turn helped them to be less distressed. Additionally, the parents who attended the REBPE classes experienced less emotional distress because they managed to control their irrationality.

Because behavioral recordings did not show a normal distribution, the bootstrap procedure results were analyzed. Bootstrapping is a nonparametric approach that makes no assumptions about the shape of the distributions of the variables or the sampling distribution of the statistical data. It also produces a test that is not based on a large-sample. The macro yields a bootstrap estimate of the indirect effect ab , an estimated standard error, and both 95% and 99% confidence intervals for population values of ab . If zero is not in the 95% confidence interval, it can be concluded that the indirect effect is significantly different from zero at

$p < .05$. T Sobel Test was statistically significant when the bootstrap procedure offered a confidence interval that did not contain zero.

These results showed that changing the parental need of realization mediated the reduction of dysfunctional disciplinary behaviors (to hit the child, to let the child stay alone for long periods of time and offending the child through verbal abuse). The Sobel Test was different from zero $z=4.08$, $p < .01$. Zero was not in the 99% confidence interval [.0932, 2.9594], so the indirect effect was indeed significantly different from zero at $p < .01$.

Modification of parental self-downing mediated the change in the punitive behaviors. Learning how to unconditionally accept themselves in their parental roles, the parents seemed to reduce the behaviors of hitting children ($z=-2.35$; $p < .01$, and zero was not in the 95% confidence interval [-.4138, -.0068]), of publicly disclosing children's misbehavior ($z=-2.16$; $p < .05$, zero was not in the 95% confidence interval [-.3846, -.0047]), of hurting children (zero was not in the 95% confidence interval [-.3325, -.0012]), and of criticizing children ($z=2.62$; $p < .01$, zero was not in the 95% confidence interval [.0609, .6322]).

Reduction of others-downing mediated two punitive behavior (to humiliate the child, and to force the child to go sleep), and two behaviors of punishment-reward manipulation (to reward the child, to take away the child's preferred toy). For the first punitive act, the Sobel Test was statistically significant, $z=-2.01$, $p < .05$ and zero was not in the 95% confidence interval [-.3715, -.0031]). The second punitive behavior showed a significant Sobel Test result ($z=-1.81$; $p < 0.05$), and the 95% confidence interval did not contain zero [-.2801, -.0141]. The indirect effect was indeed significantly different from zero at $p < .05$ for the rewarding behavior [.0126, 1.2986], and the Sobel Test was statistically significant $z=3.44$, $p < .01$. For the behavior of taking away the child's preferred toy, the Sobel Test value was $z=2.99$, $p < .01$, and zero was not in the 95% confidence interval [.0460, .7144]. Increases in rationality mediated the modification of taking away the child's preferred toy ($z=2.30$; $p=.021$), zero was not in the 95% confidence interval [.0128, .4882].

Conclusions

The results supported the idea that REBPE was efficient in increasing parental levels of *rationality*, the main effect size being medium for the entire sample and high for parents with children without special needs. In the pretest

condition, both samples, experimental (E) and control (C), were similar in their levels of rationality. At posttest the control group showed no change while the experimental group showed an increase in rational beliefs. As a consequence of the training, the parents learned how to think more rationally. The program was also efficient in changing *self-downing cognitions*, the main effect size having been medium for the entire sample and high for parents with typically developing children. In the pretest condition the samples (E and C) were similar regarding the practice of unconditional self-acceptance, whereas, in the posttest condition, the experimental group showed a diminishing tendency toward self-downing. Sessions 3, 4, and 5 focused on self-downing beliefs; parents were taught how to accept themselves as fallible or mistake-prone as well as solution-prone human beings. Each participant learned that her value as a person did not depend upon her behaviors. A parent could make many mistakes in her relationship with her children, but this did not mean that overall she was a bad parent. The experimental group learned how to recognize self-downing cognitions and work against them, how to dispute them, and how to change them in favor of rational self-acceptance.

The *need for realization* also diminished as a consequence of the REBPE, and the main effect size was high for the entire sample and both subsamples. The data showed that in the pretest condition, the experimental group strongly believed they had to succeed in every task required of them. They judged they had to successfully complete all the parenting tasks. Through the REBE program, they learned their human value did not depend, for example, upon the results they obtained in their professional life, or in the relationships they had with others, including their children. REBPE seemed to be efficient in helping the parents of children with special needs to understand that because at times they could not help their children competently, demanding competence was not rational.

The program was highly efficient in diminishing parental *needs for approval*. In the pretest condition, the experimental group recorded higher scores than the control group; at post-test these scores decreased to resemble control group values. The control group recorded a similar score in the posttest condition as in pretest. This maintained the small effect size between groups in pretest and in posttest too. This cognition set was especially significant in the ninth lesson. The parents learned that to demand the approval of their children was not necessary. They also learned that tasks did not have to go exactly as planned. The

parents came to understand their children did not have to behave properly at all times. The fifth lesson focused on disputing many parent irrational beliefs.

The *need for comfort* decreased for the experimental group, and the effect was high. If at pretest there were no differences between the two samples, at posttest the mean of the experimental group reached half of the pretest score for this cognition. Lessons 7, 8, 9 focused on reduction of parental low frustration tolerance (LFT). REBPE was highly efficient for both subsamples of parents. The parents of children with special needs learned how to reduce their LFT in favor of high frustration tolerance (HFT) when the tasks of helping their children become very difficult.

The participants in REBPE showed that parents also managed to modify their *absolutistic demand for fairness*, and this main effect was high as well. At pretest, the experimental group recorded the highest scores for this belief, while at posttest it decreased dramatically. The objectives of lesson 9 were to change cognitions involving demands for fairness (*e.g.*, Children should always and unequivocally do well and behave correctly; My child must be fair to me all the times;). Following the training, the parents of children with special needs tried to accept the fact that having children with special needs was not fair, but demanding fairness was not a helpful way to cope.

Other-downing also decreased for the experimental group with a high main effect. At pretest there were no significant differences between samples. In the posttest condition, the experimental group showed a dramatic reduction as compared to the control group. Lessons 5, 6, and 7 taught parents how to accept their children unconditionally, and how to emphasize the difference between a child's self and his or her behavior. The participants learned how to penalize behaviors rather than the children themselves. They learned that feedback that guided behavior was more efficient than feedback that aimed to generally shape the child's personality. The parents managed to more effectively use disciplinary techniques. The main effect also was high in diminishing *global levels of irrationality*. The entire program focused especially on recognizing and disputing irrational beliefs and less on practicing rational thoughts. This helped to explain why the main effect was powerful for the decrease of irrationality while it was medium for the increase of rationality.

These results are consistent with previous studies by Bruner (1979), Berger (1983), DiGiuseppe (1983, 1988), and Joyce (1995) that supported the efficiency of REBPE in changing parents' belief systems. Unlike mothers from

Greaves' (1997) study, our parents of children with special needs did not modify the self and other downing cognition. They seemed to effectively practice the concept of unconditional acceptance: their experience had taught them to recognize the difference between person (self, children) and behaviors or roles (their mistakes as parents and children's bad behaviors).

Most of the previous research revealed modification in the parental emotional states as a result of participation to REBPE. However, Berger (1983) had not obtained changes in parental anger and guilt as a result of REBPE intervention. These two emotions were not measured in the present study. Joyce (1995) showed that the REBPE program was effective in reducing parental guilt, as well as parental anger and anxiety. The results of the present study showed that the parents of typically developing children were more anxious compared to parents of children with special needs, both at pretest and posttest. Generally speaking, the means of negative emotions of parents of typically developing children were higher than those of parents of children with special needs. The parents of children with special need showed more positive emotions. These results were not consistent with arguments of Pochtar (2011), Estes, Munson, Dawson, Koehler, Zhou, and Abbott (2011) wherein the parents of children with disabilities experienced higher stress levels than parents of typically developing children. One possible explanation for this difference, parents of children with special needs learned over time how to be happy about their children's ability to accomplish simple tasks without judging their own worth or that of their children. The parents of children with special needs already had experienced the worst case scenario when they learned about their child's deficiencies. The parents of typically developing children did not have that experience. They only anticipated it and in this way managed to make themselves anxious. A reduction in anger and guilt of mothers of children with Down's syndrome was obtained by Greaves (1997). The mothers of the REBPE group also showed an increase in their general state of wellbeing, and they reported experiencing less depression, unhappiness, and guilt. Perez-Nieves (2001) found REBPE to be strongly effective in stress reduction. In the present study, both the experimental and the control group managed to decrease their levels of depression, dysfunctional emotions and emotional distress, but at posttest there was a moderate to high difference between them: the REBPE group was more efficient than the control group.

Regarding parental dysfunctional behaviors, the control group seemed to use more physical and verbal punitive behaviors at pretest as well as in the posttest condition. REBPE helped parents to diminish their use of punitive behaviors such as physical and verbal coercion. REBPE also increased parental understanding of the purpose of punishment, the differences between punishment and reward, and the rules of the punishment and reward application. Once the parents learned how to unconditionally accept the child, they could differentiate the child's value as a person from her/his behavior, and they could help the child to recognize mistakes and correct them. They managed to make these changes by correcting (punishing and rewarding) the *behavior*, and not the child. At posttest, the control group increased their dysfunctional behaviors' scores.

Previous studies by Din (1982) and Perez-Nieves (2001) sustained REBE parent education results concerning behavior modification in children. Childhood behaviors were not measured in the present research. The present results were consistent with Greaves' (1997) study in which the participant mothers indicated they were significantly more satisfied with their parenting style and feeling less overwhelmed by their children after REBE. The present data showed the parents of children with special needs generally used less physical and verbal punitive methods, but following the REBPE program they become more experienced in the management of the punishments and rewards. As a result of the REBPE, the group of parents of typically developing children showed lower scores for physical and verbal punitive behaviors and increased scores for punishments and rewards of children's behavior.

Higher levels of stress and irrational beliefs were correlated with higher levels of inconsistent parenting practices, and these were linked to lower child social-emotional functioning (Pochtar, 2011). Salhany (2010) developed a model where demandingness predicted hostile/coercive parenting practices, which thereby predicted children's symptoms of anxiety and depression. Francis and Chorpita (2011) found parental beliefs about the harmfulness of the child's anxiety significantly mediated the relationship between parent and child anxiety. Our results also supported the mediation effect of cognition on emotional and behavioral consequences. The parents that learned in REBPE to unconditionally accept themselves and others had more positive emotions, less dysfunctional affects, and less emotional distress; they also used less hostile/coercive parenting practices. Similar to Joyce (1995), we found the LFT beliefs (the need of

comfort) and demandingness (the need of realization) to be mediators of parents' emotional distress.

As in any study, the present research has limitations. The dependent variables were measured using only self-report scales and the answer desirability could not be controlled. The number of parents from each of the experimental sub-samples was small. Parental benefits following REBPE were not followed-up and their effects on children's behaviors were not measured. However, this study overwhelmingly supported the use of REBPE in parental attitude shaping as well as self and other acceptance.

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