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## Article 16

# **Developmental Assessment and Feedback Relieves Parenting Stress**

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Numerous studies have established that role stress experienced by parents has an impact on their perceptions of their child's behavior, the quality of their parent-child interactions, and their child's overall adjustment. Significant numbers of parents do experience the parenting role as stressful, often because they have concerns about whether their child's behavior is within normal limits. Having seen parenting stress frequently while counseling parents and children, we reasoned that providing individualized developmental information to parents could reduce their parenting stress, and in turn result in positive consequences for parents and for children.

This article describes a brief intervention we developed, Developmental Assessment & Feedback, which involves assessing children for their social, emotional, and cognitive development and psychological adjustment and provides their parents with individualized feedback on the assessment. The procedure provides developmental information and suggestions for dealing with common concerns about child behavior, thereby reducing parenting stress. The Developmental Assessment & Feedback intervention also provides the counselor with a wealth of information that can be used to plan treatment goals for parents and/or their children, and presents an opportunity to establish credibility and rapport with parents at the outset.

### **What Is Parenting Stress?**

Early on in the study of stress, stress was defined as resulting from the perceived discrepancies between personal resources and situational demands (Lazarus & Folkman, 1984). According to this view, the larger the discrepancy between the perceived situational demands and the person's resources for dealing with them, the more stressed a person feels. This view of stress can be applied to any life role or situation. Abidin (1990) characterized *parenting stress* as resulting from discrepancies between expectations parents have for themselves and their child, compared to what is actually experienced. Hence, parenting stress results from expectations and evaluations parents make in the parental role in relation to realities encountered with their child. Typically, parenting stress involves difficult and challenging situations created by parents and/or children due to their behavior, expectations, and needs (Crnic, Gaze & Hoffman, 2005).

### **What Are the Results of Parenting Stress?**

Parenting stress negatively influences parenting behavior and family functioning (Abidin, 1990). Children of distressed parents suffer socially, emotionally, behaviorally, and developmentally, in part because stress negatively influences parents' perceptions of their children's behaviors. A parent who is experiencing high levels of stress will more likely have a more negative perception of the source of their stress, which is often their child's behavior, and impacts their response to it (Bigras, LaFreniere, & Dumas, 1996). Additionally, distressed parents tend to *react* to their children, rather than engaging with them and responding to them in firm but nurturing ways. Parents also suffer, as parenting distress is associated with a loss of efficacy and pleasure in parenting. Distress in the parenting role thus has destructive short and long-term effects for both parents and children (Crnic, Gaze, & Hoffman, 2005).

### **How Can Developmental Assessment and Feedback Relieve Parenting Stress?**

Typically, a developmental assessment uses a variety of screening measures to establish where the child or adolescent is developmentally and to assist the professional in identifying any maladjustment (Vernon, 1993). Developmental assessments are performed by counselors and others who believe that when intervening with a child, it is crucial to understand the social, emotional, and cognitive factors that may be related to a child's adaptation to the environment (Davis Kirsch, 2001).

During developmental assessment feedback sessions, parents receive personalized information on what problems may or may not be present for their child, and brief consulting about what needs to be done in order to improve their child's development. Studies have shown that when parents receive such information about child-rearing from counselors, children's development is impacted positively (Nelson, Wissow, & Cheng, 2003). For example, Dunsmore and Karn (2000) demonstrated that enhancing a mother's perception of her child's developmental process improved her responsiveness to her child. Ginsberg (1997) claimed that providing information about child development enhances parenting skills that eventually lead to improved outcomes for children. In fact, many parents report that they learn new ideas, feel a sense of relief, and realize that they

are not alone with their questions after they discuss their child's development with a professional (National Center for Infants, Toddlers, & Families, 1997).

### **The Developmental Assessment and Feedback Intervention**

The specific Developmental Assessment & Feedback intervention described in this article was developed at Florida International University in the Youth and Family Development Program (YFDP; Full details about the Developmental Assessment & Feedback intervention, including sample feedback reports, are available from the authors). The YFDP clinic offers counseling services to parents and children in the community, while serving as a research and training site for counseling interns and students. The YFDP advertises on campus and in the community, through presentations at schools, summer camp orientations, churches, and pediatricians' offices, to reach parents who have concerns about their school-age child.

For any concern a parent might have, the Developmental Assessment & Feedback intervention comprises the first contact with the family and the starting point for counseling or referral. The Developmental Assessment includes a routine assessment battery, completed in 1-2 sessions at the clinic. First, the parent/child dyad is administered the Play Tasks Assessment, which is observed by the counselor through a one-way mirror. The Play Tasks Assessment consists of asking the dyad to play with three different types of toys for a few minutes each, then to have a snack while discussing and voting on their favorite toy, and finally completing a cleanup task. (A full description of the Play Tasks Assessment and its evaluation can be obtained from the authors.) After the Play Task Assessment, a counselor administers several child assessments by observing and talking to the child while the parent completes several self-report questionnaires in another room.

Assessments given to the parent include the following.

**Parenting Stress Index--Short Form.** This assessment consists of 36 self-report items designed to measure the level of stress in the parent-child system. The PSI-SF is divided into three subscales that measure Parental Distress, Difficult Child, and Parent-Child Dysfunctional Interaction. Adequate reliability and validity for the PSI-SF has been found in numerous studies done on family functioning (Lloyd & Abidin, 1985). A computer scoring program from Psychological Assessment Resources, Inc. can be used to calculate parents' scores on the three subscales and the Total Parenting Stress summary score, using scoring keys normed for their child's age.

**The Child Behavior Checklist.** The Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1987) is used to measure parents' perception of child problems. Parents respond to 113 item descriptors, such as "unhappy, sad, or depressed," and are asked to rate on a 0-2 scale (0 = *not true*, 1 = *somewhat or sometimes true*, and 2 = *very or often true*) how well each item characterizes their child presently, and in the past 6 months. A computer scoring program furnished by the Achenbach System of Empirically Based Assessments (ASEBA) calculates internalizing, externalizing, and total problems scales, and the following subscales: Anxious/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behavior, Aggressive Behavior, Affective Problems, Anxiety Problems, Somatic Problems, Attention Deficit/Hyperactivity Problems, Oppositional Defiant Problems, and Conduct Problems.

The CBCL has been widely used in children ages 4 to 16 years old, has a strong empirical base, and has adequate internal reliability and construct validity for measurement of child problem behaviors and competencies among children ages 1½ to 18 years of age (Achenbach & Rescorla, 2000).

**Emotion Quotient Inventory-Short (EQ).** The EQ-i:S consists of 51 short-sentence items with a 5-point Likert-type response scale ranging from "very seldom or not true of me" (1) to "very often true of me or true of me" (5). The individual's responses provide a total EQ score as well as scores on 5 composite subscales: Intrapersonal, Interpersonal, Stress management, Adaptability, and General Mood (Bar-On, 2006). Average to above average scores on the *EQ* suggest that the respondent is effectual in emotional and social functioning, and higher scores indicate more positive predictions for effective functioning in meeting demands and pressures of one's environment. On the other hand, low scores indicate the potential for serious difficulties in coping with normal life demands and stressors on a daily basis. The EQ has been shown to have satisfactory reliability across a variety of normative groups, and high construct validity estimates (Bar-On, 2006).

**Family Adaptability and Cohesion Evaluation Scale-II.** (FACES II; Olson, Portner, & Lavee, 1982) is a 30-item self report instrument and aims to assess family cohesion (in emotional bonding, involvement, and firm family boundaries) and family flexibility (in leadership roles, discipline, and child control) of the Circumplex Model of family functioning. Parents are asked to describe their families depending on their ideas about how much the statements in the scale are representative of their family on a 5 point Likert-type scale. The Cohesion subscale includes items such as "Family members go along with what the family decides to do." The Adaptability scale includes items such as "In our family, everyone shares responsibility." Good internal consistency reliability and test-retest reliability have been reported (Olson et al., 1982).

Assessments given to the child include the following.

**The Developmental Assessment of Young Children (DAYC).** This semi-structured interview for children through age six assesses five interrelated areas: *Cognitive*, assessing skills and abilities that are conceptual in nature; *Communication*, assessing the exchange of ideas, information and feelings; *Social-emotional*, assessing social awareness and competence; *Physical development*, assessing motor skills; and *Adaptive Behavior*, assessing child's independent functioning in his or her environment. The DAYC identifies children who are developing normally and those who are significantly below their peers, and determines children's specific strengths and weaknesses in developmental abilities.

**The Semistructured Clinical Interview for Children and Adolescents.** The Semistructured Clinical Interview for Children and Adolescents (SCICA; McConaughy & Achenbach, 2001) is used to assess child psychological adjustment. The SCICA assessment uses a child's self-report as well as a therapist's perception of a 6 to 18 year old child's behavior problems. After an interview with a child, the counselor fills out the "Observation Form" indicating both behaviors that were observed and those that were reported by the child, for example, whether the child "reports being self-conscious or easily embarrassed" on a scale of 0 to 3 (0 = *no occurrence*, 3 = *definite occurrence with severe intensity or three or more minutes duration*). The SCICA has been reported to be reliable and to be highly correlated with the Child Behavior Checklist. A computer

scoring program, Assessment Data Manager (ADM), produced by Achenbach System of Empirically Based Assessments (ASEBA), is used to determine age-normed subscale z-scores for the clinical scales.

Other screening assessment may be included for the parent or child, if indicated.

At the end of the assessment sessions, parents are scheduled for the feedback session. A written report of the Developmental Assessment is compiled by the counselor. The assessment results are tied to age-appropriate expectations for the child. During the feedback session, the parent is given written and oral feedback on the results of the assessments pertaining to their child, their parenting stress, and the parent-child relationship, and given a chance to discuss their reaction to the feedback and any specific concerns they have.

The Feedback intervention procedure used by the counselor in this session was based on standards set forth by NAEYC for communicating with parents about their children. Overarching goals while giving feedback were:

- *Show respect* for parents and *empathize* with their concerns and struggles. This is important for joining with the parent, as it reduces defensiveness.
- *Focus on development, not on performance.* Some parents have unrealistic expectations, and simply need knowledge about children. Parents are often very relieved to know that certain challenges are normal.
- Provide developmental feedback that *highlights strengths* and *reframes weaknesses as “areas for development.”*
- Provide concrete steps parents can take to *build upon existing interests and strengths to help their child develop in weaker or less developed areas.* For example, pick a strong interest the child has (dinosaurs or a TV character) and use that interest to work on a goal.
- *Reframe parents’ negative perceptions of their children more positively,* or highlight the parent’s concern as a strength. For example, if a parents sees their child as ~~too~~ “clingy,” this can be reframed as being strongly bonded to family and cautious when with others, until child knows the situation is safe. ~~“Bossy”~~ can be reframed as ~~“assertive,”~~ ~~“lazy”~~ as ~~“discouraged,”~~ etc.
- If parents say they think their child is ~~too~~ “hyper” and the child’s behavior is a realistic clinical concern, this can be positively framed as ~~the~~ fact that you are aware and concerned about the developmental appropriateness of your child’s behavior is a real strength that will benefit your child.”
- *If problems are identified, prepare information, recommendations, and referral sources* for parents. Follow-up or more in-depth assessment of the child may be needed, or parents may need additional support from groups, classes, etc. If indicated by the PSI profile, parents are advised to seek treatment for themselves (e.g., if the parent distress score is in the clinical range), additional assessment for their child (e.g., if the child problems score and scores on other clinical measures given suggested the potential of a psychiatric diagnosis), or filial/family therapy (e.g., if the parent/child dysfunctional interaction score is in the clinical range) as a part of the feedback given. The counselor will need to explore these options with the parent, and assist in the next steps.

This feedback session generally leads to developmentally appropriate expectations for child behavior and helps parents avoid pathologizing of normal child behaviors. Parents gain better insight into various behaviors and this is reflected in more realistic interactions with children. Typically, they report relief by having a chance to discuss their concerns with a professional, and gratitude for an opportunity to learn about their child.

### **Is the Developmental Assessment and Feedback Intervention Empirically Supported?**

The impact of providing parents with child assessment feedback on parenting stress has received relatively little attention in the counseling literature. We could find no studies that have empirically assessed whether involving parents in a developmental assessment which provides them feedback specifically reduces parent stress and gives them a sense of relief with respect to concerns about their child's problems and development. Therefore, we conducted a brief study to examine this question. We sought to determine whether parenting stress, as measured by the Parent Stress Inventory subscales of *Parental Distress*, *Difficult Child*, and *Parent-Child Dysfunctional Interaction*, was reduced after parents received the Developmental Assessment & Feedback intervention.

### **Methodology**

#### **Participants**

The participants in this brief study included a total of 24 mother/child dyads from a Southeast Florida community who sought developmental assessments at the Youth and Family Development Program (YFDP), an assessment and counseling clinic at Florida International University. Children ranged in age from 4-12 years ( $M = 7.6$ ); of these, 64% were males and 36% were females. The mean age of the mothers was 33 years; most were married (76%), the remainder (24%) were divorced or remarried. Most mothers reported their ethnicity as Hispanic (80%); others reported being non-Hispanic White (16%) or of African descent (4%).

Parents who agreed to participate in the study completed the pre-test (PSI-SF, Abidin, 1990) over the phone and were scheduled for their first in office visit within one to two weeks of their initial contact. One week after the feedback session, participants were sent a letter of acknowledgement reminding them of the follow-up phone session in one month. During the follow-up phone call, the parent was asked to complete another Parenting Stress Index-Short Form over the phone. This post-test required 12-15 minutes in order to complete.

### **Results**

A series of repeated measures analyses of variance (RANOVAs) were performed to test for differences in parental stress as a function of time (before and after receiving the developmental assessment/feedback). The dependent variables included percentile scores on *Parental Distress*, *Difficult Child*, *Parent-Child Dysfunctional Interaction*, and

the Total Stress Score of the Parenting Stress Inventory-Short Form (PSI-SF). Results indicated that parent stress was significantly lower at post-developmental assessment than at pre-developmental assessment on the *Parent Distress* subscale of the ( $M = 54.56$  vs.  $M = 19.04$ ),  $F(1, 24) = 51.50$ ,  $p < .001$ ,  $\eta_p^2 = .68$ ; the *Difficult Child* subscale ( $M = 83.92$  vs.  $M = 39.28$ ),  $F(1, 24) = 70.72$ ,  $p < .001$ ,  $\eta_p^2 = .75$ ; the *Parent-Child Dysfunctional Interaction* subscale ( $M = 77.20$  vs.  $M = 51.76$ ),  $F(1, 24) = 41.07$ ,  $p < .001$ ,  $\eta_p^2 = .63$ ; and on the *Total Parenting Stress Score* ( $M = 80.04$  vs.  $M = 29.96$ ),  $F(1, 24) = 83.24$ ,  $p < .001$ ,  $\eta_p^2 = .78$ . Thus, while all domains of parenting distress were reduced from pretest to post-test effect size was largest for the parent distress and smallest for parent-child dysfunctional interaction.

These results imply that the domain of *parent-child dysfunction* might be impacted less by a developmental assessment intervention than would parent distress or parent perceptions of child difficulties—a conclusion that would be consistent with the notion that developmental assessment interventions primarily give parents realistic expectations for child behavior and reduce a “problem focus” on the child (Montgomery, DeBell, & Wilkins, 1998). Changing parent-child interaction patterns would likely require more intensive and focused intervention (e.g., filial therapy; Kale & Landreth, 1999).

## **Conclusions**

While our study did reveal significant reductions in parent distress between the two times of assessment, these changes may be due to other factors rather than the developmental assessment intervention itself. There are several alternative explanations that cannot be ruled out due to limitations in the design of this exploratory study.

Despite these limitations, this study offers some empirical support for the effectiveness of providing Developmental Assessment and Feedback interventions for parents who are concerned about their child. It thus begins to address the need for intervention programs that are designed to alleviate some of the principal concerns a parent may have with respect to their child’s behavior. Interventions that teach parents age-appropriate behaviors for children can alleviate the pressure many parents place on themselves and their children. Parents who contact professionals due to concerns about their child are typically experiencing stress that is in acute ranges, as was the case for 76% of the parents in our study. Thus, a developmental feedback intervention appears to be not only feasible to provide with limited resources, it appears to be effective in reducing parent stress. Additionally, it is an intervention that parents seem to find palatable and possible to complete. Because of its promise for efficiently reducing many aspects of parent stress and distress, we recommend a Developmental Assessment and Feedback intervention at the beginning of counseling for parents with any concern about their child. Additionally, we believe this intervention merits additional controlled studies on the effectiveness of developmental feedback interventions for reducing parent stress and parent-child problems, and we plan to do them.

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