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Parental Perception of Limit Setting in Preschool Age Children With Special Needs

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Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Researchers have identified that parenting styles affect limit-setting behaviors in childrearing practice. There are gaps in the research pertaining to examining patterns of limit setting for parents of preschoolers with special needs and the behavioral outcomes for these children. This study examined quantitatively whether parental perceptions influenced limit setting in parent child interactions. Belsky's process model outlining determinants of parenting, Baumrind's theory of parenting styles and socio-developmental theories of attachment and parental response style provided the theoretical framework for this study. Twenty-five parents of preschoolers with IEPs and 4 special education teachers participated in the survey design study in a low socio-economic area of the South Bronx, New York. Parents were asked to complete a brief demographic questionnaire, The Parent-Child Relationship Inventory, and Parent Rating scale of the BASC-2. Teachers for these children were also asked to complete the Teacher Rating scale of the BASC-2. Data were analyzed using correlations, regression analysis, and multivariate analysis. Analysis revealed that none of the null hypotheses could be rejected. However, a correlational analysis did reveal a positive correlation between limit setting for parents and aggressive incidents in children at home. In identifying factors that continue to influence parenting behaviors and the social emotional functioning of preschoolers with special needs, this study supports the need for continuity of education and intervention for parents of special needs preschoolers, especially within communities of lower SES.

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Dedication

I would like to dedicate my dissertation to my mother, who has been the ever present light at the end of a very dark tunnel.

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I would like to thank my clinical supervisors – Dr. Barry Butner who I know is shaking his head from his place in the universe…saying FINALLY!! And Dr. Martin Friedmutter whose calm and assuring demeanor helped keep me off the ledge. I would like to provide an exclamation of gratitude to my dissertation committee – Dr. Heisser-Metoyer and Dr. Pinon for their tireless review and feedback of my dissertation. I would also like to thank my mom and husband for all of their support through the countless steps in this journey.

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Chapter 1: Introduction to the Study

Introduction

Parent-child interactions are an essential component of child development (Prinzie, Stams, Dekovie, Reintjes, & Belsky, 2009). Understanding the parent-child dynamic becomes particularly relevant as the number of children who express delay continues to increase and clinical and educational supports rely on the parent-child dynamic as part of treatment (Boyle et al., 2011). In addition, the social emotional development of the child is affected, depending on the quality of interaction and the modifications that may be present in the parenting style (Gutman & Feinstein, 2010). Researchers have found that parents who have a paucity of socioeconomic resources struggle with parenting expectations which can impinge upon the parent's interaction style and the child's development (Holtz, Carrasco, Mattek, & Fox, 2005).

Children's range of disability often requires the need for interventions that can be implemented to address their developmental concerns. The Individual Disabilities Education Act (IDEA), Public Law 105-17 was initiated in 1997. It was updated in 2004 and outlines special education requirements (Klotz & Nealis, 2005). As part of IDEA (Koch & Hadadian, 2013), children with developmental delays can be eligible for services from birth to three years of age through early intervention. Early intervention is a federal program for children birth through age two, wherein evaluation and services are provided for children identified as having delays.

Developmental delay can be defined as an inability to achieve milestones in one or more areas of development in comparison to children who are considered to be typically developing (Koch & Hadadian, 2013). Services can then continue, if the committee on special education deems necessary, through the age of 5 years for preschoolers (Malone & Gallagher, 2009). This emphasis on intervention for delay and the need for the child to improve can have significant impact on parent-child interactions. Given the presence of delay, expectations about the child's capacity to understand and respond to external demands may vary according to parental perceptions. Limit setting is an important aspect of development and parenting (Brazelton & Greenspan, 2006). Limit setting refers to the ability of parents (or caregivers) to create and maintain parameters around a child's behavior (Howe, 2005). The quality and manner in which limit setting is fostered can affect behavior and understanding of expectations from parents and other caregivers (Sharp, Fonagy, & Goodyer, 2006).

Sharp et al. (2006) found that the parent-child interaction was linked to psychosocial outcomes in children. Specifically, parents' understanding of the child's attributions during a social-cognitive task was linked to the child's social-emotional adjustment. This elucidates the importance of parental insight in the development of social-cognitive strategies for children. It is therefore important to understand the dynamics of the parent-child interaction and the effects of beliefs

about how developmental delays might influence parental perceptions about limit setting.

In this study I analyzed information about the belief about limit setting used by parents of preschoolers with special needs. The research problem addressed in this study focused on examining the effect of parental beliefs and perceptions on limit setting with preschoolers with special needs as there is no current research that reports on the effect of parental beliefs and limit setting with preschoolers with special needs. Insight pertaining to the type of beliefs that underlie parenting behavior can provide important information about how to address intervention and provide support for both parents and children within the special needs population. A survey of the literature indicated the lack of information pertaining to parenting beliefs, parent-child interactions and observable behavior among preschoolers with special needs. Socioeconomic stressors have also been found to be a factor in affecting parenting behavior and emotional response style (Chaudhuri, Easterbrooks, & Davis, 2009), but this has not been examined within the special needs preschool population.

The following section, Background, lays the foundation for this study. This provides the theories that underlie the understanding of parenting beliefs and the parent-child dynamic. Subsequent sections include the problem statement, research questions, hypotheses, nature of the study, purpose of the study; theoretical

framework, definitions, assumptions, limitations, scope and delimitations and significance. The chapter concludes with a discussion of implications for positive social change.

Background

Researchers have provided considerable evidence regarding the influence of parenting on child outcomes on social emotional functioning and development (Tuttle, Knudson-Martin, & Kim, 2012). Parenting style refers to the type of interaction that a parent has with a child. It relates to the parent's own beliefs about how to be an effective parent (Guttman & Feinstein, 2010). Many factors are critical in determining the style a parent adopts. For example, researchers have found economic hardship to be a negative factor on the development of the parent-child relationship which is also associated with behavioral concerns (Waylen & Stewart-Brown, 2009). The quality of the parent-child relationship in early childhood sets the pace for the emergence of social competence as the child progresses developmentally (Chan, Bowes, & Wyver, 2009). A child who internalizes the standards set forth by clear and consistent parental messages develops cognitive and social competence (Scaramella & Leve, 2004).

Although there is considerable research on parenting styles and their impact on the parent child dynamic, there is a paucity of research that focuses on parenting styles with preschoolers with disabilities and considerably less on the

influence of parents' beliefs about their children's development and the corresponding use of limit setting strategies. Researchers have examined the use of limit setting as it affects children's social emotional development and self-regulation, as well as, the differences in the type of limit setting behavior that is implemented by different cultures (LeCuyer, 2014). Children's gender in terms of limit setting has also been considered. Researchers have found that limit setting is generally more directive in African American families overall. Other researchers have considered the effect of parenting style on the development of executive function in young children (Hsin, 2009). For example, researchers have found that greater parental sensitivity and responsiveness provide positive residual effects on the development of executive functioning (Blair et al., 2014).

Social interactions emerge from the relationship that parents have with each other and with their children throughout childhood (Jaffari-Bimmel, Juffer, Van Iijzendoorn, Bakermans-Kranenburg, & Mooijaart, 2006). The child's ability to respond to and function within a prescribed social schema is evidence that the child has, to some degree, assimilated adequate social development (Turiel, 2010). To be able to understand and to be able to identify difficulties around parenting that may be attributed to perceptions and beliefs around developmental deficits is imperative to the social and developmental progress of the child. The Centers for Disease Control and Prevention (CDC) conducted a study to determine the number of children who

express developmental disabilities. Researchers found that 1 in 6 children in the United States had a developmental disability, in the sample studied, representing a 17% increase from 1997 to 2008 (Boyle, et. al., 2011)

Researchers anticipate the rate of expression of developmental delay in children to continue rising, underscoring the profound need for educational and family services (Boyle et. al., 2011). Understanding parental perceptions of disabilities and the manner in which parents interact with their children and set limits are critical to development and academic and social success. The information derived through this research could be used to support the need for the training of treatment professionals and teachers and in advocacy for parent training programs.

Current research trends have examined parent-child interactions and parenting styles as they affect cognitive development and social interaction style. Researchers have examined responsiveness and resiliency in children who may have developmental delays in relation to specific characteristics of the parent, such as maternal responsiveness (Fenning & Baker, 2012). Responsiveness correlates to the parenting style that the caregiver engages in and how the child's behavior is addressed.

Interactional theories of parent-child dynamics indicate that the quality of parent child interactions during early childhood correlate to social and behavioral adjustment as the child progresses through the course of his/her development

(Scaramella & Leve, 2004). Sensitivity to parent-child signals is critical to the development of relevant associations between parent and child. As children portray these signals differently, parents are challenged to detect the needs and wants of the child while considering their unique characteristics. This demonstrates a reciprocal correlation between maternal sensitivity and secure attachment. Researchers have further indicated that understanding these dynamics as reflected in the child's behavior is critical and can also predict risk factors (Kunster, Fegert, & Ziegenhaim 2010). This also corresponds to the research that demonstrates the connection between parent-child relationships and the child's cognitive development. Specifically, early experiences impact brain development (Bernier, Carlson, & Whipple, 2010). Other external variables affecting parenting have also been studied. Given the prevalence of individuals with mental illness and clinical concerns, studies have focused on caregivers who have been diagnosed with depression and anxiety, as well as parents who have borderline personality disorder and how these parents' behaviors affect the child's development (Lyons-Ruth, 2012).

There are a numerous stressors that are involved with the care of a child with developmental delays which have also been examined. Understanding the relationship between expectations of development with a child who expresses a delay and parenting dynamics has been an important area of interest for research (Oelofsen & Richardson, 2006). Developmental disability has far reaching effects in terms of

social and psychological development that goes beyond what is understood about the presenting problem in the current literature. Researchers have indicated that resiliency can be considered as characteristic of an individual despite the presence of a disability as indicated in research with children who had cerebral palsy (Whittingham & Boyd, 2011). Locus of control is also noted to be an indicator of adaptation and functioning, which may be affected by disability. This elucidates the correlation between the progression of brain development and parent-child interactions (Bernier et al., 2010).

It is also reported that children with disabilities such as cerebral palsy may experience higher levels of anxiety which, in turn, has been associated with perceived parent feedback (Cohen, Biran, Aran, & Gross-Tsur, 2008). The child experiences a sense of difficulty around being able to maintain balance and autonomy which is directly correlated with perceived concepts of acceptance or rejection by the parent. The emotional adaptation of the family system is critical to creating and maintaining a healthy balance for all its members (Cohen et al., 2008). Parental intervention styles that minimize opportunities for disruptive behavior lead to reduction in child behavior problems, included in the findings with children who express developmental delays (Roberts, Mazzucchelli, Studman, & Sanders, 2006).

In the case of children with hyperactivity, parenting styles were more task dependent with more negative feedback given and less encouragement (Marks et al.,

2006). Although parenting styles and the relationship dynamic have been explored with preschoolers with developmental disabilities, there has not been a clear focus on the effects of limit setting strategies and the perceptions that drive parents in applying behavioral strategies and expectations to children with developmental delay.

In this study I sought to gain insight into parent perceptions concerning the child's social-emotional competence and how the parents engage in limit setting as a result of these perceptions and beliefs. I examined the response style of the child at home and in the academic setting with structured demands and expectations as well. In ascertaining the interplay of these dynamics, it is hoped that better education and training can be provided to parents of children with developmental disabilities; thus impacting the developmental process in an important and positive manner. This also reflects the need to inspire change in educating parents on how to address behavior and social development as part of a greater social change. The literature review in Chapter 2 addresses the gaps in the research on parenting beliefs and limit setting with the special needs preschool population with consideration of effects within the lower socioeconomic populations.

Statement of the Problem

The research problem in this study considers the dichotomy between beliefs about children's capabilities when there are developmental delays and the

expectations of parenting. Parenting expectations, as they reflect beliefs pertaining to how a child functions, are particularly critical for limit setting behavior, which may be modified as a result of diminished expectations (Alizadeh, Talib, Abdullah, & Mansor, 2011). Child behavior may be affected in other settings such as school as a result of exposure to diminished expectations from the parent. Contemporary researchers have examined many aspects of the parent child relationship and the effects of this dynamic on a child's emotional and social development (Chen, Lin, & Li, 2012). Teti and Cole (2011) indicated that the presence of disability in early childhood requires the intervention and support services for parents.

Other researchers essentially focused on the development of attachment, parenting attitudes and other factors influencing parenting outcomes (Waylen & Brown, 2012). Emphasis on qualitative and environmental factors does not consider the compensatory behaviors that may emerge as a result of addressing a child with a disability while considering the underlying belief system of the parent. The type of belief system considers, in this study, is with families in areas of low socioeconomic specification as the resources for parenting education and support are traditionally less available in these areas.

Nature of the Study

In this study I employed a survey design to examine parenting beliefs expressed by parents of preschoolers with special needs. Surveys also provided

information pertaining to behaviors observed from the children by both parents and special education teachers in the programs the children attend. The study quantitatively examined questionnaire data from 25 parents and teachers. The independent variables were the parenting perceptions expressed in the parenting questionnaire and the dependent variables were derived from the behavior responses of the children derived from the BASC 2. A more detailed explanation of the research design and objectives is provided in Chapter 3.

Research Questions and Hypotheses

The following research questions and hypotheses were derived from the theoretical constructs pertaining to parenting beliefs and parenting styles as well at the understanding of the parent-child dynamic as conceptualized by attachment theory. Moreover a review of the literature on parenting styles and beliefs and the limit setting behaviors of parents of preschoolers with special needs indicated gaps leading to the development of the research questions in this study. Parenting beliefs are considered to be the predictor or independent variable. For the purpose of this study, parenting beliefs are measured by the Satisfaction and Involvement scales in the Parent-Child Relationship Inventory (PCRI). Parental limit setting (measured by the PCRI) and child behavior response (measured by the BASC-2) are the outcome or dependent variables. There will be a more detailed discussion on the study design and methodology in Chapter 3.

Research Question 1: Do parenting beliefs about emotional and social support significantly predict parental limit setting behavior as measured by the Parent Child Relationship Inventory subscale scores?

$H_0$1: Parental perception of emotional and social support does not significantly predict limit setting behavior as measured on the PCRI.

H_a1*:* Parental perception of emotional and support does significantly predict limit setting behavior as measured on the PCRI.

Research Question 2: What is the relationship between parental beliefs as measured on the PCRI Involvement, Satisfaction and Communication subscales and behaviors manifested by the children as measured by the BASC -2 parental behavior rating scale?

$H_0$2*:* Parenting Involvement, Satisfaction and Communication styles reported in the PCRI will not predict challenging behavior at home as measured by the BASC-2.

H_a2*:* Parenting Involvement, Satisfaction and Communication styles reported in the PCRI will predict challenging behavior at home as measured by the BASC-2.

Research Question 3: What is the relationship between parental beliefs, as measured on the PCRI Involvement, Satisfaction and Communication subscales and behaviors manifested by the children as measured by the BASC -2 teacher behavior rating scale?

$H_0$3: Parenting Involvement, Satisfaction and Communication styles reported in the measure will not predict challenging behavior at school as measured by the BASC-2.

H_a3*:* Parenting Involvement, Satisfaction and Communication styles reported in the PCRI will predict challenging behavior at home as measured by the BASC-2.

The Purpose of the Study

The researcher in the present study sought to examine the relationship between parenting beliefs and parenting behavior around limit setting for children who express developmental delays. The independent variables are the parenting beliefs and parent behavior and the dependent variables are the child outcomes (such as child response to limit setting, parent-child interaction, classroom-child interactions). The study also examined the experience of behaviors expressed in the classroom and its correlation to the parenting style reported. The population of interest was derived from a low socioeconomic area where there are complex and diverse family systems. The area conceivably represented a more at-risk population which may serve as a needs area for intervention. Research indicates that there is a prevalence of childhood behavioral issues in low income populations as the issue of poverty presents an additional stressor (Holtz, Carrasco, Mattek, & Fox, 2009). Family functioning in this high risk population has been found to be affected by inadequate resources, higher levels of family and marital conflict and lower levels of

social support as compared to communities with higher SES which has been found to affect parenting efficacy (Ardelt & Eccles, 2001). The economic stress model indicates that economic factors (such as lower income and lack of resources) have a negative impact on parenting practices (Rafferty & Griffin, 2010).

Theoretical Framework of the Study

The theoretical framework of the study is derived from considering parental behavior as comprised of several constructs (Belsky, 1984). The first being how the parent perceives his or her role, which is referred to as parenting beliefs. The second considers the parenting style that is represented in the parent-child interaction and the third considers the parent-child dynamic that results from these interactions. The process model of parental functioning developed by Jay Belsky (1984) examines the perceptions of the parenting role. This model considers the psychological well-being of the parent as well as their own experiences as central to the formation of beliefs about how to parent. Belsky also considers that a child's temperament and the context of the parent-child interaction contributes to the parent's interaction style as well. Parenting beliefs under this model are also shaped by the parent's inherent ability to understand the developmental capabilities of the child and adjust interaction styles accordingly. Belsky identifies various contextual influences such as levels of stress and support in the environment as contributing to the construction of parenting determinants (Belsky, 1984).

Diana Baumrind discussed a three component model of parenting styles which are considered forms of parenting control. These styles are identified these as permissive, authoritative and authoritarian (Baumrind, 1966). The understanding of the parenting style model correlates directly to the study as it provides evidence that parents adopt a particular style of interaction in engaging their children. The current research seeks to extend this concept by providing evidence that parenting styles are moderated by beliefs about the child particularly when they pertain to concerns regarding developmental delays. Furthermore, parenting style affects the level and quality of attachment the child experiences which will, in turn, affect interaction and engagement. The developers of this theoretical perspective, John Bowlby and Mary Ainsworth proposed that essential to a child's emotional development is the warm, continuous and close relationship the child has with the primary caregiver (Bretherton, 1992).

In addition, it is important to consider the bi-directional nature of the parent-child relationship. This is elucidated in Bowlby's model of attachment which is also considered to be an important theoretical construct underlying the understanding of parenting styles and the parent-child interaction (Tuttle et al., 2012).

These theoretical perspectives link together the fundamental interaction styles of parent child dynamics which are present early in the child's life and emphasize the expectations and reciprocal responses that emerge. Current research has not been

found to examine the effects of both these elements in the interaction style and the behavioral expression thereof with the special needs population per se. A child who expresses developmental delays poses additional stressors in terms of interaction (Magill-Evans & Harrison, 2001). This interaction was examined considering all of these elements and how the elements have an impact on the social emotional development of the child.

Conceptually, a developmental model is considered to drive the underlying assumptions of the proposed study. Winnicott (1963) believed that the child's development is inherently guided to learn, grow and adapt and this is fostered under what was termed *good-enough* conditions. As the child emerges from toddlerhood, there is a shift in understanding of the parental figure as being part of a *shared reality*. This can be considered, according to Winnicott, as a transition from object relation to object usage. The child realizes that the parent is in control and the parent (the object) in turn is required to respond in a way to maintain affect tolerance while engaging in limit setting. This creates a facilitating environment where there is nurturing, support and understanding (DeRobertis, 2010). The parent's ability to contain emotional expression, so as not to become retaliatory, is key. It is important to note that children seek limits and so establishing a healthy dynamic of limit setting and affective regulation is essential (Axelman, 2009).

Directives provide a mechanism wherein parents can shape the child's interactions in terms of thinking and acting. The responses are also indicative of the early trust dynamic between parent and child. It is important to recognize that the way in which a parent issues a directive is indicative of the parental perception of the child's autonomy or capability. This is an important concept that correlates to the current study as it supports the notion that the parental perception guides the process. Parents can be considered leaders and educators in their role in the family system. The family system is led by the type of leadership that is set up by the parental units and is affected by the value system of the parents. (Ferguson, Grice, Hagaman, & Peng, 2006).

Interactional theories of parent child dynamics indicate that the quality of parent child interactions during early childhood correlate to social and behavioral adjustment as the child progresses through the course of his/her development (Scaramella & Leve, 2004). Sensitivity to parent child signals is critical to the development of relevant associations between parent and child. As children portray these signals differently, parents are challenged to detect the needs and wants of the child, considering the child's unique characteristics. This is found to be the reciprocal correlate between maternal sensitivity and secure attachment. Research further indicates that understanding these dynamics as reflected in the child's

behavior is critical and can also predict risk factors (Kunster, Fegert, & Ziegenhaim, 2010).

The developmental model as it is affected by the parent child interaction–along with the factors concerning the underlying premises that guide parent interactions—provide the conceptual frame work of the study. By examining parental perceptions through the use of surveys and feedback tools, the study examined the effect of parenting on behavior across settings. This corresponds to the developmental abilities and needs of the child, which can also be observed in the range of affective engagement that occurs between parent and child captured in the survey feedback reported. The positive influences of continuous and meaningful interactions become more evident for the child over time as posited in the developmental model (Gutman & Feinstein, 2010). This serves to highlight the importance of understanding the parent child dynamic as it pertains to limit setting and behavior for the child.

Definitions

Parenting belief: refers to parenting cognitions about child rearing, which organize and shape the effectiveness of parenting practices. They comprise self-perceptions, developmental knowledge and experience with parent child interactions (Borenstein et al., 2011).

Parenting style: refers to the particular decisions and behaviors that parents use to guide their behavior and discipline methodologies with their children. Parenting behaviors are generally aligned with specific beliefs that reside with the parents about their children (Grfoerer et al., 2011). This also takes into consideration external factors such as social support and socioeconomic stressors, as well as concerns pertaining to expressed delays that the child may have (Respler-Herman et al., 2012).

Developmental delay: is considered to be any range of limitations in activities that are not performed as expected in relation to chronological age (Koch & Hadadian, 2013). Parents will more readily identify language and motor delays rather than cognitive or behavioral concerns (Chung et al., 2011).

Limit setting: is defined as the parameters and expectations placed on the child's behavior by a caregiver. It utilizes a combination of nurturance and concern for caregiver response. (Brazelton & Greenspan, 2006).

Socioeconomic status: is defined as a low income level, use of public assistance and residing in an area that is statistically designated to reflect a general lack of resources (Holtz, Carrasco, Mattek, & Fox, 2005).

Assumptions, Limitations and Scope of Delimitations

Assumptions

It is assumed that the willingness of the participants to volunteer in this study has not biased the results, and that the participants answered all questions on each survey truthfully and to the best of their understanding and ability. Furthermore, the survey tools are assumed to be appropriate measures for the variables designated in this study. Finally, the demographics included diverse cultures, religions and educational backgrounds.

Limitations

The generalizability of this study may be limited to the particular population within the South Bronx which represents a population of lower socioeconomic status.

Scope and Delimitations

The results of this study may only be generalized to participants from the United States. The population used in the sample is comprised of families of lower socioeconomic backgrounds and may be generalized to participants of similar socioeconomic backgrounds. The surveys required a fourth grade reading level for completion. The surveys were available in both English and Spanish to ensure that there is no discrepancy in responses due to language dominance. The children's

range of delay did not comprise specific diagnoses – but was limited to children whose range of delay qualified them for a restrictive classroom setting.

Significance of the Study

The focus of this study was to examine the relationship between limit setting and behavior as it pertains to parenting children with special needs. The population that was examined is within a low socio-economic area. This was chosen as there may be limitations to the support services available within this community. According to the 2012 data from the U.S. Census Bureau, the percentage of children between the ages of 3 and 5 with a disability was 3.1% across the country (Brault, 2012). Survey data reported by The Center for the Independence of the Disabled indicated that in 2008 the Bronx was the borough with the highest percentage of disability at 13.7%. It was also reported that 5.9% of the disabled listed were children (Houtenville & Flore, 2011).

The study did not seek to manipulate information or introduce variables but only to derive correlations through the information given across two settings; education and home. It could be generalized to populations of other socio-economic status to examine how parenting beliefs and styles differ (if at all) and how this is manifested with limit setting and behavior. The parameters of the environments within which children interact can introduce stressors which may also affect the limit setting behaviors of parents. This was addressed as part of the outcomes by

including an analysis of the structure and of the family system as provided by the demographic data. Patterns derived from reported belief systems were extrapolated from the survey data to address the beliefs and limit setting behaviors for the purpose of the study.

The magnitude of concerns associated with the continued rise in statistics pertaining to developmental disabilities in young children supports the need for identification of areas that require intervention. Professionals provide evidence through evaluations for the physical needs of the child regarding services.

Although parents are included in the process, there are few support services that engage the parent in the process of understanding both the limitations and the abilities of their children for the purpose of actual child rearing. The majority of the process is to help the parent work with the child on developing in a particular area of deficit and to be able to navigate through the transition to preschool special education with an understanding of educational models and service provision options (Malone & Gallagher, 2009). The outcomes from this research could generate greater attention to the parenting skills of parents with special needs children in addressing beliefs and perceptions and in developing effective management skills.

Importance for Social Change

The study examined parental beliefs that corresponded to children who have special needs and how this is manifested through limit setting behaviors which, in turn, may

result in negative behavioral responses. In the educational setting this could be manifested in two ways: The behavior remains, the child, understanding behavioral expectations which are made clear and consistent, becomes compliant, but only in this setting. At home, the behaviors continue to be challenging. The malleability of young children can lead to the discrepancy of behaviors between home and school, but as external demands become greater and emotional support becomes less, the behaviors may become more challenging across both areas. This elucidates why it is critical that parenting skills meet the comprehensive needs of the youngster to foster social competence and positive behavioral responses across domains. Research can provide support for the need for intervention services which challenge the belief systems of the parents and provide a curriculum of behavior management and parenting skills that corresponds to both the needs of the child and the parenting styles of the caregivers. This is especially important for areas of low socio-economic status as there are considerably little services corresponding to parenting support and education.

Summary

This chapter provided an overview of the research study and identified the questions regarding the topic that were addressed. Evidence concerning the prevalence of developmental disabilities and the social, emotional and behavioral components that are significantly impacted by delay was also provided. Parenting styles are the

guidelines by which foundations for response style and compliance are created for the child. The parent-child interaction defines the understanding that a child develops in terms of expectations and consequences, as indicated in the brief overview of the research. These ideas and theories regarding parenting styles and interaction variables were further expounded upon in chapter two, leading to the area of interest which contemporary research has not explored, that of parenting beliefs regarding limit setting with children who express developmental disabilities. In providing a clear understanding of interaction models, parenting styles and corresponding behavioral and social-emotional responses of children, the current study expanded these findings by providing evidence regarding the types of beliefs expressed by this population, the types of limit setting behavior that is used and the corresponding behavioral responses of the children across two setting.

In Chapter 2, I reviewed the relevant literature on the parent child interaction, parenting style and parenting beliefs associated with limit setting involving preschoolers with special needs. In Chapter 3, I described the methodology and measures for data collection, along with the sample population, procedures and ethical considerations. The research questions and hypotheses were explained. In Chapter 4, I presented the demographic characteristics of the sample, summarized the data collection process and presented the results of the data statistical analysis. In Chapter 5, I interpreted the findings, discussed the limitations of the study,

described recommendations for further research and discussed implications for social change.

Chapter 2: Literature Review

Introduction

The research problem in this study considered the dichotomy between beliefs about children's capacities when there are developmental delays and the expectations of parenting. The purpose of the study was to examine the perceptions of limit setting of parents with children who have developmental disabilities and to demonstrate a correlation between those beliefs and the limit setting strategies used on behavioral concerns exhibited. The underlying hypothesis is that parents of preschoolers with special needs sustain compensatory beliefs about their children's ability to tolerate expectations and demands and may feel that they should not place limits on their children's behavior, secondary to their disability. The modification in parenting style which results will, in turn, impact social and behavioral development overall. The ramifications of parent child interactions which result in problematic and inconsistent dynamics can be extensive. This information can serve as a catalyst for the development of parenting programs that can address perceptions and beliefs and develop competencies for parents to work successfully in fostering positive social and behavioral responses in their youngsters.

This chapter included a review of the relevant literature on parenting beliefs, parenting styles and parent child interactions and this relation to preschoolers with disabilities. The adjustment of parenting styles and the perceived beliefs associated with

parenting a child with a disability will be explored. In addition, the chapter examined the behavioral manifestations connected with particular parenting behaviors and their significance at the educational and social emotional levels. Information concerning interventions that are implemented to address these concerns was also explored as a ramification for problematic parenting styles. The chapter concluded with a summary and rationale for the present study.

Search Strategy

The library databases used in the literature search comprise published research journals in psychology and the social sciences. The databases used were EBSCO, Psych articles, SAGE, Psyc Tests, Academic Search Complete, SocIndex, Education Research Complete, Mental Measurements Yearbook, and Psyc Info. The articles were all from scientific and scholarly journals within the last 8 years. There were also journal articles from the original theorists used to explain parenting and attachment theories. The key words used were "parenting styles, parenting, parenting roles, preschoolers with special needs, behavior, attachment and limit setting." Additional information regarding published statistics on developmental delays was obtained through articles reporting data for the CDC and demographic information concerning the socio-economic constellation of the subject pool. The demographic information was obtained through the Census website for Bronx Community Board 6 based on 2012 census information.

Theoretical Foundation

The theoretical constructs that underlie the current research study involve the understanding of what contributes to the development of parenting beliefs as derived by Belsky (1984) and parenting styles as conceptualized by Diana Baumrind (1971). This corresponds to the formulation of limit setting behaviors and relates directly to this research variable. Additionally, attachment theory is discussed to provide understanding of the reciprocity between parent and child which as this represents the foundation of the interaction style between parent and child. Parenting roles have been identified to correspond to a number of parenting styles within the family system. There are two dimensions of parenting behavior intrinsic to this process: attunement to the child's needs which Baumrind refers to as responsiveness/nurturance allowing the child to develop individuality and behavioral regulation; which is referred to as demandingness/control (Hennessy, Hughes, Goldberg, Hyatt, & Economos, 2010).

Determinants of parenting as described by Belsky (1984) are those characteristics that are intrinsic to the person and also correspond to the external elements in the environment that influence the parent child dynamic. They comprise the personality characteristics of the parent, as well as, the needs and interaction style of the child and external variables such as level of support, economic stressors and the developmental background of the parent in terms of child rearing practices. All of these components shape the parenting beliefs of the parent and, in turn, determine the use of a particular

parenting style, according to Belsky. Parenting quality has also thought to be influenced by the parent's current social ecology, which comprises their own interpersonal relationships (Raby et al., 2015).

Baumrind identified three types of parenting styles: authoritarian, authoritative and permissive. These styles were based on the mediation of two factors which are control and warmth. Each style represented a combination of these factors used in ways that affected overall responses. Permissive parenting essentially allows the child to navigate in a self- directed manner whereas authoritarian parenting supports a strict adherence to rules with limited affection and nurturing (Timpano, Keough, Mahaffeny, Schmidt, & Abramowitz, 2010).

The authoritative parents were noted to be high on both factors of control and warmth and was considered to be the most effective parenting style. This supports the notion of "interdependence" between the parent and child and the reciprocal dynamic of social interactions overall (Baumrind, 1966). Baumrind (1966) also sustained that punishment in controlled and appropriate ways can be considered in altering certain behaviors and can be paired in ways that offer instruction and alternative solutions. Parent attitudes and beliefs about parenting practices affect the emotional climate of the parenting environment. This, in turn, affects the child's responses to parent socialization demands (Hennessy et al., 2010).

Moreover, inherent to Baumrind's model is the notion that parenting style has a correlation to children's behavior problems. The authoritative style has long lasting effects for the child as it balances both responsive and demanding dimensions (Alizadeh,Talib, Abdullah, & Mansor, 2011). The parenting styles indicated by Baumrind provide theoretical evidence that a parent adapts a specific interaction style which conceivably falls in line with inherent beliefs. The parent-child relationship is further conceptualized to be a reciprocal one wherein the social engagement and emotional responses actively involve both parties (Tuttle, Knudson-Martin & Kim 2012).

Another theoretical construct that is of importance is the concept of Attachment theory. This is the result of the collaboration of John Bowlby and Mary Ainsworth (Madigan, Moran, Schuengel, Pederson, & Otten, 2007). It considers the type of emotional connection that is established between the parent and the child. The concept of attachment is based on the reciprocity of response between the parent's sensitivity and awareness and the child's emotional response to the parent. During infancy, the child begins to learn what behaviors will elicit responses from the parent and thus the quality of the attachment dynamic is considered to vary significantly based on the response relationship that emerges between the parent and the child. This represents the interpersonal response style that the child learns and uses as he/she navigates through interactions and relationships in life. It can be considered a "working model" for peer relations. The quality of these responses mediates outcomes for psychopathology later

on. It reflects the infant's expectations regarding response to needs and cues (Madigan et al., 2007). A study examining approach reactivity of children and parent responsiveness also provides evidence for a direct correlation between parenting style and outcome behaviors for the children, especially within social contexts (Dennis, 2006).

Corresponding to this is also the development of synchrony. Synchrony refers to the rhythmic interaction between parent and child in developing relational skills and coping with environmental inputs through the proximal regulation provided for by the caregiver. It also facilitates the child's later ability to understand intentionality (Feldman, 2007). The development of healthy attachment allows for the child to participate in "goal directed partnerships." This represents the alignment of ideas and desires in an effort to promote external relationships (Ontai & Thompson, 2008). Bowlby believed that the critical foundation of mental health and good social development lay in a well-functioning parent – child relationship. According to Bowlby, situations that evoke separation anxiety were indicative of activation of both escape and attachment mechanisms in the child where no attachment figure is available. Maternal sensitivity and response style are considered key components to the quality of the attachment (Bretherton, 1992).

As attachment plays a central role in a child's developmental process, it is also considered to foster the acquisition of a particular response style, which in turn affects behavior. It is this dynamic that underlies parent beliefs and behaviors (Chen,

Lin, & Li, 2012). The parenting beliefs about which discipline style is necessary to ensure compliance and what these expectations are corresponds to the parenting behaviors exhibited. Research further indicates that an individual's experience, characteristics and social norms influences the relationship between parenting beliefs and parenting behaviors (Barnett, Shanahan, Deng, Hasket, & Cox 2010). The child's world view begins to form around the interactions and experiences with the primary caregivers. The child's ability to interpret the mental states of the parent/caregiver and their corresponding behaviors formulates the notion of theory of mind (Ontai & Thompson, 2008). This concept is included as part of the theoretical foundation of the current study as it contributes to the relationship dynamic and may also be affected by developmental delays. The development of theory of mind is noted to be critical during the preschool years.

Emotional understanding comprises the recognition of affective states in others. Studies have found that this emotional understanding is linked to a warm parenting style (Ruffman, Slade, Devitt, & Crowe, 2006). In a study by Sharp et al., (2009), development of an understanding of the mind, as well as secure attachment, was correlated with maternal mindfulness which is defined as the ability to consider the psychological state of the child and be reflective to the child.

Research indicates that use of conversation that identifies and processes emotions and interactions as they pertain to others fosters these aspects of social

cognition. This ability to identify and understand the emotional states of others is noted to occur regardless of the child's verbal ability (LaBounty, Wellman, & Olson, 2008). The quality of the interactions contributes directly to the security of attachment. The more open and responsive the parent is to the emotional distress of the child, the greater the ability of the child to self-regulate and contain agitation. It also fosters resilience (Howe, 2005).

In addition, according to Alegre (2011), parenting styles and practices can also shape a child's emotional intelligence. Children's emotional knowledge also corresponds to the ability to understand changes in self and others concerning feelings and to identify them accordingly. Parents also need to establish a balance regarding intervention so as to foster autonomy and self-regulation (Greenspan, 2006). In Baumrind's model of parenting, this is achieved through moderation of two factors: high and low control and high and low warmth.

Greenspan (2006) supports the notion of a third factor, which he refers to as tolerance. A parent who sets a limit every time there is a behavior demonstrates low tolerance. Greenspan further articulates that harmonious parenting represents a balance of all three factors. In this model limit setting occurs when it is appropriate, not necessarily for every instance of behavior. It is considered a dynamic process rather than the more rigid technique embedded in authoritative parenting (Greenspan, 2006).

Aligned with the concept of the reciprocity is the concept of mindfulness where there is an active awareness of the present moment and the situations and responses that are occurring in the moment. This acknowledges the importance of parent sensitivity to the child's needs and the ability to adjust parenting expectations and beliefs accordingly (Cohen & Semple, 2010). The parent also develops an understanding of when to intervene and when not to, thus creating a more harmonious parenting style (Greenspan, 2006).

To expand this further, consideration of the different contexts within a child's sphere of interaction contributes to the notion of relational attachment which connects the social and emotional components central to parent-child and other caregiver-child interactions and response styles (Tuttle, Knudson-Martin, & Kim, 2012). According to the research, the social context of the interaction between parent and child must be considered as well. In this context, development is not only about compliance and accommodation. The child derives his own social thought through the reciprocal interactions that occur also referred to as "social intersections" (Turiel, 2010). The child is developing emotional knowledge during his experiences and the limit setting dynamics of the parent. Emotional knowledge refers to the ability to distinguish and label emotional states and is closely aligned with general behavioral adjustment and self-concept (Berzenski & Yates, 2013).

Literature Review

The Parent-Child Dynamic

The parent child dynamic refers to the relationship and interaction style between caregiver and child. This interaction comprises the basis for limit setting behaviors which comprise a core variable of the present study.

The family system is considered a critical component in the developmental process of the child. It is considered an interactive system where children and parents influence each other. Research indicates that parenting styles, conceptualized as parenting behavior, and parenting dimensions, which refer to attitudes, impact cognitive and social emotional outcomes in children (Cowan, 2005). This has also been found to correlate with general parental expectations (He, Shi, & Luo, 2006). The alignment of responding between parents and children is referred to as the concept of synchrony. This corresponds to the rhythm of interaction that occurs in relationships. In the parent-child relationship, this refers to the matching of behavior, affective states and general rhythms between parent and child. The organization of these rhythms can provide a framework for an interactive flow.

Moreover, this can be identified in cognitive, symbolic, social-emotional, and self-regulatory development in the child. Through this rhythmic attachment the child aligns with the physiological responses of the parent as well. This also

provides the social basis for the reciprocity between parent and child (Feldman, 2007).

This can also be closely aligned to the parenting practice of warmth – which is characterized by a high degree of affection, spontaneous expressions of positive emotion and frequent praise of the child (Ruffman et al., 2006). Furthermore, parental warmth has been found to contribute to the development of behavior regulation (Von Suchodoletz, Trommsdorff, & Heikamp, 2011). In conjunction with this, is the concept of a shared reality that is associated with object relating that is pertinent in development of interpersonal interactions. Parental tolerance or "holding the situation" refers to the parent's ability to be calm and non-retaliatory while the child develops internal controls. The child's shift of focus between object relating and object usage corresponds to the process of limit seeking that the child participates in. Inherent within this process is the parent's ability to adapt to the developmental needs of the child (Axelman, 2009). This supports the current research's hypothesis that a parent's belief about the developmental needs of the child shapes the interaction style. Children's social competence reflects skills that have a foundation in early parent-child relationship experiences (Raby et al., 2015).

It is important to recognize that temperament is thought to emerge during the second year of life. Temperament is considered as being developed as a result of both heritable characteristics and the experiences which contribute to the child's

reactivity and self- regulation. Moreover, responsive parenting has been found to reduce reactivity for children. Research also indicates that parents' reactions to emotionally stressful situations shape distress reactivity and the later development of externalizing behaviors. Conversely, children with disruptive interaction styles may interrupt the implementation of positive parenting responses (Scaramella, Sohr-Presotn, Mirabile, Robison, & Callahan, 2008). It should also be noted that high parental control is associated with the development of anxiety later on. This has been termed affectionless control (DiBartolo & Helt, 2007). Response styles by parents regarding a child's behavior of exploration are found to be essentially non-verbal in nature and considered to be one of guidance and perhaps demonstration (Henderson, 1991).

Harsh parenting has been correlated to the development of conduct problems later on in the child's life (Brotman et al., 2009). Harsh parenting is considered within the context of "discipline." Research indicated that the child's ability to process the punishment situation corresponds to general adjustment and the development of emotional knowledge (Berzenski & Yates, 2013). Parenting interventions are designed to promote pro-social behavior and decrease maladaptive behaviors (Whittingham, Wee, & Boyd, 2011).

Researchers have also examined the role of parenting knowledge and its effect on child behavior. In a study by Winter and Sanders (2008) parenting skills

were assessed on the level of knowledge of effective parenting strategies and the prediction of child disruptive behavior that were observed. It was found that parents with low confidence and low knowledge were more likely to engage in dysfunctional parenting and greater behavioral issues in children (Winter & Sanders, 2008).

The quality of parent-child interactions has been examined in terms of the type of structure imposed. That is, flexibility versus rigidity was examined using observational data. It was found that a rigid style of interaction was correlated with greater externalizing behaviors in children, but not with internalizing behaviors (Hollenstein, Granic, Stoolmiller, & Snyder, 2004). Further research indicated that positive parenting during infancy and toddlerhood predicted lower levels of externalizing behavior during later childhood. This supports the concept that positive parenting serves as a protective factor against the development of externalizing behaviors (Boeldt et al., 2012).

Parent-child interactions around play provide positive opportunities for children to positively explore and understand their environments. Book reading and play have been found to be positive opportunities for engagement between parents and children. It cultivates interest in literacy and play activities such as social pretend play (Vandermaas-Peeler, Nelson, Bumpass, & Sassine, 2009). The child's attention to an object and the parent's response to that behavior contribute to the attentional cue that will become part of the child's cumulative information as

examined by Bainbridge et al. (2010) using a play interaction session between parents and children. Language use and time use are significant measures of outcome for developmental progress. This corresponds to overall cognitive stimulation. It is also important to note that children from families of lower socio-economic status are noted to have reduced opportunities for play and parent child engagement (Hsin, 2009).

Parents facilitate parent-child interactions that can either encourage or hinder the development of attention and language. This corresponds to the parents' ability to navigate their own responses to the emotional state of the child which, in turn, contributes to fostering the child's ability to attend. This speaks to the synchrony/reciprocity dynamic that is intrinsic in the contingent and mutual nature of responding. This has also been found to contribute positively to the development of resilience for the child (Gartstein, Crawford, & Robertson, 2008). Parent child interactions examined in the literature look at the variables present in this study in a singular fashion. This study sought to examine the belief system and behaviors of parents within the specific population of preschoolers with special needs.

Social-emotional Development in Preschoolers

The development of social-emotional intelligence is related to the parent-child dynamic. It is manifested in the child's behavioral responses in social situations and in the child's general coping style. The study encompassed the

responses of the child both at home and in school as they correlate to the interactions and perceptions of the parents and caregivers and the corresponding manifestation within the educational environment.

Social-cognitive ability refers to the child's ability to understand underlying emotional and cognitive aspects of human behavior (Tobin, Sansosti, & McIntyre, 2007). It is fundamental to the development of successful social interactions and meaningful relationships. This correlates with emotional regulation which is defined as the child's ability to cope with strong emotional input and be able to organize himself/herself in such a way as to respond appropriately to an external demand (Tobin et. al., 2007). This is inherent to the concept of "theory of mind." The ability to cultivate this understanding is embedded in the relationships children experience with others especially caregivers (Guajardo, Snyder, & Peterson, 2009). Research has found that a child's emotional knowledge is correlated to parental warmth. It has also been found that excessively punitive and demanding parental approaches lead to lower levels of emotional understanding and emotional regulation (Alegre, 2011). This may correspond to reports of negative behavioral response for those parents whose style is authoritarian in nature and belief system.

Positive parenting emphasizes characteristics of warmth and nurturance and discipline that promote the parent–child dynamic. This ideology reflects the notion that self-regulation is part of appropriate socialization. In early childhood, children

learn about social expectations through parent rule setting. This is considered part of parenting practices that are implemented to promote particular socialization goals. A parent's response style to distress has been found to be correlated to the internalization of rules of conduct for the child using both situational and survey data (Von Suchodoletz et al., 2011). It has also been correlated to the development of externalizing problem behaviors in children (Lecuyer & Houck, 2006). Emotional regulation refers to the child's ability to identify and process emotions and develop skills to respond to them in appropriate ways (Tobin et al., 2007).

Moreover, the parent's own emotional regulation actively shapes emotions and behaviors of the child, the outcomes of which could be either positive or negative. For example, studies on parental expressions of anger whether or not specifically directed towards the child were correlated to decreased play and exploration, avoidance of parents and increase in both negative emotions and presence of behavior problems (Teti & Cole, 2011). Parental emotional styles reflect the manner in which they address a child's emotional state. The emotion coaching style helps children process and tolerate negative feelings, whereas the emotion dismissing parenting style diminishes the capacity to process a child's emotional state which does not support validation and has been found to correlate with negative behavioral responses (Lagace-Seguin & d'Entremont, 2006).

Synchronicity with the caregiver facilitates regulatory processes as they develop for the child (Tobin et al., 2007).

Parental stress is also noted to affect interaction style and research has indicated that this can be correlated to decreased responsiveness and affection. In turn, a caregiver who presents with a responsive parenting style enhances the development of a secure parent-child attachment. The child's mental states are understood and reflected back to the child by the parent affording the child the opportunity to learn about mental perspectives (Guajardo et al., 2009).

Temperament, which refers to intrinsically based differences in behavioral style observed from the child's youngest years, can significantly impact developmental outcomes. Emotional regulation is found to be influenced by both environmental factors and genetic influence. This considers both within child and interpersonal interactions. Social referencing with the caregiver is pertinent to the development of attachment (Tobin et al., 2007). Studies have also found that parents' dialogue with children regarding past events and their corresponding contributes to the child's development of the "subjective self" and the understanding of emotions. This process also provides an opportunity for parents to help their children connect with and cope with emotions (Reese, Bird, & Tripp, 2007).

Understanding of Developmental Delays in Early Childhood

The population being examined in the study is specific to preschoolers with developmental delays. It is important to elucidate the impact of developmental delay on the child's developmental process as well as, on the parent's expectations and parenting style. The use of the label Developmental Delay is to help with the provision of services and is generated as a result of a developmental assessment (Hadadian & Koch, 2013).

There is considerable evidence that disability influences the demands of the parenting role. Studies found that parenting a child with developmental disability has been associated with significant stress –especially if the child presents with emotional, behavioral and communication difficulties. Some investigators reported that parents with children with special needs show greater intrusiveness and more asynchrony during the interactions with their children (Fenning et al., 2014). This requires the parent to develop effective coping strategies to facilitate adjustment to the demands which may correspond to the parenting needs of the child. This can also reflect the parent's need to temper expectations for the future in order to decrease overall frustration (Dabrowska & Pisula, 2010). The preschool period offers an opportunity for intervention to interrupt negative developmental pathways (Holtz et al., 2009).

The parent needs to sustain a level of self-efficacy to be able to sustain the expectations of the family system and address the needs of the child with the disability (Meirsschaut, Roeyers, & Warren, 2010). Furthermore, it is important to be able to create contingencies that promote the development of adaptive behavior using embedded reinforcements Research indicates that parent child interactions correspond to a high level of reciprocal participation. This level of interaction is considered necessary for development and optimal functioning (Passey & Feldman, 2004). Parenting that demonstrates responsiveness and mutually positive affect has been found to bring about developmental gains, such as language, social emotional and positive behavioral response styles. On the other hand, increases in negative-controlling parenting at the preschool age was predictive of child behavior problems later on (Fenning et al., 2014).

This is particularly significant for aspects of sustaining joint attention and emotional interchange. Parental perceptions regarding interaction with their child can be affected by the developmental characteristics expressed by the child. This can be related to the type of disability, the degree of the disability, as well as, the social and behavioral expressions that correspond to the disability as well. For example, parents of children with Autism Spectrum Disorder (ASD) have been reported to initiate decreased engagement with their child (Axelsson & Granlund, 2004). Children with ASD are also found to demonstrate lower levels of symbolic

play. Symbolic play refers to the child's use of objects as representational of other imaginary objects. Level of attachment to the primary caregiver is also correlated to foster the development of symbolic play. Given the lowered levels of engagement between ASD children and their mothers, the development of the attachment style is considered disorganized and the emergence of symbolic play is limited (Marcu, Oppennheim, Koren-Karie, Dolev, & Yirmiya, 2009).

The manner in which parents handle parenting responsibilities greatly influences outcome. This is especially relevant to the perception of self-mastery around behavior problems with children who express developmental disabilities. Moreover, parenting behaviors can pose a greater impact on children who are at developmental risk (Paczkowski & Baker, 2007). This also relates to the parent's perception of competence in being able to meet the challenges that are faced in parenting which is referred to as parenting self-efficacy It is important to note that lower self-efficacy has been associated with more reactive, inconsistent and abusive parenting interactions, whereas, higher self-efficacy has been associated with responsiveness and warmth (Paczkowski & Baker, 2007).

Parenting stress is closely aligned with the coping style. Research indicates that parents experience significant stress with children who have developmental concerns. How the parent copes with the stress affects behavioral outcomes. A

lower level of emotion-focused coping is found to be positively correlated to better problem-focused coping (Dabrowska & Pisula, 2010).

A child's temperament can also influence the interaction dynamic that occurs between parent and child. Children with difficult temperament have been found to correlate with higher parenting stress, resulting in a more punitive and less positive parenting style. This has been found in research completed with children who were diagnosed with ADHD (Healy, Flory, Miller, & Halperin, 2010). However, play has been found to be an area of interaction where parents can connect with their children and where the play can be adapted to the level of engagement and language ability of the child. Early intervention strategies are provided within the context of the family environment through play which involved both parents and providers. This fosters the development of strategies to address the developmental delays, and creates opportunities for positive interactions thus supporting overall development.

In turn, this can also help parents adapt their caregiving to support the development of social interactions, purposeful play and persistence. It was also noted to enhance communication as well (Childress, 2011).

It is also important to note that social and environmental factors may have greater impact on developmental outcomes than delay itself. This is particularly relevant when considering parental stress which may be correlated to having a child with a developmental delay (Magil-Evans & Harrison, 2001). There are also social

and economic stressors that may affect parenting and adjustment outcomes. This corresponds to a link between parenting stress and parenting behavior which was measured in a study using the Emotional Availability Scale (Chaudhuri, Easterbrooks, & Davis, 2009). It is also conceivable to consider that the parenting dynamic in terms of perceived dependency will also contribute to stress as well. This is particularly important in the area of limit setting (Woolfson & Grant, 2006). Studies have also indicated that children's externalizing behaviors produced greater parental stress than developmental delays themselves (Baker, Blancher, & Olsson, 2005).

Moreover, play behaviors have been found to be important indicators for understanding cognitive functioning and developmental delay. This is found to be particularly relevant when observing independent play where categorical play development can be readily observed (Malone, 2006).

Summary

There has been considerable research on parenting styles as methods by which parents address the behaviors of their children. The research uses both survey and observational models to examine parent-child interactions and beliefs. This is identified as the reciprocity that exists between the parent-child relationship (Tuttle, Knudson-Martin, & Kim, 2012). It is clearly illustrated that parenting styles affect the development and behavior of children. There is also evidence that

developmental delay in children adds a dimension of stress thereby affecting the interaction between parent and child. Parent-child interactions are discussed to provide a clear understanding of all of the factors affecting this dynamic. However, the literature does not provide evidence concerning the effects of parental beliefs about a child's capacity and how this impacts the parenting style, especially when it concerns a child with a disability. There is greater discussion on how parenting styles affect a child with disability in adolescence.

The present study sought to examine the relationship between parental beliefs about their child as it pertains to the impairment and what effects, if any, this has on the parenting style/behavior of the parent. Specifically, the study sought to draw a connection between this type of interaction as a compensatory behavior by the parent, because of the child's delay/disability, and the type of behaviors exhibited by the child. In so doing, this evidence can provide information about parenting a child with a disability. This is of critical importance to practitioners in developing strategies to address this parenting issue. This is of particular importance as the realm of disability continues to become more expansive. The survey model provided information pertaining to beliefs and behaviors of both parents and preschool children with special needs. In Chapter 3, detailed information on the procedures and methods for this quantitative study was provided.

Chapter 3: Research Method

Introduction

The purpose of the study was to examine the relationship between parenting beliefs and parenting behavior around limit setting for children who express developmental delays. This chapter of the dissertation described the research design, the role of the researcher, the methodology and instrumentation to be used in data collection. It also indicated the procedure for participation and the data analysis plan. Reliability and validity concerns were described as well as ethical considerations especially pertaining to the treatment of participants and the data that was provided.

Research Questions

In the present study, the research questions demonstrate the relationship between parenting beliefs concerning children with developmental delays and how parents use limit setting to address their children's behavior.

1. Do parenting beliefs about of emotional and social support significantly predict parental limit setting behavior as measured by the Parent Child Relationship Inventory subscale scores?

*H*o1 : Parental perception of emotional and social support does not significantly predict limit setting behavior as measured on the PCRI

*H*a1 *:* Parental perception of emotional and social support does significantly predict limit setting behavior as measured on the PCRI.

2. What is the relationship between parental beliefs as measured on the PCRI Involvement, Satisfaction and Communication subscales and behaviors manifested by the children as measured by the BASC -2 parental behavior rating scale?

*H*o2*:* Parenting Involvement, Satisfaction and Communication styles reported in the measure will not predict challenging behavior at home as measured by the BASC-2.

*H*a2*:* Parenting Involvement, Satisfaction and Communication styles reported in the PCRI will predict challenging behavior at home as measured by the BASC-2.

3. What is the relationship between parental beliefs, as measured on the PCRI Involvement, Satisfaction and Communication subscales and behaviors

manifested by the children as measured by the BASC -2 teacher behavior rating scale?

*H*o3: Parenting Involvement, Satisfaction and Communication styles reported in the measure will not predict challenging behavior at school as measured by the BASC-2.

*H*a3*:* Parenting Involvement, Satisfaction and Communication styles reported in the PCRI will predict challenging behavior at home as measured by the BASC-2.

Research Design and Rationale

The Research design is a correlational design utilizing survey methodology. Survey methodology is a research method that obtains information from a subject pool through a series of questions and then generalizing the results to a larger population (Bennett et al., 2011). This is a methodology which does not require manipulation of subjects or environment, but rather examines, through survey data, whether there is a correlation between parental perceptions and interventions and child related responses. I used surveys for both parents and teachers of preschoolers with special needs so that behavioral responses could be measured across different settings. The surveys used consisted of tools that have established acceptable

validity and reliability. In addition, a brief demographic form delineating family constellation was provided for the caregiver to complete. The target population was derived from preschool programs in the South Bronx which serve the preschool population. These preschoolers are identified as special needs children through the Individualized Education Plan (IEP) that delineates the functioning level and corresponding services and treatment goals to be provided by the special education setting. Although children can have special needs and not require an IEP, the purpose of using children who have an IEP was to provide external evidence of delay not based solely on parental report. Direct observation can generate more situation specific information regarding parent child dynamics, but the survey model reduces potential interpretation bias. In addition, it is important to obtain information about parental perceptions using surveys that can objectively identify patterns and beliefs.

Study Methodology

The choice of using a survey methodology for the study corresponds to the interest in eliciting information regarding parenting beliefs regarding limit setting with children who have a developmental delay. Additional information regarding classroom behaviors for these children substantiated information regarding the generalization of these effects to external and social expectations. The surveys were coded to ensure that there is possibility for a clear correlation between parenting style and concurrent behaviors both at home and at school with this population of

children with disabilities. This is further examined within a population of low socio-economic status, using predominantly Hispanic and African American backgrounds. This population is heavily clustered in the South Bronx of NYC and is the area wherein the children and caregiver units were identified for the study. According to data obtained from the New York City Department of City Planning (2012) 61.5% of the population receives income support. It should also be noted that 64% of the population in this area is Hispanic and 26% is Black/African American. The identification of the type of limit setting used by this population is relevant for the type of services that may be needed for parents.

The developmental stage examined specifically was within the 3 to 4.5 year old age range. The term developmental delay comprises a significant deficit in progression of functioning in one or more of the following areas: language, motor skills, adaptive functioning, social-emotional functioning, and cognitive ability (Chung et al., 2011). Children with global developmental delay express delays in two or more domain areas (Tervo & Asi, 2009). It has been found that children with delays, as young as age 3, are already displaying greater behavioral concerns than their non-delayed peers (Baker, Blacher, & Olsson, 2005).

The independent variables in the study were identified as parenting beliefs and concurrent parenting styles. The dependent variable for the first hypothesis was

parental limit setting behavior and for the other two hypotheses it is the child's behavioral response.

An essential assumption of the present study was that parent interventions are based on inherent beliefs about what is beneficial and tolerable for their children. This may not correspond to what is actually necessary and important, but is driven by inherent mechanisms (Prinzie et al., 2009). Although the evidence of this assumption is found through the correlation between the information about the beliefs and the parenting styles applied, as a result, it is not articulated this way. Parenting style and beliefs have long been the focus of research and there is clear evidence that parents operate under certain beliefs and styles accordingly.

There is also clear evidence that external factors such as stress, economic status and lack of support affect the interaction style of the parent (Respler-Herman et al., 2012). Another assumption of the study is that the research problem seeks to explore what the parenting beliefs and behaviors are of parents with children who express disabilities and how these beliefs and behaviors affect functioning of the children.

The selection of this population is relevant to the stated statistics on the increase of developmental disabilities in children generally and the concern regarding education and understanding which becomes a key component in the

welfare of the children in the long term. The responsibility of the caregivers is critical and makes the understanding of their needs imperative.

Although aspects of attachment theory as it pertains to a child's sense of security will be discussed, it is not central to the examination of limit setting and parent child dynamics in this instance. It is only discussed as an important factor in the parent-child relationship (Chen, Lin, & Li, 2012). In addition, parenting beliefs are examined specifically as they apply to the behavior of limit setting, as this correlates specifically to understanding behavioral expectations and following them. It implies that the child can understand and respond to the expectations as they are presented. Other aspects of the parent-child dynamic and response are not examined as limit setting is considered a fundamental expectation corresponding to behavior (Dowling et al., 2009).

Setting and Sample

Participants

Parents and teachers from preschool programs in the Bronx that provide services to children classified as preschoolers with special needs were asked to participate in the study. The inclusion criterion for participants was that they have a child between the ages of 3.0 through 4.11 years of age. All of the children should be qualified for and are receiving special preschool programming. The participant pool was comprised of caregivers and teachers for a sample of 25 children across

classrooms with small child to teacher ratios. The sample size was indicated as 24, and determined by a statistical power analysis using G Power 3.1 (Faul, Erdfelder, Buchner, & Lang, 2009). All children participating in the study had an IEP with the classification of Preschooler with Special Needs and attended a self-contained classroom setting with related services. The schools selected were from the list of 4410 schools in the South Bronx that have the specific classes of children and services indicated in this population.

Procedures

Upon approval from the Department of Education to conduct research in New York City schools, 8 programs that had the necessary classroom ratio were contacted regarding participation in the study. Only 2 agreed to participate and an appointment was made to speak to the directors of the programs about participation in the survey. The list of approved sites was available through the New York State Education Department website. Once an appointment was secured, I provided a brief orientation to the purpose of the study and data collection materials. The programs are vendors of the NYC Department of Education, therefore additional approval was needed from the Directors of the agencies affiliated with those programs. Once the school agreed to participate, a description of the present study, along with an informed consent form for the participating parents was delivered to the participating preschools to be distributed to the parents of the classrooms selected for the study.

Once the consent forms from the parents were returned, the survey packets were delivered for distribution to participants.

Teachers from classrooms with child to adult ratios of 8:1:2 (8 children, one special education teacher, and two teacher assistants) were given BASC surveys to complete, once completed parent survey packets were returned to the examiner. This ratio reflects the type of instructional classroom setting that was identified in the sample and reflects a classroom ratio for special needs preschoolers that is considered more restrictive than other classroom ratios. The purpose for extracting the sample from this group only, was to identify a range of delay that is considered significant. For the purpose of this study, teachers were considered community partners providing behavioral information in the classroom, on the child. This information was part of the parent consent agreement and therefore, each teacher was asked to complete a consent form as well. For each survey to be completed by the teacher there was a corresponding packet for the parent to complete. Each set of packets was coded, using alphanumeric codes to match a given parent/child correspondence. A brief demographic information sheet was included with the parent survey to have a sense of family system and diagnoses of the child (if any). The teacher was given the parent packets to send home on a Monday and I awaited the return of the packets via mail. In all cases, the entire packet was sent home twice, and then a follow-up note was sent home twice, to the parents, asking for

participation. The follow-up note significantly improved the response to completion, but it also prolonged the attainment of results as parents did not send back the packets initially, upon the first request. This was completed for each school that agreed to participate in the study. Of the 51 packets sent out, 26 were returned, one of which was incomplete and could not be used. For each school that participated a workshop on behavior management was provided at the conclusion of the study. This workshop directly related to the issues, perceptions and behaviors identified in the study.

Instrumentation and Materials

Demographics Questionnaire. Parents completed a demographic questionnaire related to their child's demographic information such as age, who is primary caregiver, marital status, educational level, employment, developmental delay of the child, and family ethnicity (see Appendix). The surveys administered to the parents were the Parent-Child Relationship Inventory (PCRI) and the Behavior Assessment System for Children –Second Edition (BASC -2). The teachers were given the Teacher Rating Scale of the BASC-2. The research surveys and demographics were provided in both English and Spanish. This is due to the fact that there is a high correlation of Spanish Dominant families in the demographic area identified in the study. The surveys were available in both languages and the

demographics form was translated by a native speaker and was also provided. The survey material is reported to be written for a 4th grade reading level (Gerard, 1994).

Parent-Child Relationship Inventory

The Parent Child Relationship Inventory was used to address parenting beliefs, relationship dynamics and parenting style which are being explored for this population. The PCRI was developed in 1994 by Anthony Gerard. It uses a 4 point Likert scale of measurement for 78 items across 7 content scales. The instrument was normed for parents of children 3 to 15 years of age. Although the normative data was limited in terms of a diversified population for ethnicity and socio-economic status, an additional normative sample was taken to examine the effects of race and education.

Concepts measured by instrument. The PCRI is intended to measure and examine parents' attitudes towards parenting and towards their children. The PCRI is designed to put qualitative impressions into perspective for normative comparisons. Items measure a wide range of parenting dispositions and behaviors. Some items focus on general parenting attitudes and others are intended to generate responses that reflect specific parent-child relationships. There are 7 content scales. High scores indicate positive parenting characteristics (Gerard, 1994). The scales are as follows:

- The Parental Support Scale (SUP) measures the level of emotional and social support a parent receives.
- The Satisfaction with Parenting scale (SAT) consists of 10 items measuring the amount of fulfillment an individual derives from being a parent.
- The 14-item Involvement scale (INV) looks at the level of parental interaction and knowledge of his/her child.
- The Communication Scale (COM) measures the level of effectiveness of parent communication style.
- The Limit Setting Scale (LIM) focuses on the parent's experience of disciplining a child.
- The 10-Item Autonomy Scale (AUT) measures the parent's ability to promote a child's independence.
- The Role Orientation Scale examines parents' attitudes towards gender roles in parenting.

Administration and Scoring. The only material needed to complete the survey is a writing implement that can leave an impression. The participant is to respond to all 78 items on the 4 point Likert scale, ranging from *strongly agree to strongly disagree.* The items are statements and a selection of 1 corresponds to *strongly agree* and a selection of 4 corresponds to *strongly disagree.* The raw score

for each subscale is derived by adding the total number of responses on the Autoscore sheets and transferring the item numbers circled on the answer form to the profile sheet. The scores are then converted to T-scores for interpretation.

Reliability and Validity. It is reported that content and construct validity were considered sufficient and that the PCRI is generally free of gender and cultural bias (Boothroyd, 1998). The Spanish version of the tool was provided by PCRI and has its own normative data. The normative sample was comprised of more than 1,139 parents across the United States. It should be noted that although a 4th grade reading level is generally required to complete this survey, the sample was considered better educated and less diverse than the general population. The author reports internal consistency reliabilities of .70 to .88 and test-retest reliabilities of .58 to .82. Furthermore, the author reports extensive convergent validity. There are 2 validity indicators within the tool. One of the indicators assesses the person's tendency to provide socially acceptable responses and the other measures the tendency to give inconsistent responses. Separate norms for the Spanish version are not available (Gerard, 1994).

The Behavior Assessment System for Children-Second Edition

The Behavior Assessment System for Children – Second Edition was used for teachers, using the Teacher Rating Scales – Preschool and the Parent Rating Scale – Preschool was given to the parents as a rating of behavior at home. The

second edition was published in 2004 – by Cecil Reynolds and Randy Kamphaus. There is a Spanish translation of the parent rating scale which was included for parents identified as Spanish Dominant by the classroom teachers. The target population consists of reports that can be generated using different rating scales that can be completed by parents, teachers, caregivers, clinicians and examinees. The applicable age range is from 2.0 years to 21years and 11 months. The purpose of using the BASC-2 is to establish the behaviors that the child presents with at home and at school and to use this information to assess the need for intervention (Reynolds & Kamphaus, 2004).

For the purpose of the study, the data obtained from the rating scales was used to provide information regarding the behaviors of the children in this specific population across home and school. Both the Teacher and Parent rating scales are comprised of items using a 4 criteria Likert scale for responses. The responses are based on how frequently behaviors occur and the responses to the behavioral statements in the scale are *N-Never, S-Sometimes, O-Often and A-Almost Always.* The norms for the BASC-2 used a representative sample of US population and included children with diverse special needs classifications.

Concepts measured by instrument. The BASC is intended to measure and examine behavior patterns. Although there are a number of scales that measure behavior and self-perceptions of children and young adults, they can be administered

individually or in any combination. There were only 2 scales administered for this study. The scales used will be the Behavior Rating scales, one for the teacher and one for the caregivers of the children in the 2 year to 5 year age group. These scales are designed to gather information concerning the child's observed behaviors. The Teacher Rating Scale (TRS) measures adaptive and behavior problems in the school setting. The domain areas are Externalizing Problems, Internalizing Problems, School Problems as well as, Adaptive Skills. It also provides a Behavioral Symptoms Index which assesses overall level of problem behaviors. The TRS also includes a validity check for "faking bad" designed to detect a negative response set on the part of the teacher doing the rating.

The Parent Rating Scale (PRS) is a comprehensive measure of a child's adaptive and problem behaviors in community and home settings. It uses the same four-choice response set as the TRS, takes 10-20 minutes to complete, for persons with a fourth grade reading level and is available in both English and Spanish. The PRS includes an Activities of Daily Living Scale that the TRS does not have. The PRS does not include the School Problems composite.

It should be noted that under each of the Domain areas for both the Parent and the Teacher Rating scales, there are clinical subscales. The clinical subscale of Aggression, which is measured by responses in the Externalizing domain was also examined.

Administration and Scoring. The BASC -2 scales can be hand scored and the parent and teacher need only a writing implement and hard surface to write on. To obtain accurate results the forms must be completed with few, if any, omissions or multiple responses to a single item. Raw scores are calculated for each construct, then T scores for each construct are determined based on the norms tables.

Reliability and Validity. The BASC-2 had consistent reliability and validity and this is considered a strength of this measure. Internal consistency was found to be .90 for coefficient alpha. Test-retest reliability yielded correlations between .70 and .80 for individual scales across all age groups. Interrater reliability between parents and teachers was found to be between .53 to .65 (Reynolds & Kamphaus, 2004).

Data Collection

Recruitment

Participants were recruited from 4410 preschool programs who serve preschool children with special needs. Of the 20 programs located in the South Bronx, only 8 had the classroom ratio required. These programs were contacted via email and phone call. The data was collected using coded interview packets for both the parent and the teacher for each voluntary participant to maintain confidentiality and reduce any potential bias. Completion of each survey and then collection of the packets was contingent on the expediency of the parent participants. Once the parent

returned the completed consent form and survey tools, the teacher was given the classroom observation questionnaire pertaining to the child for whom consent was received. The teacher's surveys had the identical code number as the parent survey for the corresponding parent. The participating schools were given a post study feedback session and the option of providing a parent training on limit setting and behavior strategies. Once the coded packets were received the survey questions were grouped according to response type on each question for each rating scale. The surveys were hand scored to generate profiles and questions were analyzed individually to examine response patterns. An assessment of reported parenting style and child behavior at home versus child behavior at school was examined as well as part of the planned data analysis.

Risks

This study is considered to be low risk for the children involved. The parents gave informed consent to complete the surveys and for the teachers to complete surveys assessing the behaviors of the children. There was no direct intervention or interaction with the parents or children. There are no identified stressors involved in the study overall.

Compensation

No monetary compensation was given to any participant for participation in the study. At the conclusion of the study, participants were able to receive an overall

summary of the results through a workshop. This was very educational for the families involved. However, they did not have access to individual results due to the anonymous nature of the data collection process.

Data Analysis Plan

A statistical analysis was performed by entering data from the demographics form, BASC-2 and the PCRI into the Statistical Package for Social Sciences – 22.0 (SPSS). Any missing data was excluded from the analysis in order to determine the most accurate results possible. The data was analyzed by the researcher using the Pearson Product Moment Correlation to examine the association between variables and the strength of the relationship. This was used in the analysis of all three hypotheses are there are predictor variables in all three. Multiple regression was used to predict whether parenting beliefs and interaction style are predictive of child behaviors in both home and classroom settings. This data analysis addressed the second and third hypotheses as they examine behavioral responses as a result of parenting. Scatter plots were derived to check for linearity of variables. This also examined variation of behavior to different parenting variables.

Threats to Validity

A possible threat to validity may be due to "volunteer effect." The subjects gave prior consent to participation and there may be inherent differences in those individuals versus those who do not consent (Vogt, 2007). In addition, due to the

self-report nature of survey data, the responses are only as reliable as the reporter. In addition, there is the possibility that some of the responses might not have been accurate due to a lack of understanding on the part of the reporter, resulting in inaccurate responses. A control for this was to include observations of child behavior across 2 settings by 2 different reporters. In addition, the packets included surveys and consent forms in Spanish and English to reduce response confusion for those parents whose primary language is Spanish.

Ethical Procedures

Careful consideration was given to the nature of this study in order to comply with the American Psychological Association Code of Ethics (2002) and the Walden University guidelines for ethical research and the Walden University Institutional Review Board. The NYC Department of Education granted approval to conduct the research study in the preschool programs and then consent was obtained by the director of each participating preschool. The IRB for Walden University also provided approval for the study before it was conducted. I provided coded consent forms and coded survey tools to ensure that they are matched for parent and child. The surveys for the parents were distributed in a sealed in an envelope to be sent home to the parents. Each parent received a letter introducing the purpose of the survey and a coded consent form indicating agreement for participation in completing the survey. For all of the consent forms returned – matched coded

surveys was sent to the parent for their completion and return in a legal size self-addressed stamped envelope. The classroom teacher was given the teacher rating scale to complete for each child whose parent provided a completed set of surveys.

The parents who agreed to participate in the survey returned the signed consent form first and then completed survey questionnaires were distributed and obtained. As the researcher, I collected information and code it for the responses from both parents and teachers and determine correlations. I did not directly interview parents or teachers to avoid creating a personal connection or influence the response style of the participants. I used preschool programs with which I do not have a direct affiliation so as to avoid conflicts of interest. I offered the schools participating in the study a parenting workshop as incentive for participating in the study. I collected the returned data and will store the data in a locked file cabinet. I scored the surveys and analyze the data. The raw data will be kept for at least 10 years post study.

Protection of Human Participants

All participants were protected to the fullest extent. Parents and teachers were given a written description of the study and parents were given an informed consent/assent form prior to the study. This included information pertaining to their right to end participation at any point in the process. In the initial contact packet, information about how to contact the researcher, the name “Walden University” as

well as the contact information for the person to contact in case there were problems or concerns regarding the study was included. All participants will be kept anonymous following participation in the study as no identifying information is used in the study documentation. All original data collected will be stored in a locked cabinet by the researcher for no less than 10 years. SPSS data was saved onto a flash drive and kept with the raw data obtained by the participants. The researcher followed strict protocols as laid out in the methods of the study as well as obtaining approval from the Internal Review Board (IRB) of Walden University in order to ensure that participants were protected throughout the study and afterwards.

Summary

This study utilized a survey methodology to acquire data on parenting styles and beliefs as well as, the behavioral responses of children both at home and at the school setting. The population comprised families in an area of low socio-economic status whose children are classified as preschoolers with special needs, via an IEP (Individualized Education Plan). Permission to conduct the study using participants from 4410 schools, was obtained from the NYC Department of Education. The participant pool was obtained through identified preschool education programs. Parents were asked to provide consent to complete the surveys and permit teachers to complete surveys on the observed behavior of the children in the classroom. The

data was coded to protect anonymity. The data is stored in a locked cabinet and analyzed using SPSS 22.0.

Chapter 4: Results

Introduction

This chapter presents the results of the data analyses that were used to address the research questions along with the descriptive statistics that characterize the sample. The chapter will also report on the statistical analyses and findings organized by the research questions and hypotheses.

Data Collection

The data were collected from parents and teachers of the 2 preschool programs that agreed to participate in the study. Once university IRB approval was obtained (IRB approval number 02-19-15-0106716), a petition was sent to the New York City Department of Education's IRB, along with all of the documentation for the study in March 2015. The Department of Education's Research committee reviewed and provided approval for the study to be conducted in the 4410 programs by the end of April. Eight schools were contacted in May and June and two programs agreed to participate. One program gave permission at the end of June and the other at the end of July. The first data collection sequence occurred during the summer program for the school that provided approval at the end of June. The initial consent forms were administered at the start of the summer program. Requests for consent for participation were sent out and then surveys were distributed once the parents provided returned a signed consent form. There were 2 follow-up requests

made to the parents of this program to attempt to elicit responses and it was only after the second written request was sent home that consents were returned allowing for the distribution of the survey packets. 24 parents were asked to participate from the summer program and I obtained only 8 consents and completed packets from both parents and teachers.

During the academic fall term, I sent out 40 consent requests forms at the end of September and secondary requests were sent home throughout the month of October due to the response rate. I received 18 consent forms and completed survey packets from the fall request from both school programs.

Of the total 64 parents who were asked to participate, 26 parents provided consent and surveys. The teachers for the classrooms readily completed the consents and surveys corresponding to the students for whom parents had consented to participate. One survey packet contained incomplete survey data and was not used in the data analysis as a result. As 24 participant packets was the minimum required sample size, the 25 participants with completed data met the sample number for the study.

As part of the study survey, parents completed a brief demographic questionnaire to provide information pertaining to background family constellation and child's diagnosis, if any. Although a question on annual income was included, it was frequently left blank. It should be noted that all of the parent participants were

female. The ethnic backgrounds reported were closely representative of the population in the South Bronx area with 64% Hispanic, 26% Black/African American (2012 New York City Department of City Planning).

Results

This study examined beliefs about limit setting used by parents of preschoolers with special needs. There were 25 children reported on in the study. Out of the 25 children, 13 were male and 12 were female. Of the 25 children, 20 did not have a family history of delay and 5 did. Descriptive characteristics are shown in Table 1.

Table 1
Descriptive Statistics

Study Characteristic		*N*	Percentage
Age			
	3	11	44
	4	14	56
Delay History	Yes	5	20
	No	20	80
Diagnosis			
	General Delay	8	32
	Autism	15	60
	Down Syndrome	2	8
Ethnicity			
	African American	4	16
	Hispanic	19	76
	White	1	4
	Other	1	4
Sex			
	Male	13	52
	Female	12	48

The variables identified from the survey data were derived from subscales within the surveys, generating *t* scores, using a 95% confidence interval for all variables

examined. It should be noted that with a small sample size all tests have low power. Outliers could not be easily detected. Therefore, failure to reject the null hypothesis may be due to not enough data to deviate from statistical assumptions. The variables used from the PCRI were Parental Support, Communication and Limit Setting. The variables used from the BASC were the Externalizing, Internalizing and Behavior Symptoms Index as well as the Hyperactivity and Aggression scales.

Although the variables within the surveys have reliability in the survey standardization, survey responses can demonstrate variation in response consistency which was also affected by the low sample size. This also resulted in skewness in the distribution.

In order to determine whether the sample was normally distributed kurtosis and skew were calculated for all the variables (see table 2). A non-normal sample consists of a skew value greater than 2.0 and a kurtosis value greater than 3. High values of kurtosis were found for BASC School Aggression (kurtosis = 5.6) and BASC School Externalizing (kurtosis = 5.8). Furthermore, BASC School Aggression was found to be skewed (skewness= 2.1). To account for the skewness and kurtosis of these two variables, a log transformation of 10 was done.

In order to assess for reliability, Cronbach's alpha was calculated for the BASC-2 teacher, BASC-2 parent, and PCRI. The alpha coefficient for the items on each of the scales was found to have high internal consistency (BASC-2 Teacher= .89, BASC-2

Parent = .90, PCRI = .87). This suggests that the items on each of the scales have high internal consistency.

Table 2
Skewness and Kurtosis

Variable	Skewness	Kurtosis
PCRI Support	0.2	0.2
PCRI Limit Setting	0.5	-0.6
PCRI Involvement	-0.13	-1.6
PCRI Satisfaction	-0.14	-0.5
PCRI Communication	0.16	-1.1
BASC Home –Hyperactivity	0.5	-0.4
BASC Home – Aggression	0.9	0.6
BASC Home – Externalizing	0.5	-0.6
BASC Home – Index	0.6	1.0
BASC School – Hyperactivity	0.5	2.0
BASC School – Aggression	2.1	5.6
BASC School – Externalizing	1.7	5.8
BASC School - Index	0.4	0.5

A Pearson product-moment correlational analysis was conducted as a preliminary analysis to address the first research question examining whether there is a relationship between parenting beliefs pertaining to emotional support and limit setting behavior. A correlational analysis was also completed to examine the relationship between limit setting and reported aggression by children at home and at school. Multivariate and

multiple regression analyses were completed to assess predictability among variables, including comparison of behavioral responses observed at home and at school. A frequency distribution was included to examine the occurrence of challenging behaviors for this population. Summary tables and scatterplots of the results are presented as well.

Research Question 1 asked if parenting beliefs about of emotional and social support significantly predict parental limit setting behavior as measured by the Parent Child Relationship Inventory subscale scores. A correlational analysis was done to determine if there was a relationship between the variables of social support and limit setting measured by the Parent Child Relationship Inventory. The correlation analysis indicated that perception of support was not significantly correlated with limit setting (r = .30, p = .16). This indicates that there is no relationship between the two variables. While the relationship between the two variables was found to be non-significant, a correlation of .30 is considered to be a medium correlation. Therefore, a linear regression was done between limit setting and perception of parental support to further investigate the relationship between the 2 variables. In order to assess for normality, a scatterplot of the residual values was analyzed and it was found to meet the assumption of normality (see Figure1). In order to assess for homogeneity of variance, a scatterplot depicting the residual and predicted values was analyzed (see Figure 2). It was found that the data meets the assumption of homogeneity of variance.

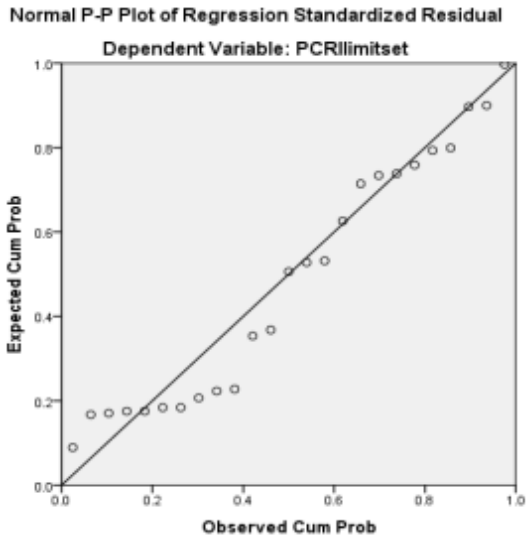

Figure 1. Limit setting.

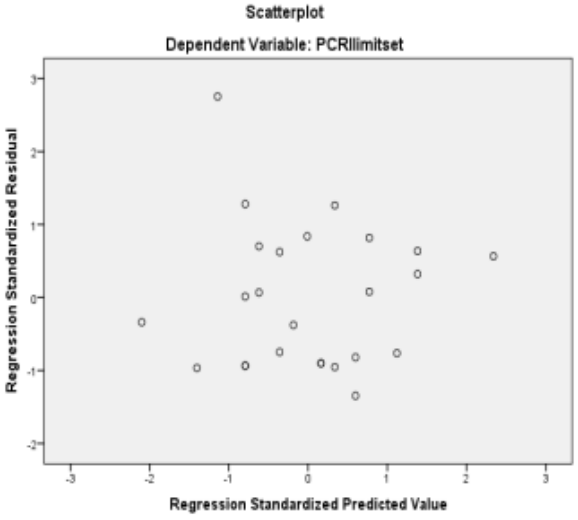

Figure 2 . Limit setting regression.

The hypothesis that perception of parental support significantly predicted limit setting was examined. To test this hypothesis a linear regression analysis was conducted. The results of the regression indicated that parental support predicted 84% of the variance (R^2 = .84, F(1,23) = 2.10, p = .16). As indicated by the results of the regression, parental support was found to be a non-significant predictor of limit setting (β =.29, p = .16).

The second Research Question sought to examine the relationship between Involvement, Satisfaction and Communication parenting belief variables measured on the PCRI and behaviors manifested by the children as measured by the BASC-2 parental behavior rating scale.

A series of multivariate regressions were conducted with communication, satisfaction and parenting involvement as independent variables and with BASC-2 parent report of hyperactivity, aggression, externalizing and index as dependent variables. In order to assess for normality, a scatterplot of the residual values was analyzed for each dependent variable and it was found to meet the assumption of normality (Figures 3, 4 and 5). In order to assess for homogeneity of variance, a scatterplot depicting the residual and predicted values was analyzed for each dependent variable. It was found that the data met the assumption of homogeneity of variance. (Figures 6, 7 and 8).

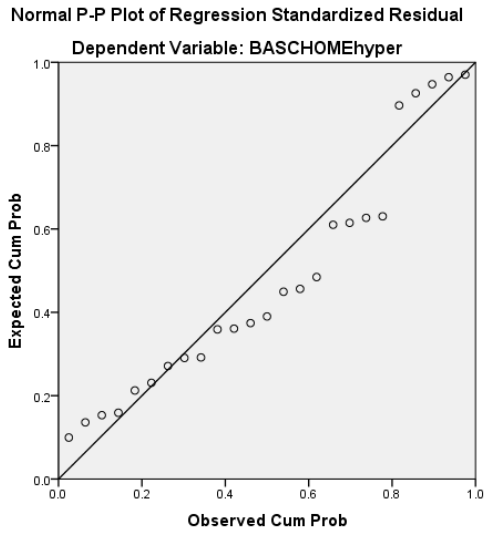

Figure 3 BASC Home Hyper

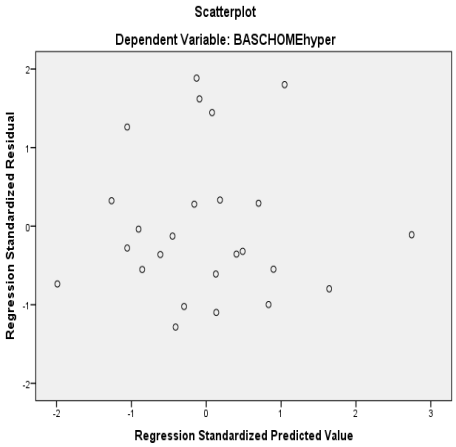

Figure 4 Scatterplot BASCHome Hyper

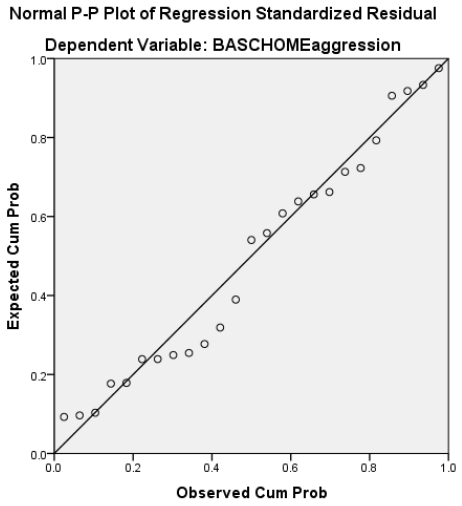

Figure 5 BASCHome Aggression

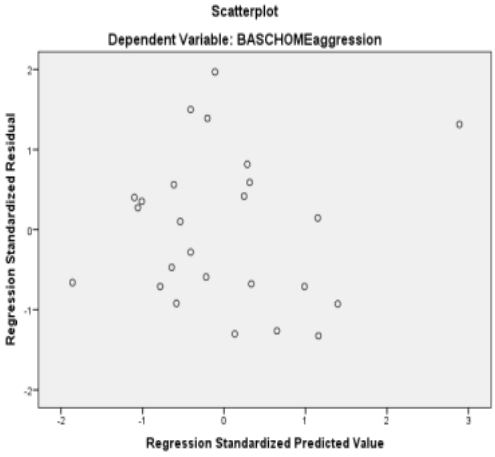

Figure 6 BASCHome Aggression scatterplot

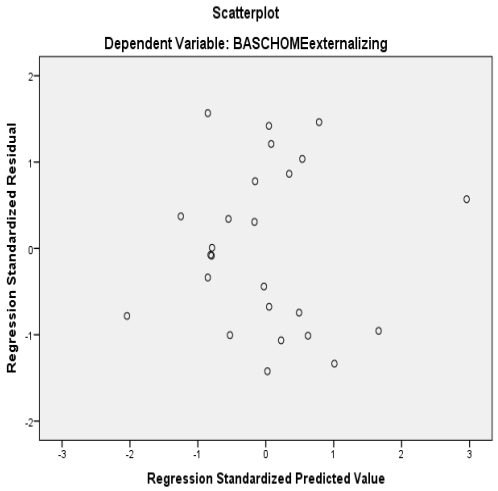

Figure 7 Scatterplot BASCHome Externalizing

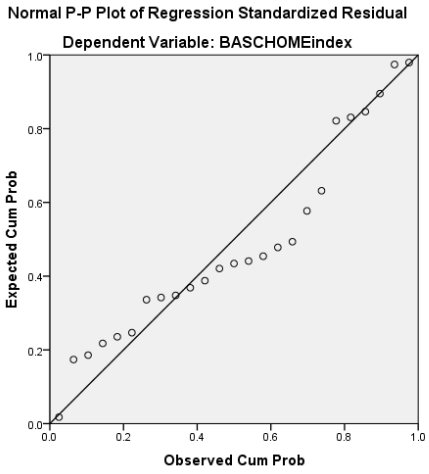

Figure 8 –Regression BASCHome Index

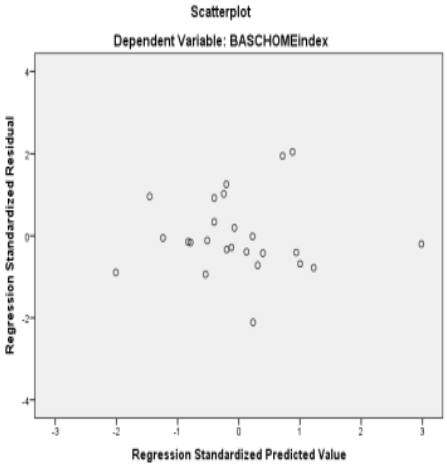

Figure 9 Scatterplot BASCHome Index

The result of the multivariate analysis for the overall model was non-significant (Pillai's Trace = .65, F = .1.40, p = .19). The multivariate analysis was found to be non-significant for each of the three predictors: communication (Pillai's Trace = .23, F = 1.4, p = .28), satisfaction (Pillai's Trace = .13, F = .68, p= .61) and involvement (Pillai's Trace = .25, F = 1.5, p = .25). Therefore, parental beliefs, more specifically involvement, satisfaction, and communication as measured on the PCRI were found to not predict challenging behavior at home as measured by the BASC-2. The null hypothesis was not rejected (see Table 3).

Table 3
Summary of Multivariate Regressional Analysis for Variables Predicting Challenging Behaviors at Home (N = 25)

Variables	Pillai's Trace	*f*	*df*	Error *df*
Communication	0.23	1.40	4	18
Satisfaction	0.13	0.68	4	18
Parental Involvement	0.25	1.50	4	18

Dependent Variables: Hyperactivity, Aggression, Internalizing, Index

In order to determine whether parental involvement, satisfaction and communication styles reported in the PCRI predicted challenging behavior at school(research question 3), a series of multivariate regressions were conducted with communication, satisfaction and parenting involvement as independent variables and with BASC-2 school report of hyperactivity, aggression, externalizing and index as dependent variables. In order to assess for normality, a scatterplot of the residual values was analyzed for each dependent variable and it was found to meet the assumption of normality. In order to assess for homogeneity of variance, a scatterplot depicting the residual and predicted values was analyzed for each dependent variable (Figures 10-14). It was found that the data met the assumption of homogeneity of variance.

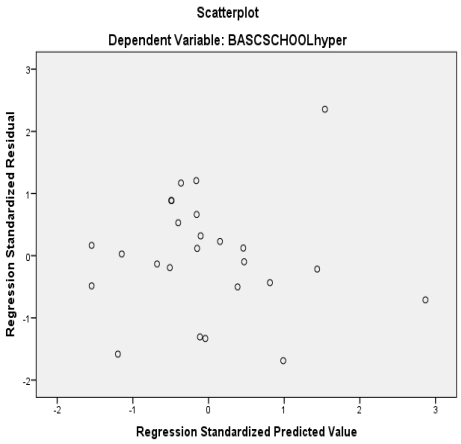

Figure 10 Scatterplot BASC School Hyper

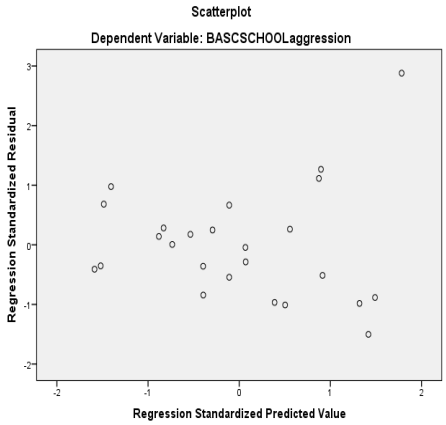

Figure 11 Scatterplot BASC School Aggression

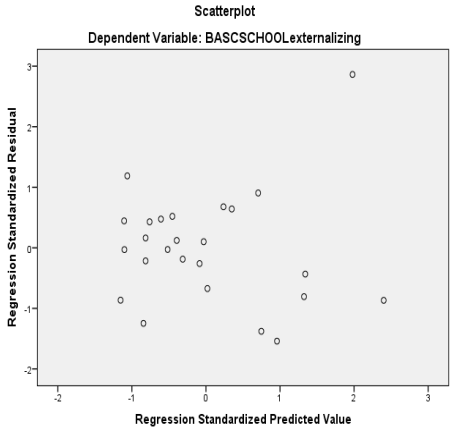

Figure 12 Scatterplot BASC School Externalizing

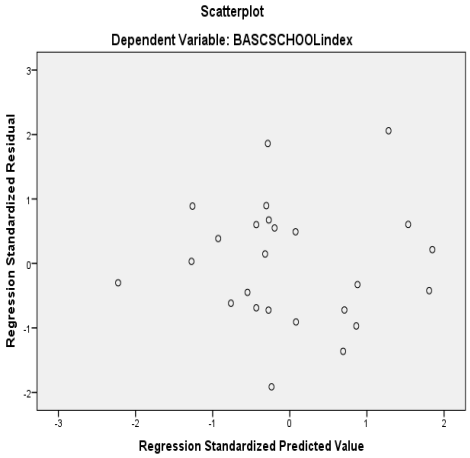

Figure 13 Scatterplot BASCSchool Index

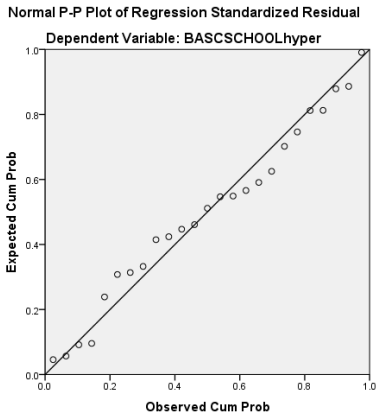

Figure 14 BASC School Hyper

In order to determine whether parenting involvement, satisfaction and communication styles reported in the PCRI predicted challenging behavior at school, a multivariate regression was conducted. The results of the multivariate analysis for the overall model was found to be non-significant (Pillai's Trace = .37, F = .69, p = .75). In addition, non-significance was found for each of the three predictors: communication (Pillai's Trace = .25, F = 1.48, p = .25), satisfaction (Pillai's Trace = .15, F = .82, p = .52) and involvement (Pillai's Trace = .30, F = 1.9, p = .15). Therefore it can concluded that parental beliefs, more specifically involvement, satisfaction, and communication as measured on the PCRI were found to not predict challenging behavior in school as measured by the BASC-2. The null hypothesis was not rejected.

Additional Analyses

To further examine the relationship between limit setting and behavior, a correlational analysis was completed between limit setting as measured in the PCRI and aggression (BASC-2 Parent). The correlational analysis for limit setting and aggression at home (BASC-2 Parent) was found to be significant (r = -.50, p = .01). Therefore, there is a relationship between limit setting and aggression at home. The correlation for limit setting and aggression in the school, based on teacher report was found to be non-significant (r = -.15, p = .46), which shows there is no relationship between limit setting at home and aggression at school (See Table 4).

Table 4.
Correlation Matrix

Variable	Perception of Support	Aggression – Parent	Aggression – School
Limit Setting	0.30	-0.50*	-0.15

*$p<.05$

Summary

In this chapter, the research questions and corresponding hypotheses were assessed. The statistical analysis indicated that there was no predictive relationship between the variables assessed through the parenting beliefs measure of the PCRI and the behavioral expression as measured by the BASC-2.

Research Question 1 was examined using both a correlational matrix and a linear regression analysis. Both analyses did not disprove the null hypothesis. An additional comparison of limit setting on the PCRI and aggression on the BASC-2 for home revealed significance for those 2 variables.

Research Question 2 and 3 were assessed using multivariate regression analysis. The null hypotheses were sustained for both research questions such that the parenting beliefs identified did not predict challenging behaviors at home and at school. These results will be discussed in the context of the existing body of knowledge and literature in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

Understanding the components of interaction and response style of parenting has effects on social emotional development and behavior for children (Gutman & Feinstein, 2010). This is of particular importance when considering the challenges associated with the special needs population. The quality of the initial parent-child relationship effects later outcomes for social and behavioral competence (Chan, Bowes, & Wyver, 2009). Research has demonstrated that developmental disability, expectations of development and parenting styles represent numerous challenges (Bernier et al., 2010). Although parenting styles and beliefs have been examined in the literature, limit setting and parenting perceptions about behavioral strategies had not been explored with the special needs population.

The current study examined parenting perceptions and beliefs of parents of preschoolers with special needs, within a low socio-economic area. It also examined the response style of those children at home and in the academic setting. The independent variables in the study were the identified parenting perceptions as they were indicated in the PCRI survey which included limit setting behavior. The dependent variables were the child's behavior/ response style both at home and in school as measured by the BASC 2 parent scale and teacher scale, respectively. The child's behaviors were examined in terms of Internalizing and Externalizing

behaviors, specifically hyperactivity and aggression, as well as, overall behavioral symptomatology. The goal of the study was to gain insight into frequently observed behaviors and areas of parenting that may contribute to the challenges of creating and sustaining positive behavioral responses for the preschoolers.

According to study findings, parental perception of support did not predict limit setting behavior. In addition, parenting involvement, satisfaction and communication styles as measured in the PCRI did not predict challenging behaviors as reported in the BASC 2. This was consistent for comparisons made with both the home and school BASC 2 reports.

Interpretation of the Findings

In this study parental perceptions of support and limit setting behaviors were both measured by the PCRI. In this case, there was no significant relationship between these two variables. This may have been due to the limited support within the family system and the challenges associated with parenting a youngster with special needs, the demands of which may be great in and of themselves. I then examined if there was a correlation between limit setting behaviors reported in the PCRI and incidents of aggressive behavior reported in the BASC 2. I looked at the correlation for both aggression reported at home and in school. A negative correlation between limit setting and aggression at home was found. To be specific, there was a higher incidence of reported aggressive behaviors for youngsters whose

mother reported a lower incidence of limit setting behaviors. This supports the theoretical premise that the level of responsiveness and structure that is incorporated into the parent-child dynamic affects behavioral regulation (Hennessy, Hughes, Goldberg, Hyatt, & Economos, 2010). Moreover, this finding supports Baumrind's model that parenting style is correlated with children's behavior problems. The fact that there was no relationship between limit setting and aggression at school may be due to the embedded structure and predictability of that environment which is not reflective of the reciprocity and emotional attachment that exists between the parent and the child (Madigan, Moran, Schuengel, Pederson, & Otten, 2007).

To examine the relationship between parenting beliefs and the expression of the child's behavior further, comparisons were derived by using the pre-defined variables of parenting beliefs which were parental involvement, satisfaction and communication with specific behaviors and the behavioral index of the BASC 2. The dependent variables taken from the BASC 2 were hyperactivity, aggression, and externalizing behaviors. There was no relationship found between the beliefs as reported by the parents and the incidence of behaviors. This was consistent for both the home and school settings. This was not what was expected, as parenting beliefs affect parenting style as indicated by the research. This, in turn affects the relationship and response style of the child (Axelman, 2009).

It should also be noted that there was significant incidence of behaviors generally across both settings. This supports the current research which elucidates the challenges associated with working with preschoolers with special needs (Miller & Halperin, 2010).

Limitations to the Study

A limitation of this study was inherent to the population asked to participate in completion of survey data. Although the pre-determined sample size was not large, it took several months to obtain the necessary number of subjects. This may be due, in part, to the sensitivity of this population. Parents with significant socio-economic stressors were asked to reflect on the challenges of parenting a special needs preschooler. There may have been a reluctance to trust the confidentiality of the study.

Although I was able to obtain the determined number of participants, statistically significant findings might have been more likely with a random and more demographically representative sample than the sample that was obtained for this study. In addition, the remoteness or lack of personal rapport between the researcher and the participants may have increased the reluctance of participation. While familiarity may create a secondary bias, in this case it is interesting to speculate if it would have increased comfortability and therefore willingness to participate in the study as I might have been able to have presented the reasons and

value to understanding parenting perceptions which may not have been conveyed within the context of the consent information.

Recommendations

The relationship between parents and the challenges children of developmental delays will continue to be an area requiring further research given the prevalence of developmental disabilities. It would be useful to expand the current study to include a more demographically representative sample size and to provide an opportunity for participants to have insight into the purpose of the study to make it more relatable. Information on the prevalence of challenging behaviors and how they impact learning may be helpful in helping parents understand the relevance and value of obtaining data. This could be completed using a workshop format with the built in incentive of parent training based on the findings that would be revealed in the study.

Future studies should continue to reflect the area of lower socio-economic status as this population has additional vulnerabilities (Hsin, 2009). Future research should also explore the parent's expectations about their child in the context of disability. This may be done through the addition of an interview model. Finally, the survey data may need to include the use of an additional survey that measures parenting stress and parenting behavior such as the Emotional Availability Scale as it may impact limit setting (Chaudhuri, Easterbrooks, & Davis, 2009).

Implications

The goal of this study was to provide insight into the parenting beliefs and behaviors that are expressed and how this is manifested in the behavior of the child. The population was specific to a low socio-economic status and with parents of preschoolers with special needs. This was of particular importance because of the additional stressors that are generally associated with this population. The information derived from the study continues to support the need for intervention and support services for parents (Teti & Cole, 2011). The relationship between limit setting and the incidence of aggression within the home environment provides the impetus for the creation of workshop objectives to help support and guide parents in developing effective strategies to address behavior and formulate positive reciprocal relationships with their child.

Conclusion

Development is a lifespan process. As such, experience and interaction form the foundations from which the world view is created. The parent-child relationship that is cultivated in early childhood provides an early map of this world view and it serves as a tool for regulation and involvement in the external world. A child with a developmental delay requires additional support in navigating feedback from the external world. The present study sought to demonstrate the presence of challenging behaviors across both home and school settings. Although the data did

not provide evidence for the importance of understanding and addressing limit setting for parents by identifying specific parenting beliefs, it did provide evidence of a relationship between parental limit setting and incidence of aggression at home. In order to promote social emotional adjustment, it is critical to gain insight into the parenting beliefs and behaviors that affect the parent child dynamic and impact the behavior and functioning of the child across different settings, supporting the need for continuity of intervention. In so doing, provide support to parents in becoming effective catalysts promoting and sustaining the resiliency in their children that will inspire their success through the lifespan.

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Appendix A. DOE Approval Letter

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3334 209th street
Bayside, NY 11361

Dear Ms. DiBenedetto:

I am happy to inform you that the New York City Department of Education Institutional Review Board (NYCDOE IRB) has approved your research proposal, "A study of the Influence of Parental Perceptions of limit setting tasks with preschool age children with special needs." The NYCDOE IRB has assigned your study the file number of 999. Please make certain that all correspondence regarding this project references this number. The IRB has determined that the study poses minimal risk to participants. The approval is for a period of one year:

Approval Date: **April 30, 2015**
Expiration Date: **April 29, 2016**

Responsibilities of Principal Investigators: Please find below a list of responsibilities of Principal Investigators who have DOE IRB approval to conduct research in New York City public schools.

- Approval by this office does not guarantee access to any particular school, individual or data. You are responsible for making appropriate contacts and getting the required permissions and consents before initiating the study.
- When requesting permission to conduct research, submit a letter to the school principal summarizing your research design and methodology along with this IRB Approval letter. Each principal agreeing to participate must sign the enclosed Approval to Conduct Research in Schools/Districts form. *A completed and signed form for every school included in your research must be emailed to* IRB@schools.nyc.gov . Principals may also ask you to show them the receipt issued by the NYC Department of Education at the time of your fingerprinting.
- You are responsible for ensuring that all researchers on your team conducting research in NYC public schools are fingerprinted by the NYC Department of Education. Please note: This rule applies to all research in schools conducted with students and/or staff. See the attached fingerprinting materials. For additional information click here. Fingerprinting staff will ask you for your identification and social security number and for your DOE IRB approval letter. You must be fingerprinted during the school year in which the letter is issued. Researchers who join the study team after the inception of the research must also be fingerprinted. Please provide a list of their names and social security numbers to the NYC Department of Education Research and Policy Support Group for tracking their eligibility and security clearance. The cost of fingerprinting is $130. *A copy of the fingerprinting receipt must be emailed to* IRB@schools.nyc.gov .

- You are responsible for ensuring that the research is conducted in accordance with your research proposal as approved by the DOE IRB and for the actions of all co-investigators and research staff involved with the research.
- You are responsible for informing all participants (e.g., administrators, teachers, parents, and students) that their participation is strictly voluntary and that there are no consequences for non-participation or withdrawal at any time during the study.
- Researchers must: use the consent forms approved by the DOE IRB; provide all research subjects with copies of their signed forms; maintain signed forms in a secure place for a period of at least three years after study completion; and destroy the forms in accordance with the data disposal plan approved by the IRB.

Mandatory Reporting to the IRB: The principal investigator must report to the Research and Policy Support Group, within five business days, any serious problem, adverse effect, or outcome that occurs with frequency or degree of severity greater than that anticipated. In addition, the principal investigator must report any event or series of events that prompt the temporary or permanent suspension of a research project involving human subjects or any deviations from the approved protocol.

Amendments/Modifications: All amendments/modification of protocols involving human subjects must have prior IRB approval, except those involving the prevention of immediate harm to a subject, which must be reported within 24 hours to the NYC Department of Education IRB.

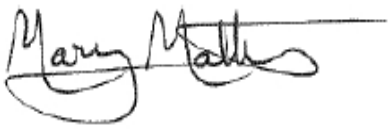
Continuation of your research: It is your responsibility to insure that an application for continuing review approval is submitted six weeks before the expiration date noted above. If you do not receive approval before the expiration date, all study activities must stop until you receive a new approval letter.

Research findings: We require a copy of the report of findings from the research. Interim reports may also be requested for multi-year studies. Your report should not include identification of the superintendency, district, any school, student, or staff member. Please send an electronic copy of the final report to: irb@schools.nyc.gov.

If you have any questions, please contact Dr. Mary Mattis at 212.374.3913.

Good luck with your research.

Sincerely,



Mary C. Mattis, PhD
Director, Institutional Review Board

cc: Barbara Dworkowitz

Appendix B. Harry Gordon School permission

Department of Education
Carmen Fariña, Chancellor

Institutional Review Board
52 Chambers Street, Room 310
New York, NY 10007

APPROVAL TO CONDUCT RESEARCH IN SCHOOLS

To the Principal:

The research study described in the Proposal Submission Form has been approved by the Institutional Review Board (IRB) of the New York City Department of Education. (See the signed Approval Letter) This researcher is now seeking principals willing to cooperate in the study. Please sign below if you agree to have your school participate in this study.

In order to begin the study, the researcher must return this form to IRB@schools.nyc.gov – signed by the principal of each school that will be participating in the study to the IRB, Research and Policy Support Group (RPSG) before data collection begins.

NOTE:

Researchers who need to be in schools must have fingerprints on file at the Department of Education prior to field work. Where data collection includes information from DOE administrative records, a data request must be submitted to RPSGresearch@schools.nyc.gov. Researchers may not request school or individual student records from school personnel.

Researcher/Principal Investigator Enza Di Benedetto

Title of Study A Study of the Influence of Parental Perception of Limit Setting Tools with Preschool Age Children with Special Needs

Research Will Involve:

Cooperating School	School ATS Code (DBN district-boro-school number)	Grade (s)	Number of Classes	Number of Staff/Pupils	Start Date of Data Collection
The Harry H. Gordon School	Bronx	Prek K 4410	3	~~#of staff~~ 3 teachers ~~# pupils~~ 24	7-6-16

X Karen Duffoil
Principal's Signature

X 6/16/15
Date

X The Harry H. Gordon School
School

PLEASE DUPLICATE AS NECESSARY

Rev. 2/12

Department of Education
Carmen Fariña, Chancellor

Institutional Review Board
52 Chambers Street, Room 310
New York, NY 10007

APPROVAL TO CONDUCT RESEARCH IN SCHOOLS

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Researcher/Principal Investigator ENZA DiBenedetto

Title of Study A Study of the Influence of Parental Perception of Limit Setting tasks with Preschool Age Children with Special Needs

Research Will Involve:

Cooperating School	School ATS Code (DBN district-boro-school number)	Grade (s)	Number of Classes	Number of Staff/Pupils	Start Date of Data Collection
Howard Haber Early Learning Center	BRONX	PK 4410		#of staff #of pupils	9-24-15

V [signature] 9/18/15 Howard Haber Early Learning Center

Principal's Signature *Date* *School*

PLEASE DUPLICATE AS NECESSARY

Rev. 2/12

Appendix D. Demographics Survey

Study ID_____

Date:_____

Demographic Questionnaire

Fill in the following information. Your answers to the following questions will be used for research purposes only and will be kept strictly confidential.

1. What is your race (mark all that apply)?

☐ African American
☐ American Indian or Alaskan Native
☐ Asian
☐ Caucasian
☐ Native Hawaiian or Pacific Islander
☐ Other: _____

2. Are you of Hispanic, Latino or Spanish heritage?

☐ No, I am not Hispanic, Latino or Spanish
☐ Yes, I am Cuban
☐ Yes, I am Mexican, Mexican American, Chicano
☐ Yes, I am Puerto Rican
☐ Yes – other Hispanic, Latino or Spanish origins (listed) _____

3. What is your marital status?

☐ Single (never married)
☐ Separated
☐ Married
☐ Widowed
☐ Divorced
☐ Other: _____

4. What is your work status?

☐ Student
☐ Part-time work
☐ Full-time work
☐ Not currently employed

5. Number of persons residing in the home? _____

6. Number of bedrooms in the home? _____

7. How many and how old are the siblings residing in the home?_____

_____

Demographics

8. What are the languages spoken in the home? _____

9. What is the combined household income currently?

- ☐ $5000 or less
- ☐ $5,001-10,000
- ☐ $10,001-20,000
- ☐ $20,001-30,000
- ☐ $30,001-40,000
- ☐ $40,001-50,000
- ☐ $50,001-60,000
- ☐ $60,001-70,000
- ☐ $70,001-100,000
- ☐ More than 100,000

10. Highest grade completed by you and other primary caregivers?_____

_____

11. Is there a history of developmental delay in the family? _____

12. Does your child have any diagnoses? _____

_____