

**Psychometric Evaluation of the Child Rearing Inventory (CRI) in an Online Sample of
Parents of Children Ages 3 to 12**

by

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Abstract

Parental tolerance has previously been defined as the function of how annoyed a parent becomes by their child's defiant or disruptive behavior. However, there has been little research on parental tolerance as a construct and its relationships with other potentially theoretically related constructs, such as parenting style and parent report of child behavior. In order to properly examine parental tolerance as a theoretical construct, the Child Rearing Inventory (CRI), a parent report measure of parental tolerance, was created. The limited research conducted with the CRI to date has shown that it is a promising measure with acceptable internal consistency, strong discriminant validity, and a potential two-factor structure. The current study provides additional support for the internal consistency and construct validity of the CRI. However, the two-factor structure of the measure was not supported by the confirmatory factor analysis. Results also examine and provide support for the relationship between parental tolerance and parenting style, parent report of child behavior, parent's perception of the parent-child relationship, and parent and child mental health. It is suggested that the CRI be revised prior to further research examining its use in a clinical population.

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List of Abbreviations

ABI	Annoying Behavior Inventory
ADHD	Attention-deficit/hyperactivity disorder
ADIS – IV	Anxiety Disorders Interview Schedule for <i>DSM-IV</i>
ASD	Autism Spectrum Disorder
BASC – 3	Behavior Assessment System for Children, Third Edition
CADBI	Child and Adolescent Disruptive Behavior Inventory
CAPI	Child Abuse Potential Inventory
CFA	Confirmatory Factor Analysis
CPRS	Child-Parent Relationship Scale
CRI	Child Rearing Inventory
ECBI	Eyberg Child Behavior Inventory
EFA	Exploratory Factor Analysis
MTurk	Amazon’s Mechanical Turk system
ODD	Oppositional Defiant Disorder
PCIT	Parent-Child Interaction Therapy
PMT	Parent Management Training
PPI – P	Parent Perceptions Inventory – Parent Form
PPS	Parenting Practices Scale
SES	Socioeconomic status
WACB	Weekly Assessment of Child Behavior

Psychometric Evaluation of the Child Rearing Inventory (CRI) in an Online Sample of Parents of Children Ages 3 to 12

Parental tolerance has been conceptualized as the function of how frustrated a parent becomes by their child's disobedient and unruly behavior (Brestan et al., 2003). Levels of parental tolerance can vary, and research suggests that these variations in tolerance can affect subsequent parent responses to child defiance and misbehavior, including type, frequency, and severity of discipline (Brestan et al., 2003; O'Leary, 1995). For example, parents who are highly tolerant are likely to regard many child behaviors as acceptable and therefore will not respond with discipline as often, per parent report (Brestan et al., 2003). In contrast, parents who are less tolerant are more likely to consider those same child behaviors as inappropriate and needing to be corrected and will respond with more annoyance and frequent discipline (Brestan et al., 2003). Research has shown that there may be differences in parental tolerance based on a number of factors, including the self-reported gender of the parent and child (Wright et al., 2013), increased age of the child resulting in less tolerance (Dix et al., 1986; Johnston & Patenaude, 1994), and variations in cultural norms with Guajarti and Thai parents being more tolerant of child behavior compared to White parents (Hackett & Hackett, 1993; Weisz et al., 1988). Regarding gender, mothers from a primarily White sample were similarly tolerant of both female and male children's behavior. However, fathers from the same sample were shown to be more tolerant of defiant behavior from male children compared to female children (Wright et al., 2013). Additionally, research has also shown parents are more tolerant of disruptive behaviors of children who have been diagnosed with autism spectrum disorder (ASD) compared to children not diagnosed with the neurodevelopmental disorder (VanOrmer et al., 2018). These results

suggest that child mental health disorders may also affect variations in parental tolerance, though more research is needed.

Relationship of Parental Tolerance with Potentially Related Constructs

Parental Tolerance and Parent Report of Child Behavior

There are likely several factors that are related to the construct of parental tolerance. Parent report of child behavior typically involves the parent rating how often a child engages in a certain behavior, such as whining. These ratings can be obtained through rating forms, such as the Behavior Assessment System for Children, Third Edition, Parent Rating Scales (BASC – 3 – PRS; Reynolds & Kamphaus, 2015), or through semi-structured interviews, such as the Anxiety Disorders Interview Schedule for *DSM-IV* (ADIS-IV; Dinardo et al., 1994). In addition to reporting how often a child engages in certain behaviors, other measures, such as the Eyberg Child Behavior Inventory (ECBI; Eyberg & Pincus, 1999), offer the opportunity for parents to indicate whether they consider specific child behaviors as problematic or not. Although the exact relationship between parental tolerance and parent report of child behavior is not known, research suggests that parents who are less tolerant of child misbehavior may be more likely to report certain negative child behaviors as occurring more often and may also be more likely to consider the behaviors as problematic (Butler et al., 2008; Jimenez et al., 2022). Based on these findings, we theorize that parents who are more tolerant of defiant and disruptive child behavior would be less likely to report a high occurrence of these behaviors in everyday life and would also be less likely to consider them problematic.

Parental Tolerance and Parenting Style

Parenting style is another factor that might impact parent perceptions of child behavior as problematic or needing discipline. Parenting style refers to how parents interact with their

children and is most often separated into four main categories based on levels of parental support and control (Baumrind, 1971; Maccoby & Martin, 1983). The authoritative parenting style is characterized by high levels of support and control, whereas parents who are high in control and low in support would be classified as authoritarian. The permissive parenting style is defined as high in support but low in control and the neglectful parenting style is low in both control and support (Baumrind, 1971; Maccoby & Martin, 1983). Although the relationship between parental tolerance and parenting style has not been formally examined in research, it is theorized that parents who are less tolerant of child misbehavior would be more likely to have high levels of control and therefore should be more likely to be classified as either authoritarian or authoritative in parenting style.

Parental Tolerance and Parent and Child Mental Health Status

Research suggests that the mental health status of the child and parent may also affect levels of parental tolerance (Abidin, 1990; Campbell et al., 1991; Gerdes et al., 2007; Johnston, 1996; Lampe et al., 2009; VanOrmer et al., 2018). Specifically, studies have shown that the parent-child relationship may be adversely impacted by a pattern of negative interactions between a child with difficult behaviors, such as a child diagnosed with attention-deficit/hyperactivity disorder (ADHD), and their parents (Campbell et al., 1991; Gerdes et al., 2007; Johnston, 1996). Additionally, a parent's own mental health difficulties (e.g., depression, ADHD) may also negatively affect the parent-child relationship through a pattern of attachment insecurity and negative parenting behaviors (Abidin, 1990; Gerdes et al., 2007; Risi et al., 2021; Russell et al., 2021). This pattern of interaction affects parental perceptions of the parent-child relationship and may impact a parent's response to child defiant or disruptive behavior (Gerdes et al., 2007). Specifically, in a study examining parent and child perceptions of the relationship

between children diagnosed with ADHD and their parents, mothers reported that they were more assertive of their power and fathers indicated that they were less warm if they or their child had high levels of depressive symptoms or if the child had ADHD (Gerdes et al., 2007).

Conversely, Lampe and colleagues (2009) reported that parents with high parental tolerance were more likely to discipline their child very leniently which was then associated with the child's behavior problems worsening and developing into an externalizing disorder. In addition to the negative effects that parent and child mental health status can have on parental tolerance, research has also shown that parents of children with ASD are more tolerant compared to parents of children without the disorder (VanOrmer et al., 2018). Based on these findings, it appears that mental health can have a significant impact on parental tolerance, though it is unclear the exact relationship between the two.

Parental Tolerance and Parent Perception of the Parent-Child Relationship

As discussed above, previous research has shown that the parent-child relationship may be negatively affected by frequent negative interactions between a child diagnosed with ADHD and their parents due to the higher frequency of disruptive behaviors and the parents' subsequent more assertive and less warm responses (Campbell et al., 1991; Gerdes et al., 2007; Johnston, 1996). Similarly, a previous study conducted by the authors also suggests that parents who are less tolerant of child misbehavior perceive and report their parenting behaviors as more likely to be negative (e.g., threatening, spanking) rather than positive (e.g., praising, hugging; Jimenez et al., 2022). Additionally, parents who have low distress tolerance are also more likely to report their use of punishment as overreactive (Del Vecchio et al., 2020). Based on these findings, it is theorized that parents who are less tolerant of their child's misbehaviors would most likely have a more negative perception of the parent-child relationship given the increased likelihood of

having negative interactions and those who are more tolerant would have a more positive perception of the relationship.

Currently, research on the construct of parental tolerance and its relationship with other potentially related constructs is lacking. However, based on the previous research discussed above, it is believed that parental tolerance could be very effective and beneficial in combining and elucidating other concepts, such as the link between parent perceptions of the parent-child relationship, parent perceptions of child behavior, and parenting styles. Typically, in order to conduct research on a new concept, a measure must be created and validated to obtain data from the population. Therefore, it is very important for future researchers to have a validated measure of parental tolerance in order to continue to examine its relationships with other theoretical constructs. Although there is not currently a validated direct measure of parental tolerance, previous research has used other methods to evaluate the construct.

Previous studies have utilized the Intensity and Problem subscales of the ECBI to indirectly measure the construct of parental tolerance (Butler et al., 2008; Eyberg & Pincus, 1999; Jimenez et al., 2022; Lampe et al., 2020; VanOrmer et al., 2018; Wright et al., 2013). The ECBI discrepancy hypothesis postulates that when parents have a high ECBI Intensity scale score, indicating a high frequency or severity of child misbehavior (e.g., whining, arguing with adults), but a low ECBI Problem scale score, suggesting that the parents do not consider many of those behaviors as problematic, the parent is more likely to have higher levels of tolerance for these behaviors (Butler et al., 2008). Although the difference between scores on the ECBI subscales have been used in the past to provide a proxy measure of tolerance, researchers have demonstrated a need for a more direct measure of parental tolerance as a construct.

Child Rearing Inventory (CRI)

The Child Rearing Inventory (CRI) is a parent-report measure of parental tolerance comprised of 11 items that are intended to examine the parent's perceptions of a specific child's behaviors (Brestan et al., 2003). The CRI originally contained 14 items chosen by five experts in the areas of child behavior and parent-child relationships, though a total of 11 final items were chosen based on their acceptable item-total correlations (Brestan et al., 2003). In order to complete the CRI, parents are asked to select one of two statements that they identify with more (e.g., "It really bothers me when my child talks back" versus "It does not bother me when my child talks back"). They are then asked to rank how strongly they agree with their chosen statement as either S, "sort of true," or R, "really true." To properly score the CRI, items 1, 2, 3, 5, and 9 are reverse scored and the total score of the measure can range from 11 to 44, with higher scores indicating less parental tolerance for disruptive or defiant child behavior and lower scores suggesting more tolerance.

Despite the CRI first being developed in the 1990s, there are only a handful of studies examining its psychometric properties (Brestan et al., 2003; Butler et al., 2008; Jimenez et al., 2022). In terms of internal consistency, the pilot study involving 262 participants from a sample of Black and White parents recruited from pediatricians' offices reported Cronbach's alpha of .72 and item-total correlations ranging from .19 to .47 (Brestan et al., 2003). Additionally, a follow-up study investigating the use of the CRI with 110 abusive and 51 non-abusive parents of White (58.5%), Black (31.7%), Native American (2.1%), Asian (3.1%), and Latine (3.8%) background had similar item-total correlations between .265 and .514, Cronbach's alpha of .735, and a McDonald's Omega of .753 (Jimenez et al., 2022). Jimenez et al. (2022) also reported interitem correlations ranging from -.035 to .515 ($M = .203$), which suggests that some items may be redundant while others may measure different constructs. The CRI Total score has also

been shown to have adequate two-week test-retest reliability ($r = .69$; Brestan et al., 2003).

Notably, the internal consistency of the CRI was also examined in an unpublished master's thesis authored by Ayub (2008). This study, which used a sample of 40 primarily White, community-recruited mothers, did not support previous findings and reported poor internal consistency and no significant correlations between the CRI and any other associated measures (Ayub, 2008).

However, it should be noted, that Ayub's (2008) analyses may have been underpowered due to a small sample size.

Regarding construct validity, the pilot study indicated that the CRI significantly correlated with another parent-report measure of parental tolerance, the Annoying Behavior Inventory (ABI; Brestan et al., 2003). The CRI significantly correlated with the Annoyance scale of the ABI ($r = .39$) and these results suggest that the CRI and ABI may both measure parental tolerance, but different aspects of the construct (Brestan et al., 2003). Less parental tolerance as indicated by higher scores on the CRI were also significantly correlated with the ABI Punish scale ($r = .18$) and the Problem scale of the ECBI ($r = .23$; Brestan et al., 2003; Eyberg & Pincus, 1999). Compared to the Marlowe-Crowne Social Desirability Scale, a measure theoretically unrelated to parental tolerance (Schuhmann et al., 1998; Webster-Stratton, 1984), the CRI was also a significant and better predictor of Problem scale scores on the ECBI (Brestan et al., 2003).

The follow-up psychometric study of the CRI in samples of abusive and non-abusive parents also lent support to the measure's construct validity. The construct validity effect size correlations of the differences between predicted and observed correlations between the CRI and other measures were moderate to high (abusive sample: $r_{\text{alerting-CV}} = 0.766$; $r_{\text{contrast-CV}} = 0.573$, 95% C.I. (.669-0.838); community sample: $r_{\text{alerting-CV}} = 0.867$; $r_{\text{contrast-CV}} = 0.646$, 95% C.I. (0.754-0.93); Jimenez et al., 2022). Specifically, the CRI was significantly correlated with the

Rigidity scale of the Child Abuse Potential Inventory (CAPI), a parent-report measure of the probability of the parent committing physical child abuse ($r = .300$; Milner, 1986), the Negative scale of the Parent Perceptions Inventory – Parent Form (PPI – P), a measure of parent perspectives on positive and negative parenting behaviors ($r = .420$; Cole et al., 2018), and the Problem scale of the ECBI ($r = .353$; Eyberg & Pincus, 1999) for the sample of non-abusive parents (Jimenez et al., 2022). The CRI was also significantly correlated with the Externalizing and Internalizing scales of the BASC ($r = .297$; $r = .262$; Reynolds & Kamphaus, 2015) and both the Positive and Negative scales of the PPI – P for the sample of abusive parents ($r = -.345$; $r = .446$; Cole et al., 2018; Jimenez et al., 2022).

Based on the ECBI discrepancy hypothesis, previous research has shown that when parents have a combination of high Intensity scale and low Problem scale scores, their CRI scores were more likely to be low, indicating more parental tolerance (Butler et al., 2008; Lampe et al., 2009; VanOrmer et al., 2018; Wright et al., 2013). Similarly, higher Problem scale scores compared with Intensity scale scores also predicted higher scores on the CRI and indicated less parental tolerance for child misbehavior (Butler et al., 2008). The ECBI discrepancy hypothesis was examined with a sample having a history of child physical abuse (Jimenez et al., 2022) and results from this more recent study supported previous findings (Butler et al., 2008). Explicitly, lower CRI scores were moderately and negatively correlated with the combination of higher Intensity scale scores compared to Problem scale scores (Jimenez et al., 2022).

Regarding the structural validity of the CRI, the unpublished dissertation version of Brestan and colleagues' (2003) study included interitem correlations which suggested a possible two-factor structure of the measure (Brestan, 1998). To further analyze this potential factor structure, an exploratory factor analysis (EFA) was conducted and confirmed that the two-factor

structure was most favorable, though only some of the fit statistics were adequate (CFI = .916; SRMR = .046), while others were not ($\chi^2 = 55.614, p = .011$; RMSEA = .063 [90% C.I. = .030-.092]; TLI = .864; Jimenez et. al., 2022). According to the results, the two-factor solution accounted for 32.63% of the variance, with the Parental Tolerance factor explaining 18.26% and the Discipline factor explaining 14.37% of the variance in responses (Jimenez et. al., 2022). Additionally, all items had significant loadings on their primary factors and there were no salient cross-loadings. Notably, a three-factor solution could not be computed during this EFA potentially due to an inadequate sample size and therefore, it is not certain whether a two- or three-factor solution would be most ideal (Jimenez et. al., 2022).

To date, the results of the published and unpublished studies largely suggest that the CRI is a promising measure of parental tolerance for parents from the community (Brestan et al., 2003; Butler et al., 2008; Jimenez et al., 2022) and court-ordered parents (Jimenez et al., 2022). Despite these positive findings, a more thorough evaluation of the measure and its factor structure is needed. Specifically, because there is evidence for a two-factor structure, future research is needed to confirm and validate the internal consistency, construct validity, and structural validity of both factors, Parental Tolerance and Discipline. Similarly, the results of the EFA suggest that a confirmatory factor analysis (CFA) should be conducted next to further test the measure's factor structure. Additionally, future research may also examine the potential relationships between parental tolerance and similar concepts, such as parent report of child behavior, parenting style, parent perception of the parent-child relationship, and the mental health status of parent and child.

Hypotheses

The aims of the current study were to further examine the psychometric properties of the CRI. Specifically, the study sought to determine the factor structure and structural validity of the CRI, analyze the internal consistency and construct validity of the measure, and explore parental tolerance's potential nomological network with the constructs of parent report of child behavior, parent and child mental health, parenting style, and parent perception of the parent-child relationship. The tested hypotheses were as follows:

1. The CFA would demonstrate adequate to good fit for a two-factor model of parental tolerance (factors Parental Tolerance and Discipline) corresponding to original item content and the results of the previously conducted EFA (Brestan et al., 2003; Jimenez et al., 2022).
2. The two factors, Parental Tolerance and Discipline, and the Total scale of the CRI would demonstrate moderate to high internal consistency, as evidenced by an alpha coefficient greater than or equal to .7 and moderate to high inter-item and item-total correlations.
3. The predicted correlations, which were informed by previous results, when possible (Brestan et al., 2003; Jimenez et al., 2022), for the CRI with criterion measures can be found in Table 2 and are summarized below.
 - a. Higher scores on the CRI, indicating less tolerance for child misbehavior, would be moderately correlated with the ABI Annoyance scale ($r = .30$) and weakly correlated with the ABI Punish scale ($r = .20$; ABI Brestan et al., 2003).

- b. The CRI would be moderately correlated with the Total Opposition ($r \approx .40$) and ADHD – Hyperactivity/Impulsivity (ADHD – HI; $r \approx .35$) scales of the Child and Adolescent Disruptive Behavior Inventory (CADBI; Burns & Lee 2011).
- c. Higher scores on the CRI would correlate moderately with the Conflicts scale ($r \approx .30$), weakly with the Dependence scale ($r \approx .10$) and weakly and negatively with the Positive Aspects of the Relationship scales ($r \approx -.10$) of the Child-Parent Relationship Scale (CPRS; Pianta, 1992).
- d. The CRI would moderately correlate with the Negative scale ($r = .40$) and weakly and negatively correlate with the Positive scale of the PPI – P ($r = -.20$; Cole et al., 2018; Hazzard et al., 1983).
- e. The CRI would have weak and negative correlations with the Positive Parenting scale ($r \approx -.10$) and weak correlations with the Extent of Parental Involvement in Child’s Life scale of the Parenting Practices Scale ($r \approx .20$; PPS; Gorman-Smith et al., 1996).
- f. The CRI would weakly correlate with the Severity ($r \approx .20$) and Need to Change ($r \approx .10$) scales, and Discrepancy scores ($r \approx .10$) of the Weekly Assessment of Child Behavior – Positive Form (WACB – P; Timmer et al., 2017). Additionally, the CRI would weakly correlate with the Need to Change ($r \approx .20$) scale, moderately correlate with the Severity ($r \approx .40$) scale and would negatively and weakly correlate with the Discrepancy score of the of the WACB – Negative Form (WACB-N; Timmer et al., 2017).

4. Lower levels of parental tolerance would be associated with higher levels of parent-reported child behaviors, higher levels of control as found in authoritative and authoritarian parenting styles, and more negative parent perceptions of the parent-child relationship. Additionally, the current study sought only to explore the relationship between parental tolerance and parent and child mental health status and did not have any explicit hypotheses.

Method

Participants and Procedure

Participants were parents of children between the ages of 3-12 years old. Participants were recruited using Amazon's Mechanical Turk system (MTurk), which is an effective, anonymous, and affordable method of obtaining data from a diverse sample of online workers who participate in compensated studies (Chandler & Shapiro, 2016; Hauser et al., 2019; Miller et al., 2017). Although some researchers suggest that data obtained from Amazon's MTurk may be biased or misrepresentative due to inattentive, deceptive, or robotic responding, previous studies have shown that the data collected from MTurk is of a similar or higher quality compared to other samples of convenience, such as college students (Crump et al., 2013; Enochson & Culbertson, 2015; Hauser et al., 2019; Miller et al., 2017). Additionally, it has been shown that when researchers utilize data quality control methods, the sample of recruited MTurkers respond with greater levels of attention and are more diverse than the average sample of college students (Behrend et al., 2011; Chandler & Shapiro, 2016; Hauser & Schwarz, 2016).

Based on current suggested best practices to acquire high quality data, we required participants to have completed at least 50 tasks with a 95% approval rating, which are given

by researchers after successful completion of tasks (Peer et al., 2014). This practice has been shown to result in higher quality data compared to other quality control methods, such as catch questions (e.g., “Select disagree if you are paying attention”; Peer et al., 2014). Additionally, a Captcha verification question was included to further confirm the responses as originating from humans and not programmed bots (Yarrish et al., 2019). Recent research suggests that these methods, along with analyzing completion time and patterns of consecutive responding to detect negligent responders, are satisfactory enough to ensure high quality data without overburdening the MTurkers (Chmielewski & Kucker, 2020; Curran, 2016; Wood et al., 2017). Once participants were chosen through these quality control methods, they completed a basic demographics form that included their age, race, gender, ethnicity, socioeconomic status (SES), and relevant mental health diagnoses, and the age, gender, and relevant mental health diagnoses of the target child. They then completed the battery of measures described below for compensation of \$2.

The current study began with data collected from 204 participants; however, 44 participants were removed from the dataset due to several factors, including reporting their child’s age outside of the age range, not agreeing to the letter of information, not completing the entire survey, and inconsistent responding that suggested the user was a bot. After removing these participants, the total number was 160 caregivers of children between the ages of 3-12 years old. The total missing data from these remaining participants ranged from 0-5.6% at the item level and 1.2-22.5% at the scale level. Based on previous research, it was determined that multiple imputation at the scale level was the best option in handling the missing data (Jakobsen et al., 2017; Rombach et al., 2018). The age of parents ranged from 18-66 years old, and the age of the children ranged from 3-12 years old with most children (53.2%) being between the ages of

3 and 5 years old. Parents equally identified as female (50.6%) and male (49.4%) and most of the children (61.3%) were identified as male. In terms of ethnic background, 84.4% of parents identified as White, 4.4% as African American, 3.1% as Native American, 3.1% as Asian, 1.9% as Hispanic, and 3.1% as biracial. The parent-reported ethnicity of the children was very similar to their parents' ethnicities, though there were slightly more (5.0%) children who were identified as biracial compared to their caregivers.

Measures

All participants completed a battery of questionnaire measures including the CRI, ABI, the CADBI (Burns & Lee, 2011), CPRS (Pianta, 1992), PPI – P (Cole et al., 2018; Hazzard et al., 1983), PPS (Gorman-Smith et al., 1996), and the WACB – P and WACB – N (Timmer et al., 2017). Alpha coefficients for each measure are reported along with their means and standard deviations in Table 1.

Annoying Behavior Inventory (ABI)

As discussed above, the ABI is another measure of parental tolerance that was created alongside the CRI and has a design similar to the ECBI with parents asked to rank 36 child behaviors as either 0, “not annoying,” 1, “slightly annoying,” 2, “more annoying,” and 3, “very annoying” (Brestan et al., 2003; Eyberg & Pincus, 1999). After ranking the intensity of their annoyance with a particular child behavior, parents then circle any behaviors that they believe should be reprimanded through the use of spanking, time out, grounding, or other discipline methods (Brestan et al., 2003). The ABI has been shown to significantly correlate with the CRI, though there have not been any studies examining the psychometric properties of the ABI itself. For the current study, both the Annoyance and Punish scales of the ABI had alpha coefficients of .96.

Child and Adolescent Disruptive Behavior Inventory (CADBI)

The CADBI is a 25-item parent and teacher-report screening and diagnostic measure in which the informant rates the frequency that a child engages in disruptive, inattentive, or defiant behavior with adults and peers both in the home and community settings (Burns & Lee, 2011). The parent or teacher rates specific behaviors, such as “Becomes annoyed or irritated by the behavior of adults,” on an eight-point Likert scale (e.g., “Never in the past month,” “1-2 times in the past month,” “3-4 times in the past month,” “2-6 times per week,” “1 time per day,” “2-5 times per day,” “6-9 times per day,” and “10 or more times per day.”) Additionally, there are three follow-up questions after every eight items in which the informant indicates if they believe the behaviors described in the former block of items “currently cause significant problems for the child’s adjustment” with answers ranging from “Definitely no,” “Maybe,” and “Definitely yes.” Previous research has provided support for the validity and reliability, including 6-week and 12-month test-retest, true score variance, and interrater reliability, of the measure. Specifically, interrater factor correlations ranged from .70 to .86 for the Sluggish Cognitive Tempo, ADHD-Hyperactive, ADHD-Inattentive, and Oppositional Defiant Disorder (ODD) factors and 12-month stability coefficients were .52 for social impairment and .78 for ADHD-Inattentive (Bernard et al., 2014; Burns et al., 2008, 2013, 2014; Lee et al., 2014, 2016; Servera et al., 2015). The alpha coefficients for the current study were .97 for the Total Opposition scale and .96 for the combined ADHD – Hyperactive/Inattentive scale.

Child-Parent Relationship Scale (CPRS)

The CPRS is a parent-report instrument that assesses the parent’s perceptions of their relationship with the child who is between the ages of 3 and 12 years old (Driscoll & Pianta, 2011; Pianta, 1992). The original form of the CPRS is comprised of 30 items (e.g., “My child

easily becomes angry at me.”) which are rated on a five-point Likert scale with 1 = “Definitely does not apply,” 2 = “Not really,” 3 = “Neutral, not sure,” 4 = “Applies somewhat,” and 5 = “Definitely applies.” There is also a Short Form of the CPRS (CPRS – SF), which is comprised of only 15 items that are rated on the same five-point Likert scale. There have been limited studies examining the psychometric properties of the CPRS, though the results indicated that it is a promising measure with adequate reliability and validity. Specifically, the internal consistency of the subscales when the children were 54 months old and in first grade ranged from .64 to .84 for fathers and mothers and inter-coder reliability for coded interactions between parents and children was .83 (Driscoll & Pianta, 2011). Additionally, the two-factor structure, with the factors being conflict and closeness, had adequate model fit for a sample of 420 African American fathers (Dyer et al., 2017). Research has shown that mothers have an average score of 37 on the Closeness scale and 15-16 on the Conflict scale, whereas fathers have an average score of 35-36 on the Closeness scale and 14-15 on the Conflict scale (Pianta, 1992). The alpha coefficients of the CADBI scales ranged from .57-.91 (Conflict: $\alpha = .91$; Dependence: $\alpha = .57$; Positive Aspects of the Relationship (Closeness): $\alpha = .81$).

Parent Perception Inventory – Parent Form (PPI – P)

The PPI was originally created to assess children’s perceptions of their parents’ positive (e.g., praise) and negative (e.g., threaten punishment) parenting behaviors (Hazzard et al., 1983). It was then adapted into an 18-item instrument designed for parents to report their perceptions on their own parenting behaviors (Cole et al., 2018). Very little research has examined the psychometric properties of the parent version of the PPI, but previous research has provided support for the internal consistency, criterion, predictive, concurrent, and discriminant validities of the original child version, which the PPI – P was adapted from (Cole et al., 2018; Locke &

Prinz, 2002). The PPI – P has been shown to have good six-month test-retest reliability (Salamone, 2006) and good to excellent alpha coefficients for both the Positive ($\alpha = .91$) and Negative ($\alpha = .81$) scales for a combined sample of abusive and non-abusive parents (Jimenez et al., 2022). Additionally, the Positive and Negative scales of the PPI – P had alpha coefficients of .84 and .90, respectively, for the current study.

Parenting Practices Scale (PPS)

The PPS is an 18-item self-report measure for parents to rate how often they engage in certain behaviors with their child. Items one and three (e.g., “When was the last time you discussed with your child his/her plans for the coming day?”) require an answer on a six-point Likert scale with 1 = “Don’t know,” 2 = “More than 1 month ago,” 3 = “Within the last month,” 4 = “Within the last week,” 5 = “Yesterday/today,” and 6 = “Never.” The remaining items (e.g., “How often do you and your child do things together at home?”) are answered on a five-point Likert scale (i.e., 1 = “Never,” 2 = “Hardly ever,” 3 = “Sometimes,” 4 = “Usually,” and 5 = “Always”). The PPS was composed from questions from the Pittsburgh Youth Survey (Thornberry et al., 1995) and used to develop four subscales: positive parenting, discipline effectiveness, avoidance of discipline, and level of parental involvement in the child’s life (Gorman-Smith et al., 1996). Previous research indicates that these constructs have been used to assess parental discipline and supervising methods (Loeber, 1988; Patterson et al., 1991, as cited in Gorman-Smith et al., 1996) and that the subscales’ alpha coefficients were adequate to good ($\alpha = .68-81$; Gorman-Smith et al., 1996). Additionally, the PPS has been shown to have a two-factor structure of Discipline and Monitoring through the use of CFA (Gorman-Smith et al., 1996). The current study utilized the Parental Involvement ($\alpha = .82$) and Positive Parenting ($\alpha = .80$) subscales.

Weekly Assessment of Child Behaviors (WACB – P and WACB – N)

The WACB is a measure with two versions, the Positive Form and the Negative Form, that each have 9 items. The Positive Form (WACB – P) of the measure assesses the frequency that a child engages in desired behaviors (e.g., “Do things right away when asked,” “Act calm, or gentle”) and the parents desire for the behavior to change. The Negative Form (WACB – N) requires the parent to rate the frequency that their child engages in undesired behaviors (e.g., “Dawdle, linger, stall, or delay,” “Act angry, or aggressive”) and if they believe that this behavior needs to change. Scores range from 9-63 for both versions of the measure. A score above 35 on the WACB – N suggests clinically significant behavior concerns, whereas a score above 35 on the WACB – P indicates better child behavior. Previous research has reported acceptable internal consistency ($\alpha = .87$) for the Severity scale of the WACB – N, up to 60-day test-retest reliability, and convergent validity between both versions of the WACB and the ECBI, though the WACB – P did not have as strong convergent validity with the ECBI compared with the WACB – N (Timmer et al., 2017; Timmer et al., 2021). Both versions of the WACB’s alpha coefficients ranged from .82-.94 for the current study (WACB – P – Severity: $\alpha = .87$; WACB – P – Need to Change: $\alpha = .90$; WACB – N – Severity: $\alpha = .94$; WACB – N – Need to Change: $\alpha = .82$). For the current study, the Severity and Need to Change scale scores of both versions of the WACB were compared to each other as an alternative indirect measure of parental tolerance as the ECBI was unavailable to complete the ECBI Discrepancy scores.

Analyses

To assess the structural validity of the CRI, we first conducted a confirmatory factor analysis (CFA) in *Mplus* version 7.0 using robust maximum likelihood and geomin (oblique) rotation. We examined the model fit through the use of χ^2 ($p < .05$), Bentler’s comparative fit

index (CFI \geq .90; Bentler, 1990), Tucker-Lewis index (TLI \geq .90; Bentler, 1990), and standardized root mean square residual (SRMR $<$.08; Hu & Bentler, 1999). To evaluate the internal consistency of the CRI, we examined Cronbach's alpha coefficient, item-total correlations, and interitem correlations of the CRI using IBM SPSS version 28. Finally, the construct validity of the CRI was examined by first calculating the Pearson correlations in IBM SPSS version 28 between the CRI and the ABI, CADBI, CPRS, PPI – P, PPS, and the WACB. Notably, to obtain the WACB discrepancy scores, the scores of the two scales of both versions of the measure had to be converted to *z*-scores first. The observed correlations were compared to the predicted correlations listed in Table 2 using effect size correlations ($r_{\text{alerting-CV}}$ and $r_{\text{constrast-CV}}$; Westen & Rosenthal, 2003).

Results

Factor Structure

CFA results did not replicate previous factor analytic findings that CRI scores measure two independent constructs: parental tolerance and discipline. For the two-factor model, the fit was poor according to all fit statistics ($\chi^2 = 157.975$, $df = 44$, $p < .001$; RMSEA = .127, $p < .00$, 90% CI [.106-.149]; TLI = .484; CFI = .587; SRMR = .178). Typically, it is not suggested that factor loadings be examined when results indicate a poor model fit. However, we decided to include the factor loadings in the results to better understand the items' individual performances in each construct. For the construct of parental tolerance, items 1, 2, 3, 5, and 9 all demonstrated significant, positive factor loadings of salient magnitude, with standardized coefficients ranging from .543-.668 (See Table 3). Items 8 and 10 also had significant and positive loadings, though with moderate salience and item 6 did not demonstrate a significant or salient factor loading. For the construct of discipline, items 4, 7, and 11 exhibited significant and positive factor loadings of

salient magnitude, with standardized coefficients ranging from .466-.776. The suggested modification indices would not have had a significant effect on the model and would still result in a poor fit.

Internal Consistency

The estimate of internal consistency for the CRI was acceptable ($\alpha = .77$) and corrected item-total correlations ranged from .220 to .553, which suggests that the items' ability to discriminate ranged from good to very good. Inter-item correlations for the CRI ranged from -.110 to .497 with a mean of .236. There were a number of inter-item correlations that were below the recommended .15 lower end (Clark & Watson, 1995) which suggests that some items may not be measuring the same construct. Specifically, item 6 performed the worst with six inter-item correlations below .15; however, items 8 and 10 also each had four correlations below .15.

Construct Validity

As shown in Table 2, the CRI generally correlated as predicted with the measures of negative child and parent behavior. However, the CRI did not correlate as predicted with many of the measures that examined positive child and parent behaviors, such as the Positive scale of the PPI – P and the Positive Aspects of the Relationship scale of the CPRS. Construct validity effect size correlations of the difference between predicted and observed correlations of the CRI and the other measures were weak to moderate ($r_{\text{alerting-CV}} = 0.506$; $r_{\text{contrast-CV}} = 0.268$, 95% C.I. (.380-.613). Notably, the value of r_{contrast} was much lower than expected and also much lower than $r_{\text{alerting-CV}}$ likely due to the very restricted range of predicted correlations between the CRI and the other measures. Additionally, small sample size may also have affected the effect size correlations because they are obtained from individual scores rather than sample means (Rosnow

et al., 2000). Examining the correlations directly, the CRI correlated with the ABI, CADBI, WACB – N Severity scale, Conflicts and Dependence scales of the CPRS, and the Negative scale of the PPI –P consistently with predictions. However, the observed correlations between the CRI and the Positive Aspects of the Relationship scale of the CPRS, the Positive Parenting scale of the PPS, the WACB – P Severity scale, and the Positive scale of the PPI – P were different than predicted. Additionally, the CRI did not correlate as anticipated with the WACB – N discrepancy hypothesis, though it did correlate as predicted for the WACB – P discrepancy hypothesis.

Relationships between Parental Tolerance and Other Constructs

To examine the potential relationships that parental tolerance may have with other constructs, we conducted correlations between the CRI and the other measures included in this study (found in Table 4). Although the correlation values between the CRI and the other measures are merely reported here, discussion of the implications these correlations may have on parental tolerance’s nomological network can be found in the discussion section. First, to investigate the relationship between parental tolerance and parent’s report of their child’s behavior, we correlated CRI scores with WACB scale scores for both versions and CADBI scale scores. The CRI was significantly correlated with the Severity scale scores for both the WACB – N ($r = .383$) and WACB – P ($r = .405$) and both scales of the CADBI (Total Opposition: $r = .419$; ADHD – HI: $r = .423$). Second, to examine the relationship between parental tolerance and parenting style, we analyzed the correlations between the CRI and the PPS and PPI – P. The CRI was positively and significantly correlated with both scales of the PPS (Extent of Parental Involvement: $r = .267$; Positive Parenting: $r = .260$) and the Negative Parenting scale ($r = .367$) of the PPI – P.

The third relationship that the current study analyzed was between parental tolerance and parent and child mental health, which was measured through the demographics questionnaire. Results indicated that higher levels of the CRI were associated with parent ADHD ($r = .197$) and ASD ($r = .165$) diagnoses and child ASD ($r = .216$) and post-traumatic stress disorder (PTSD; $r = .255$) diagnoses. Additionally, results showed that parental tolerance was negatively correlated with parents reporting that their child had received an individualized education plan (IEP) in school ($r = -.229$). Lastly, the current study examined the relationship between parental tolerance and parents' perceptions of the parent-child relationship by examining the correlations between the CRI and the scales of the CPRS. Results showed that the CRI was significantly correlated with the Conflicts ($r = .299$), and Dependence ($r = .256$) scales, but was not significantly correlated with the Positive aspects of the relationship (closeness) scale.

To further examine the relationship between parental tolerance and the other constructs, the current study compared scores on all of the measures between male and female parents. Although each group had normally distributed histograms, their skewness and kurtosis values indicated that the data may violate assumptions of normality. Based on this, the non-parametric Mann-Whitney U test was conducted in replacement of a parametric independent samples t -test (Kasuya, 2001). Results indicated that both groups were not significantly different across the majority of scales. However, male parents ($M = 42.4$) did report experiencing more conflicts with their child compared to female parents ($M = 39.1, p = .006$) on the CPRS. All means and standard deviations for each group can be found in Table 5.

Discussion

The current study had two primary goals: first, to further examine the psychometric properties of the CRI through the use of CFA, internal consistency, and construct validity

analyses and second, to examine the potential relationships between the construct of parental tolerance with child and parent mental health, parent report of child behaviors, parent perceptions of the parent-child relationship, and parenting style. Our analyses related to the psychometric properties of the CRI were mixed. Specifically, our first hypothesis was not supported as the CFA had poor fit according to all fit statistics and suggested that the CRI should not be considered a multi-scale measure. When examining the item loadings of the CFA, it appears that item 6 fit the worst according to the model, though items 8 and 10 also has less strong loadings compared to the other items. Notably, the results of the EFA in previous research also indicated that items 6 and 10 had less strong and significant factor loadings compared to the other items as well (Jimenez et al., 2022).

To further examine the individual item's performance, the current study conducted item-total and inter-item correlations. Our second hypothesis related to the internal consistency of the measure as examined through these correlations was partially supported. Specifically, results suggested that all items had good to very good ability to discriminate, but when looking at the inter-item correlations, it was clear that some items correlated better than others. Specifically, item 6 had the most correlations below the recommended lower end, though items 8 and 10 also had multiple poor correlations. Notably, item 10 also had a high number of low inter-item correlations in the previous study and therefore, removal of this item should be considered (Jimenez et al., 2022). As previously stated, during the initial creation of the measure, three items were removed based on poor item-total correlations. However, based on the results from the current and previous studies (Jimenez et al., 2022), it appears that items 6 and 10 may also need to undergo revision or be removed from the measure in order to improve its psychometric properties.

The current study also examined the construct validity of the CRI using the Westen and Rosenthal (2003) method of comparing predicted and observed correlations, which resulted in our third hypothesis being partially supported. Specifically, the CRI correlated with many of the other measures' scales as predicted, including its correlations with scales measuring parent report of child misbehavior and negative parenting behaviors, such as discipline. Notably, the current study expected higher levels of the CRI, which indicate less parental tolerance, to be negatively associated with positive child and parenting behaviors based on previous findings (Jimenez et al., 2022). However, all of the observed correlations were insignificant, yet positive. Notably, the WACB – P discrepancy score was both significantly and positively correlated with the CRI, which was the opposite of our predicted correlations. Based on these results, it appears that the CRI correlated with measures of negative child and parent behaviors as anticipated, but the relationship between positive child and parenting behaviors may be more complicated than originally thought. Notably, the results of the current study are consistent with other research that have also examined these constructs using a negative child behavior lens instead of a positive child behavior lens (Brestan et al., 2003; Butler et al., 2008; Campbell et al., 1991; Gerdes et al., 2007; Jimenez et al., 2022; Johnston, 1996).

The differences in observed correlations between the CRI and the positive child and parent behavior scales could be due to several factors. Firstly, the current study based the predicted correlations on data that were obtained 20 or more years ago (Jimenez et al., 2022). The parent's perceptions of the parent-child relationship, the child's positive and negative behaviors, and their own parenting style and behaviors may have significantly changed across the generation of parents included in the present study. Previous, yet dated, research has shown that grandmothers considered children as less independent and placed more importance on

parenting compared to their daughters (Martin et al., 1991). These generational differences and cultural shifts in parenting and the parent-child relationship may be even more pronounced with the current generation of parents. Additionally, with the increased availability and use of electronic devices from a young age, discipline for negative child behaviors may have shifted to primarily focus on removing access to technology compared to other strategies, such as time out, and this may have also affected parents' perceptions of their children's behavior and their responses to it. Secondly, the previous studies collected data through in-person means, whereas the current study utilized an online data collection method. Previous research has suggested that there may be significant differences in responses based on the data collection method (Alvarez & Domenech Rodriguez, 2020). Therefore, the online format of the current study may have impacted data collection, particularly in comparison to previous in-person studies. Finally, previous research has primarily focused on the relationship between parental tolerance and negative child behaviors, whereas the current study is the first to examine parental tolerance's relationship with positive child and parent behaviors. The results indicating that parents who are less tolerant are also more likely to endorse a higher level of negative child behaviors on parent-report measures is consistent with previous studies (Brestan et al., 2003; Campbell et al., 1991; Gerdes et al., 2007; Jimenez et al., 2022; Johnston, 1996) and therefore, the main discrepancies between predicted and observed correlations were related to the relationship between the CRI and measures of positive child and parent behaviors. Based on these results, more research is needed on this relationship between positive child and parent behaviors and parental tolerance.

Due to the previous use of the ECBI to indirectly measure parental tolerance through the ECBI discrepancy hypothesis, the current study sought to use this measure to examine the CRI's convergent validity. However, due to copyright constraints, the ECBI was unable to be used and

the authors had to use the WACB, which has been marketed as an uncopyrighted alternative to the ECBI (Timmer et al., 2017). The observed correlations between the Severity scale of the WACB – N and the CRI were consistent with our predictions, which were informed by previous research that examined the relationship between the CRI and the ECBI (Jimenez et al., 2022). However, the Need to Change scale of the WACB – N did not correlate as predicted with the CRI, which may suggest that this scale does not serve the same function as the Problem scale of the ECBI, which the predicted correlations were based on (Jimenez et al., 2022). Additionally, consistent with the other scales of positive child and parent behavior, the scales of the WACB – P were more highly correlated with the CRI than anticipated. This may suggest that positive child behaviors play a unique role in relation to parental tolerance and may not affect it as simply as originally theorized. Finally, the WACB – N discrepancy score, which should be the most similar to the ECBI discrepancy score, did not correlate as anticipated with the CRI. Rather, the correlations were in the opposite direction than predicted and indicated that, for this sample, less parental tolerance was associated with endorsement of a high level of negative child behaviors, but a low number of these behaviors were identified as “need to change.” These results suggest that the WACB may not be a viable alternative to the ECBI when examining parental tolerance, though more research is needed.

The second aim of the study was to further examine parental tolerance’s exploratory nomological network by investigating its relationships with parent and child mental health, parenting style, parent report of child behavior, and the parent’s perception of the parent-child relationship. Our results suggested that parental diagnosis of a neurodevelopmental disorder may be associated with less tolerance of unruly child behaviors. Additionally, higher tolerance of child behaviors was also correlated with parental report of their child receiving an IEP in school.

These results are similar to Baker and McCal's (1995) study that found that parents of children with learning disabilities were more likely to endorse their children engaging in externalizing behaviors less often and having less parental stress compared to parents of children with ADHD. Interestingly, the current study found that parental report of their child being diagnosed with ASD and PTSD was correlated with less tolerance of their child's misbehavior, which does not support previous research (VanOrmer et al., 2018). Notably, the previous study that examined parental tolerance and ASD recruited from a clinical sample of families presenting for therapeutic or assessment services, whereas the current study recruited participants from the community. Additionally, the current sample had a higher percentage of endorsed diagnosis for ASD and PTSD compared to the population. Specifically, participants from the current study indicated that 18.1% of their children were diagnosed with ASD and 11.9% were diagnosed with PTSD. However, the Centers for Disease Control and Prevention state that one in 45 children up to 8 years of age have been diagnosed with ASD and the National Center for PTSD states that 3.9% of children develop PTSD (Hamblen & Barnett, n.d.; Maenner et al., 2021). Because there were no diagnostic procedures for the current study to confirm the child's mental health status, these statistics may be overreported and this may also have had an effect on the observed relationship between mental health and parental tolerance.

Regarding the relationship between parental tolerance and parenting style, it appears that our fourth hypothesis was partially supported. Based on our results, it appeared that low parental tolerance was correlated with more involvement in their child's life and parental report of engaging in negative parenting practices. However, parents were also likely to report engaging in positive parenting. Notably, these results are also very similar to a previous study that examined how positive and negative parenting behaviors are related to parental tolerance (Jimenez et al.,

2022). Specifically, the current study had similar positive and significant correlations between negative parenting and lower levels of parental tolerance. However, the previous study also indicated that parents who were low in parental tolerance were less likely to engage in positive parenting behaviors, though the current study does not (Jimenez et al., 2022). Based on these results, it appears that our hypothesis that low parental tolerance would be associated with higher levels of control or involvement in their child's life was supported and therefore, less tolerant parents may be more likely to have either authoritarian or authoritative parenting style (Baumrind, 1971; Maccoby & Martin, 1983). However, it appears that positive parenting behaviors may affect the relationship between parenting style and parental tolerance in a more complicated manner than originally anticipated. A longitudinal study that utilizes measures of parenting style should be conducted to further examine the effect that positive parenting behaviors have on this relationship and how it relates to negative parenting behaviors, as well.

The current study supported our fourth hypothesis, which was informed by previous research, that less parental tolerance was associated with higher levels of parent-reported child opposition and child behaviors consistent with symptoms of hyperactivity and inattention (Jimenez et al., 2022). Interestingly, low parental tolerance also correlated with a higher frequency of parent-reported desired child behaviors as well, such as obeying and playing nicely with others. Although the current study did not hypothesize that positive child behaviors would be associated with less parental tolerance, these findings could be the result of parents who are less tolerant of child misbehavior ultimately having well-behaved children who engage in positive behaviors more often due to strict parenting. Additionally, both positive and negative child behaviors being related to lower parental tolerance could be indicative of the parents' ability to report the multifaceted behaviors of their children, who likely engage in both desired

and undesired behaviors daily, which is expected from a community sample. The current study also found that low parental tolerance was associated with parental perceptions that the parent-child relationship is conflictual and as their child being more dependent on them compared to more tolerant parents. These results support our prediction that low parental tolerance would be correlated with more negative perceptions of their relationship with their child rather than positive.

Conclusions and Limitations

The current study is the first larger-scale study to examine the CRI with a community sample of parents in two decades. The aims of this study were to collect CRI data using an online sample, reevaluate the internal consistency, construct validity, and convergent validity of the measure, and compare the inter-correlations between the CRI and similar measures used in the original published study, as well as newer constructs. Based on current and previous results, it appears that the CRI may be an appropriate measure of parental tolerance for a community sample (Jimenez et al., 2022). Overall, the CRI correlated with the other measures of negative child and parent behavior as anticipated, which indicates that it is measuring some aspect of parental tolerance. Notably, the CRI did not correlate as predicted with the scales that measured positive child behaviors, though this is the first time that the relationship has been explored empirically. Additionally, the current study's correlations between the CRI and the Positive scale of the PPI – P were different from previous research, which found that positive parenting behaviors were significantly and negatively associated with low parental tolerance. This difference in correlations could be due to generational differences in parenting, as previously discussed, or to the fact that previous research that examined the relationship between the CRI and PPI – P collected data from a mixed sample of abusive and community families (Jimenez et

al., 2022; Martin et al., 1991). Furthermore, the average age of the child in the previous study was 8.8 years, whereas 53% of children in the current study were between the ages of 3-5 years old (Jimenez et al., 2022). Previous research has shown that parents are less tolerant of their children as they age, and therefore, the older average age of the previous study's sample could have affected the parent's report of positive child behaviors (Dix et al., 1986; Jimenez et al., 2022; Johnston & Patenaude, 1994).

Based on the results of the current study, the CRI does not appear to contain two factors and should be interpreted as a one-scale measure at this time. Although the two-factor structure of the measure was not supported, results indicate that the measure does have good internal consistency and some support for its construct validity. Before using this measure in a clinical or community sample, we recommend that the measure undergo revision and a comparison between the revised and original measure should be conducted. Specifically, it will be important to examine the performance of the measure without items 6 or 10. Despite the mixed psychometric results, the current study suggests that it is important to continue to explore the construct of parental tolerance and its potential relationship with other concepts, as results from both the current and previous studies indicate that parental tolerance may be significantly related to many other parent-child constructs, such as parenting style and parent report of child misbehavior. Understanding the role that parental tolerance plays in the parent-child relationship and its many facets is extremely important and could help inform future assessment and treatment of children and families.

Previous research found that parents who are more tolerant of their children's behavior were also more likely to report clinically significant child behavior problems to their pediatricians and also respond to this behavior in more lax ways that may reinforce the negative

behavior (Lampe et al., 2009). Conclusions suggested that it would be important for pediatricians to have the ability to assess levels of parental tolerance in order to make informed recommendations for psychological assessment and intervention for these families (Lampe et al., 2009). Additionally, even in the context of parent management training (PMT), such as Parent-Child Interaction Therapy (PCIT; Eyberg & Funderburk, 2011), it is important for the clinician to be able to assess the parents' tolerance levels for several reasons. First, with parents who are less tolerant and are struggling to graduate from services, it may be beneficial for the clinician to educate the parents on normative levels of daily child compliance to help put their own child's behaviors into a different, less negative perspective. On the other hand, with parents who are more tolerant of disruptive child behaviors, parents may be less likely to consider their children's behaviors as problematic and therefore, less likely to pursue or continue with services. With these families, it is also important to give psychoeducation on expected child behaviors so that more tolerant parents can understand that their child is experiencing clinically significant behavior difficulties and increase their motivation for treatment (VanOrmer et al., 2018). Second, caregivers who are co-parenting also typically differ in their tolerance levels which may then affect treatment progress and outcomes if the parents are not responding the same way to their child's behaviors. Being able to assess parental tolerance in the therapeutic context could help lessen the inter-parental differences in tolerance and also quicken progress through treatment. Based on this, it appears that it is very important for not only therapists, but also pediatricians, to have the ability to assess parental tolerance quickly and easily in order to provide informed recommendations and the best therapeutic services.

The current study had a number of strengths and limitations. Its strengths include being the first study to conduct a CFA to examine the factor structure and the first to use the CADBI,

CPRS, PPS, and WACB to examine the construct validity of the CRI. It was also the first study to examine parental tolerance's relationships with positive child behaviors, parenting style, parent perception of the parent-child relationship, and parent and child mental health status beyond ASD. It also utilized data from a sample of equal percentages of male and female parents, which is significantly different from many other parent studies that have data primarily from mothers. The limitations of the study include a sample size slightly lower than proposed due to issues with recruiting online and removal of invalid data and having to substitute the ECBI for the WACB due to copyright and monetary constraints. Although the WACB was created as an uncopyrighted alternative to the ECBI, the current study found that it may not be able to be used to calculate discrepancy scores as an indirect measure of parental tolerance based on the unexpected observed correlations that were inconsistent with previous findings (Jimenez et al., 2022). Additionally, the current study only utilized parent-report measures and the online nature of the data collection may have impacted participant responding, which may not be replicated in face-to-face administration (Zhang et al., 2017).

Future Directions

Based on the results of the current and previous studies, it is clear that a psychometrically validated measure of parental tolerance is needed to help improve identification and treatment of children with behavior problems and their families (Jimenez et al., 2022; Lampe et al., 2009; VanOrmer et al., 2018). The CRI appears to be a promising measure that may be able to address this need in both clinical and community samples. However, before the CRI can be disseminated and used by professionals, it is suggested that the measure undergo revision and be compared to the original 11-item version. Additionally, once the measure has been sufficiently psychometrically validated, future directions should explore the long-term outcomes of parents

who are overly tolerant versus those who are intolerant. A longitudinal study should also be conducted with clinic-referred families to determine the performance of the measure in a clinically significant population. As shown in Table 6, previous CRI research has been conducted with non-clinical populations and there is currently no data regarding the means or standard deviations for clinic referred families. It will be crucial for the next line of research to examine the use of the CRI in a clinical population to fully put the construct of tolerance in context. Future directions should aim to examine the use of the CRI with families completing PCIT services and how CRI scores relate to treatment progress, ECBI scores and change in parenting skills as measured by the Dyadic Parent-Child Interaction Coding System (DPICS). Finally, the current study shallowly explored the nomological network of parental tolerance. Future research should aim to delve deeper into the potential relationships between parental tolerance and other constructs. Particularly, based on the results of the current study, the cycle of child behavior, parental tolerance, and warmth in the parent-child relationship should be further explored.

In conclusion, the present study provides mixed support for the internal consistency and construct validity of the CRI, but not for the two-factor structure of the measure. The results of this study also support the relationships between parental tolerance and several other important constructs, including parenting style, parent report of child behaviors, parent's perception of the parent-child relationship, and parent and child mental health. Based on the results of this study, it appears that the CRI may be a valid measure of parental tolerance, though more research is still needed to examine its performance in a clinically significant sample.

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Appendix 1: Tables

Table 1.
Scale-Level Descriptive Statistics

Variable	<i>N</i>	<i>M</i>	<i>SD</i>	α
CRI	160	29.6	5.2-5.5	.77
ABI scales				
Annoyance	160	56.4	19.7-20.5	.96
Punish	160	19.9	10.7-11.5	.96
CADBI scales				
Opposition	160	71.8	26.6-28.4	.973
ADHD – HI	160	40.6	16.0-16.2	.956
CPRS scales				
Conflict	160	40.7	9.4-9.5	.91
Dependence	160	14.6	2.8	.57
Positive Aspects of the Relationship	160	37.7	6.0-6.5	.81
PPI – P scales				
Negative	160	21.0	8.0-8.2	.90
Positive	160	24.8	6.4-6.6	.84
PPS scales				
Parental Involvement	160	15.9	3.9-4.0	.82
Positive Parenting	160	32.9	6.9-7.0	.80
WACB scales				
WACB – P – Severity	160	46.7	8.3-8.8	.87
WACB – P – Need to Change	160	4.7	3.2-3.3	.90
WACB – N – Severity	160	45.2	13.3-13.8	.94
WACB – N – Need to Change	160	6.6	3.0	.82

Note. ABI = Annoying Behavior Inventory; CADBI = Child and Adolescent Disruptive Behavior Inventory; CPRS = Child-Parent Relationship Scale; PPI – P = Parent Perceptions Inventory – Parent Form; PPS = Parenting Practices Scale; WACB – P, – N = Weekly Assessment of Child Behavior – Positive Form, – Negative Form.

Table 2.Predicted and observed correlations between the CRI and criterion measures, raw λ s, and integer values of raw λ s.

Criterion variable	Observed correlations		Predicted correlations and λ s	
	CRI, r	Predicted r	Raw λ s	Raw λ s as integers
ABI – Annoyance	.21**	.30	.14	1
ABI – Punish	.18*	.20	.04	0
CADBI – Total Opposition	.42**	.40	.24	2
CADBI – ADHD-HI	.42**	.35	.19	2
CPRS – Conflicts	.30*	.30	.14	1
CPRS – Dependence	.26**	.10	-.06	-1
CPRS – Positive Aspects of Relationship	.12	-.10	-.26	-3
PPI – P – Negative	.37**	.40	.24	2
PPI – P – Positive	.16	-.20	-.36	-4
PPS – Positive Parenting	.26**	-.10	-.26	-3
PPS – Extent of Parental Involvement in Child’s Life	.27**	.20	.04	0
WACB – P Severity	.41**	.20	0.04	0
WACB – P – Need to Change	.15	.10	-.06	-1
WACB – P Discrepancy	.17*	.10	-.06	-1
WACB – N – Severity	.38**	.40	.24	2
WACB – N – Need to Change	.08	.20	.04	0
WACB – N – Discrepancy	.26*	-.20	-.036	-4

Note. ABI = Annoying Behavior Inventory; CADBI = Child and Adolescent Disruptive Behavior Inventory; CPRS = Child-Parent Relationship Scale; PPI – P = Parent Perceptions Inventory – Parent Form; PPS = Parenting Practices Scale; WACB – P, – N = Weekly Assessment of Child Behavior – Positive Form, – Negative Form. * $p < .05$; ** $p < .01$

Table 3.
Item factor loadings of the CRI

Item	Parental Tolerance	Discipline
1 Annoying	.543**	
2 Noncompliance	.675**	
3 Interrupts	.574**	
5 Talks Back	.626**	
6 Yells	.207	
8 Interrupts on phone	.293*	
9 Bothers others	.668**	
10 Whines	.266*	
4 Too easy		.776**
7 Punish less		.466**
11 Gets away		.554**

Note. CRI = Child Rearing Inventory; * $p < .05$; ** $p < .01$

Table 4.
Correlations and their significance values between the CRI and constructs of interest

	<i>r</i>	<i>p</i>
ABI		
Annoyance scale	.214**	.009
Punish scale	.181*	.031
CADBI		
Total Opposition	.419**	<.001
ADHD-HI	.423**	<.001
CPRS		
Conflicts	.299**	<.001
Positive aspects of the relationship	.121	.135
Dependence	.256**	.001
PPI – P		
Positive	.157	.052
Negative	.367**	<.001
PPS		
Positive Parenting	.260**	<.001
Extent of Parental Involvement	.267**	<.001
WACB		
WACB – P Severity	.405**	<.001
WACB – P Need to Change	.152	.067
WACB – N Severity	.383**	<.001
WACB – N Need to Change	.077	.351
Parent Mental Health Diagnoses		
Depression	.037	.642
Anxiety	.089	.269
ADHD	.197*	.013
ASD	.165*	.039
PTSD	.046	.564
Child Mental Health Diagnoses		
Depression	.113	.157
Anxiety	.136	.091
ADHD	.091	.259
ASD	.216**	.007
PTSD	.255**	.001
SLD	.139	.084
IEP	-.229**	.004

Note. ABI = Annoying Behavior Inventory; CADBI = Child and Adolescent Disruptive Behavior Inventory; CPRS = Child-Parent Relationship Scale; PPI – P = Parent Perceptions Inventory – Parent Form; PPS = Parenting Practices Scale; WACB – P, – N = Weekly Assessment of Child Behavior – Positive Form, – Negative Form; ADHD = Attention-deficit/hyperactivity disorder, ASD = Autism spectrum disorder, PTSD = Post-traumatic stress disorder, SLD = Specific learning disorder, IEP = Individualized Education Plan. * $p < .05$; ** $p < .01$

Table 5.

Means and standard deviations for imputed data of male and female parents

	Male		Female	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
CRI	30.3	5.7-6.2	29.0	4.5-4.7
ABI scales				
Annoyance	57.3	21.0-22.1	55.5	17.9-19.2
Punish	20.7	10.7-11.1	19.2	10.7-11.4
CADBI scales				
Total Opposition	74.8	26.6-26.7	68.9	26.4-28.8
ADHD – HI	42.9	15.5-16.0	38.4	16.0-16.5
CPRS scales				
Conflicts	42.4	9.7-10.0	39.1	8.7-9.1
Dependence	14.9	2.9	14.3	2.6-2.8
Positive Aspects of the Relationship	37.5	5.6-6.0	38.0	6.3-6.5
PPI – P scales				
Positive	25.0	6.7-7.0	24.5	6.1-6.4
Negative	22.2	8.1-8.3	19.8	7.6-8.2
PPS scales				
Positive Parenting	33.1	6.8-7.0	32.7	7.0-7.2
Extent of Parental Involvement	15.8	3.8	15.9	4.0-4.2
WACB scales				
WACB – P Severity	47.5	8.5-9.2	46.0	7.7-8.3
WACB – P Need to Change	5.1	3.2-3.3	4.4	3.2-3.3
WACB – N Severity	47.0	13.4-13.8	43.5	13.0-14.0
WACB – N Need to Change	6.6	3.0	6.6	3.0-3.1

Note. ABI = Annoying Behavior Inventory; CADBI = Child and Adolescent Disruptive Behavior Inventory; CPRS = Child-Parent Relationship Scale; PPI – P = Parent Perceptions Inventory – Parent Form; PPS = Parenting Practices Scale; WACB – P, – N = Weekly Assessment of Child Behavior – Positive Form, – Negative Form.

Table 6.

Type, size, mean, and standard deviations for all samples from CRI studies

Study	Sample type	<i>N</i>	<i>M</i>	<i>SD</i>
Brestan et al., 2003	Female primary caretakers (e.g., mothers, grandmothers, aunts) approached in pediatrician offices	262	30.8	5.0
Butler et al., 2008	Female primary caregivers recruited from preschools and pediatric clinics	216	31.6	4.8
Jimenez et al., 2022	Male and female caregivers from a combined sample of non-abusive parents recruited through ads and recruitment tables and abusive parents who were mandated to complete Parent-Child Interaction Therapy	145	31.3	4.9
Current study	Male and female caregivers recruited through the online platform Amazon's MTurk	160	29.6	5.2-5.5

Appendix 2: Measures Used

Behavior Problem List

Please read this list of common childhood behavior problems. Give a number from 0 to 3 for *how annoying* the behavior would be for you if your child acted this way. A rating of **0** would mean that the behavior is **not annoying** for you. A rating of **3** would mean that the behavior is **very annoying** to you.

Next, circle the behavior if you think that a child who acts like this should be punished or reprimanded (a parent should spank, scold, reason with, use time-out, ground the child, etc.)

How Annoying Is It?

Not Annoying	Slightly Annoying	More Annoying	Very Annoying
0	1	2	3

- | | |
|--|---|
| <p>_____ 1. Always wanting their own way</p> <p>_____ 2. Arguing with friends</p> <p>_____ 3. Arguing with brothers or sisters</p> <p>_____ 4. Biting others</p> <p>_____ 5. Crying for no good reason</p> <p>_____ 6. Dawdling/Stalling/Taking too much time to do things</p> <p>_____ 7. Defiance (not wanting to do what they are told)</p> <p>_____ 8. Destructiveness (e.g., destroying property)</p> <p>_____ 9. Fighting with friends</p> <p>_____ 10. Fighting with brothers or sisters</p> <p>_____ 11. Fire-setting</p> <p>_____ 12. Hitting others</p> <p>_____ 13. Hurting pets or other animals</p> <p>_____ 14. Irritability/grouchiness</p> <p>_____ 15. Jumping on furniture</p> <p>_____ 16. Kicking others</p> <p>_____ 17. Lying</p> <p>_____ 18. Nagging</p> | <p>_____ 19. Namecalling</p> <p>_____ 20. Noisiness/Being Loud</p> <p>_____ 21. Noncompliance (not doing what you ask)</p> <p>_____ 22. Not eating at meal time</p> <p>_____ 23. Pushing others</p> <p>_____ 24. Pouting</p> <p>_____ 25. Rough play</p> <p>_____ 26. Running away</p> <p>_____ 27. Slamming doors</p> <p>_____ 28. Stealing</p> <p>_____ 29. Talking back or arguing with parents/teachers</p> <p>_____ 30. Talking mean to others (e.g., "you're stupid")</p> <p>_____ 31. Teasing</p> <p>_____ 32. Temper tantrums</p> <p>_____ 33. Verbally threatening others (e.g., "I'm going to get you")</p> <p>_____ 34. Using bad language (cursing or swearing)</p> <p>_____ 35. Whining</p> <p>_____ 36. Yelling</p> |
|--|---|



Child and Adolescent Disruptive Behavior Inventory

Please mark the answer that best describes the child's behavior in the past MONTH. Please consider the child's behavior ONLY in the home and community. Do NOT consider the child's behavior toward teachers and peers at school.

PART 1. BEHAVIOR TOWARD ADULTS (parents, grandparents, babysitters, other adults) IN THE HOME AND COMMUNITY

	Never in past month	1-2 times in past month	3-4 times in past month	2-6 times per week	1 time per day	2-5 times per day	6-9 times per day	10 or more times per day
1. Argues with adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Loses temper or gets angry with adults when doesn't get own way (sassess adults, talks back to adults).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Refuses to obey adults' requests or rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Annoys adults on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Blames adults for his or her mistakes or misbehavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Becomes annoyed or irritated by the behavior of adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Appears angry or resentful toward adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. When angry or upset with adults, attempts to get even with them (vindictive or spiteful toward adults).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8a. Do the behaviors described in items 1 to 8 CURRENTLY cause significant problems for the child's adjustment?

Definitely no Maybe Definitely yes

PART 2. BEHAVIOR TOWARD PEERS (other children, brothers, sisters) IN THE HOME AND COMMUNITY

	Never in past month	1-2 times in past month	3-4 times in past month	2-6 times per week	1 time per day	2-5 times per day	6-9 times per day	10 or more times per day
9. Argues with peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Loses temper or gets angry with peers when doesn't get own way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Refuses to cooperate with reasonable requests from peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Annoys peers on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Blames peers for his or her mistakes or misbehavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Becomes annoyed or irritated by the behavior of peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Appears angry or resentful toward peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. When angry or upset with peers, attempts to get even with them (vindictive or spiteful toward peers).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16a. Do the behaviors described in items 9 to 16 CURRENTLY cause significant problems for the child's adjustment?

Definitely no Maybe Definitely yes



64256



PART 3. ACTIVITY LEVEL IN THE HOME AND COMMUNITY

	Never in past month	1-2 times in past month	3-4 times in past month	2-6 times per week	1 time per day	2-5 times per day	6-9 times per day	10 or more times per day
17. Fidgets with hands or feet or squirms in seat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Leaves seat in situations where remaining seated is expected, such as mealtimes at home, in restaurants, or at church.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Runs about or climbs on things where it is inappropriate, such as at restaurants, at church, or at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Has trouble playing or socializing quietly (makes too much noise).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Talks too much during home activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Acts as if "driven by a motor" or seems "on the go".	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Blurts out answers before the questions are completed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Does not wait turn in activities (games, waiting in lines, to be served at mealtimes).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Interrupts or intrudes on others (butts into others' games or conversations).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25a. Do the behaviors described in items 17 to 25 CURRENTLY cause significant problems for the child's adjustment?

Definitely
No **Maybe** **Definitely**
Yes

CHILD-PARENT RELATIONSHIP SCALE

Robert C. Pianta

Child: _____ Age: _____ Parent: _____

Please reflect on the degree to which each of the following statements currently applies to your relationship with your child. Using the scale below, circle the appropriate number for each item.

Definitely does not apply 1	Not really 2	Neutral, not sure 3	Applies somewhat 4	Definitely applies 5
-----------------------------------	--------------------	---------------------------	--------------------------	----------------------------

1. I share an affectionate, warm relationship with my child.	1	2	3	4	5
2. My child and I always seem to be struggling with each other.	1	2	3	4	5
3. If upset, my child will seek comfort from me.	1	2	3	4	5
4. My child is uncomfortable with physical affection or touch from me.	1	2	3	4	5
5. My child values his/her relationship with me.	1	2	3	4	5
6. My child appears hurt or embarrassed when I correct him/her.	1	2	3	4	5
7. My child does not want to accept help when he/she needs it.	1	2	3	4	5
8. When I praise my child, he/she beams with pride.	1	2	3	4	5
9. My child reacts strongly to separation from me.	1	2	3	4	5
10. My child spontaneously shares information about himself/herself.	1	2	3	4	5
11. My child is overly dependent on me.	1	2	3	4	5
12. My child easily becomes angry at me.	1	2	3	4	5
13. My child tries to please me.	1	2	3	4	5
14. My child feels that I treat him/her unfairly.	1	2	3	4	5
15. My child asks for my help when he/she really does not need help.	1	2	3	4	5
16. It is easy to be in tune with what my child is feeling.	1	2	3	4	5
17. My child sees me as a source of punishment and criticism.	1	2	3	4	5
18. My child expresses hurt or jealousy when I spend time with other children.	1	2	3	4	5
19. My child remains angry or is resistant after being disciplined.	1	2	3	4	5
20. When my child is misbehaving, he/she responds to my look or tone of voice.	1	2	3	4	5
21. Dealing with my child drains my energy.	1	2	3	4	5
22. I've noticed my child copying my behavior or ways of doing things.	1	2	3	4	5
23. When my child is in a bad mood, I know we're in for a long and difficult day.	1	2	3	4	5
24. My child's feelings toward me can be unpredictable or can change suddenly.	1	2	3	4	5
25. Despite my best efforts, I'm uncomfortable with how my child and I get along.	1	2	3	4	5
26. I often think about my child when at work.	1	2	3	4	5
27. My child whines or cries when he/she wants something from me.	1	2	3	4	5
28. My child is sneaky or manipulative with me.	1	2	3	4	5
29. My child openly shares his/her feelings and experiences with me.	1	2	3	4	5
30. My interactions with my child make me feel effective and confident as a parent.	1	2	3	4	5

Child Rearing Inventory

Read both parts of each item and decide which statement is true for you. Once you decide which side is most true for you, circle whether this is **Sort of True (S)** or **Really True (R)** for you. *Only circle S or R for the one side that is most true for you.*

Really True	Sort of True		or		Sort of True	Really True
1. R	S	When my child does something annoying, it bothers me <u>more</u> than it would bother other parents	or	When my child does something annoying it bothers me <u>less</u> than it would bother other parents	S	R
2. R	S	It really bothers me when my child won't do what I ask, even after reminders	or	It does not bother me much when my child won't do what I ask, even after reminders	S	R
3. R	S	It really bothers me when my child interrupts me while I'm talking	or	It does not bother me much when my child interrupts me while I'm talking	S	R
4. R	S	People tell me I'm too easy on my child when he or she misbehaves	or	People tell me I'm too hard on my child when he or she misbehaves	S	R
5. R	S	It really bothers me when my child talks back	or	It does not bother me much when my child talks back	S	R
6. R	S	It does not bother me much when my child yells or talks loud	or	It really bothers me when my child yells or talks loud	S	R
7. R	S	I punish or reprimand my child <u>less</u> than I need to	or	I punish or reprimand my child <u>more</u> than I need to	S	R
8. R	S	It does not bother me much when my child interrupts me while I'm talking on the phone	or	It really bothers me when my child interrupts me while I'm talking on the phone	S	R
9. R	S	It really bothers me when my child bothers other people by yelling	or	It does not bother me much when my child bothers other people by yelling	S	R
10. R	S	It does not bother me much when my child whines because he or she wants something	or	It really bothers me when my child whines because he or she wants something	S	R
11. R	S	I let my child get away with more than most parents would let their children get away with	or	I am more strict with my child than most parents are with their children	S	R

Demographic Information

Age: _____

Gender: _____

Which of the following best describes you? *(Can select more than one answer)*

Asian

Black or African American

Hispanic or Latine

Native American or Alaska Native

Pacific Islander

White

Biracial or multiracial

Not included: _____

What is your occupation: _____

Annual household income:

Under \$25,000

\$25,000- \$49,999

\$50,000-\$74,999

\$75,000-\$99,999

\$100,000 and over

Highest degree acquired:

High school diploma or GED

Some college

Associate's degree

Bachelor's degree

Master's degree

Doctorate degree

Other: _____

How many other caregivers live in your household? _____

How many children live in the household?

1

2

3

4

5

6

7

Other: _____

Previously or currently diagnosed mental health conditions (*Please select all that apply*):

Depression

Anxiety

Attention-deficit/hyperactivity disorder (ADHD)

Autism Spectrum disorder (ASD)

Post-traumatic stress disorder (PTSD)

Other: _____

Have you ever received psychotherapy or psychological treatment for any of the above mentioned mental health conditions?

Yes

No

Child's Age: _____

Child's Gender: _____

Child's birth order (e.g., first-born, second-born, etc.): _____

Which of the following best describes your child? (*Can select more than one answer*)

Asian

Black or African American

Hispanic or Latine

Native American or Alaska Native

Pacific Islander

White

Biracial or multiracial

Not included: _____

Has your child been diagnosed in the past or is currently diagnosed with any of the following? (*Please select all that apply*):

Depression

Anxiety

Attention-deficit/hyperactivity disorder (ADHD)

Autism Spectrum disorder (ASD)

Post-traumatic stress disorder (PTSD)

Learning problems/specific learning disorder (e.g., dyslexia, dyscalculia, etc.)

Other: _____

Has your child ever received an Individualized Education Plan (IEP), 504 Plan, or other learning accommodations in school?

Yes

No

Has your child ever received psychotherapy or psychological treatment for any behavioral or emotional difficulties?

Yes

No

PPI MOM/DAD

FOLLOWING IS A LIST OF WAYS IN WHICH PARENTS TYPICALLY INTERACT WITH THEIR CHILDREN AT HOME. EVERY PARENT FEELS THAT HE OR SHE DOES SOME THINGS BETTER THAN OTHER THINGS WITH HIS OR HER CHILDREN. WE WOULD LIKE YOU TO BE AS HONEST AND ACCURATE AS POSSIBLE IN ANSWERING THE FOLLOWING QUESTIONS ABOUT HOW OFTEN CERTAIN BEHAVIORS OCCYUR IN YOUR HOUSEHOLD WITH RESPECT TO YOUR SON/DAUGHTER.

	<u>Never</u>	<u>A Little</u>	<u>Sometimes</u>	<u>Pretty Much</u>	<u>A Lot</u>
1. How often do you say thank you to you son/daughter for doing things, tell your son/daughter when you like what he/she did, give something to or let your son/daughter do something special when he/she is good?	0	1	2	3	4
2. How often do you take things away from you son/daughter when he/she misbehaves (for example, not letting him/her watch TV, stay up late or eat dessert)?	0	1	2	3	4
3. How often do you talk to your son/daughter when he/she feels bad and help him/her to feel better, to solve problems and feel comforted?	0	1	2	3	4
4. How often do you tell your son/daughter that he/she is "no good," that he/she messed up or didn't do something right, criticize him/her?	0	1	2	3	4
5. How often do you talk to your son/daughter, just listen, or have a good conversation with him/her?	0	1	2	3	4
6. How often do you order your son/daughter around, tell him/her what to do or give commands?	0	1	2	3	4
7. How often do you let your son/daughter help decide what to do or let him/her help figure out how to solve problems?	0	1	2	3	4
8. How often do you spank, slap, hit your son/daughter?	0	1	2	3	4
9. How often do you play with your son/daughter, spend time together, do things together which your son/daughter like?	0	1	2	3	4
10. How often do you get mad at your son/daughter, yell, holler, scream, or shout at him/her?	0	1	2	3	4
11. How often do you say nice things, compliment your son/daughter or tell him/her that he/she is a good person?	0	1	2	3	4
12. How often do you threaten or warn your son/daughter or tell him/her that he/she will get in trouble if he/she does something wrong?	0	1	2	3	4
13. How often do you let your son/daughter do what other kids his/her age do or let your son/daughter do things on his/her own?	0	1	2	3	4
14. How often do you send your son/daughter to his/her room (or the corner) when he/she does something wrong?	0	1	2	3	4
15. How often do you help your son/daughter with something when he/she needs it (with a hard job, with homework, with something he/she can't do)?	0	1	2	3	4
16. How often do you nag, tell your son/daughter what to do over and over again, or keep after him/her to do things?	0	1	2	3	4
17. How often do you hug, kiss, tickle, or smile at your son/daughter?	0	1	2	3	4
18. How often do you ignore, not pay any attention to, or not talk to your son/daughter?	0	1	2	3	4
19. How often do you give reasons or explain why, when you tell your son/daughter that he/she is supposed to do something or not do something?	0	1	2	3	4
20. How often do you give unfair punishments that are worse than your son/daughter deserves, or which she/he doesn't deserve at all?	0	1	2	3	4

Interview Date: ____/____/____ Relationship Code: ____

PARENTING PRACTICES – Parent

INTERVIEWER READ OUT LOUD:

The following questions have to do with the kinds of things that you and _____ (adolescent's name) may have talked about, or have done together in the past month. Please choose the answer that best fits.

Las siguientes preguntas tienen que ver con el tipo de cosas sobre las que usted y _____ (nombre de adolescente) han hablado, o han hecho juntos durante el último mes. Por favor escoge la contestación que mejor aplique.

1. When was the last time that you discussed with _____ his/her plans for the coming day?
¿Cuándo fue la última vez que discutió con _____ sobre los planes de él/ella para el día siguiente?
 - Don't Know (*No sé*)
 - More than 1 month ago (*Hace más de un mes*)
 - Within the last month (*Durante el último mes*)
 - Within the last week (*Durante la última semana*)
 - Yesterday/Today (*Ayer/Hoy*)
 - Never (*Nunca*)

2. About how often have you discussed with _____ his/her plans for the coming day?
¿Con qué frecuencia ha discutido con _____ sobre los planes de él/ella para el día siguiente?
 - Never (*Nunca*)
 - Hardly ever (*Casi nunca*)
 - Sometimes (*Algunas veces*)
 - Usually (*Usualmente/Con frecuencia*)
 - Always (*Siempre*)

3. When was the last time that you talked with _____ about what he/she had actually done during the day?
¿Cuándo fue la última vez que usted converso con _____ sobre los que él/ella ha hecho durante el día?
 - Don't Know (*No sé*)
 - More than 1 month ago (*Hace más de un mes*)
 - Within the last month (*Durante el último mes*)
 - Within the last week (*Durante la última semana*)
 - Yesterday/Today (*Ayer/Hoy*)
 - Never (*Nunca*)

Interview Date: ____/____/____ Relationship Code: ____

		Never <i>Nunca</i>	Hardly <i>Ever</i> <i>Casi</i> <i>nunca</i>	Sometimes <i>Algunas</i> <i>veces</i>	Usually <i>Usualmente/</i> <i>Con</i> <i>frecuencia</i>	Always <i>Siempre</i>
4.	About how often have you talked with _____ about what he/she had actually done during the day? <i>¿Con qué frecuencia ha hablado con _____ sobre lo que él/ella ha hecho realmente durante el día?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	How often does _____ help you with family fun activities? <i>¿Con qué frecuencia su _____ ayuda con las actividades de la familia?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	How often does _____ like to get involved in such family activities? <i>¿Con qué frecuencia _____ le gusta participar en las actividades de la familia?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	How often do you have time to listen to _____ when he/she wants to talk to you? <i>¿Con qué frecuencia tiene tiempo de escuchar a _____ cuando él/ella quiere hablar con usted?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	How often do you and _____ do things together at home? <i>¿Con qué frecuencia usted y _____ hacen cosas juntas en la casa?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	How often does _____ go out with members of the family to movies, sports events, or other outings? <i>¿Con qué frecuencia _____ va con miembros de la familia al cine, a eventos deportivos, u otras actividades?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	How often do you have a casual talk with your child? <i>¿Con qué frecuencia Ud. tiene una conversación informal con su hijo(a)?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	How often does _____ help you with chores, errands and/or other work around the house? <i>¿Con qué frecuencia _____ le ayuda con tareas, mandados, y/u otros trabajos en la casa?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	How often do you talk with _____ about how he/she is doing in school? <i>¿Con qué frecuencia Ud. converse con _____ acerca de cómo le va en la escuela?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Interview Date: ____ / ____ / ____ Relationship Code: ____

In the past month, when _____ did something that you liked or approved of, how often did you: <i>En el último mes, cuando _____ hizo algo que a usted le gusto o aprobó, con qué frecuencia usted:</i>		Never <i>Nunca</i>	Hardly Ever <i>Casi nunca</i>	Sometimes <i>Algunas veces</i>	Usually <i>Usualmente/ Con frecuencia</i>	Always <i>Siempre</i>
13.	Give him/her a wink or a smile? <i>¿Le picó/guiñó el ojo o le sonrió?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	Say something nice about it; given him/her praise or give approval? <i>¿Dijo algo bueno sobre eso, le dio un premio o aprobó lo que hizo?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	Give him/her a hug, a pat on the back, or a kiss for it? <i>¿Le dio un abrazo, unas palmaditas en la espalda, o un beso por lo que hizo?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past month, when _____ did something that you liked or approved of, how often did you: <i>En el último mes, cuando _____ hizo algo que a usted le gusta o aprobó, con qué frecuencia usted:</i>		Never <i>Nunca</i>	Hardly Ever <i>Casi nunca</i>	Sometimes <i>Algunas veces</i>	Usually <i>Usualmente/ Con frecuencia</i>	Always <i>Siempre</i>
16.	Give him/her some reward for it, like a present, extra money, or something special to eat? <i>¿Le dio un premio, como un regalo, dinero extra o algo especial para comer?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	Give him/her a special privilege such as staying up late, or doing some special activity? <i>¿Le dio un privilegio especial como dejarle quedarse despierto hasta tarde o hacer una actividad especial?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	Do something special together, such as going to the movies, to a game, playing a game, or going somewhere? <i>¿Hicieron algo especial juntos, como ir al cine, ver algún deporte (un partido), jugar un juego o ir a algún lugar?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (Comentarios):

WACB – N

(Weekly Assessment of Child Behavior – N)

Admin Use Only:	Check if administered by therapist <input type="checkbox"/>	Session # _____
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Your Name _____ Relationship to Child _____ Today's Date ___/___/___

Child's Name _____ Child's Gender _____ Child's Age _____

Directions

Please fill out the whole form by circling one number per sentence. For each sentence:

- a) Please circle the number that shows **how often** your child behaved that way in the last week.
- b) Circle either "yes" or "no" to show whether you need that behavior to change.

For example: If your child rarely cried at bedtime (once or twice) last week, you might choose 2 and circle "NO."

How often does your child...	Never	Sometimes	Always	Change?
1. Cry at bedtime?	1 2 3 4 5 6 7			YES NO

STEP 1:										
In the past week....	Not at all			Sort of			Very		Does this need to change?	
How stressful was it to parent this child?	1	2	3	4	5	6	7	YES	NO	
STEP 2:										
How often does your child....	Never			Sometimes			Always		Does this need to change?	
1. Dawdle, linger, stall, or delay?	1	2	3	4	5	6	7	YES	NO	
2. Have trouble behaving at meal times?	1	2	3	4	5	6	7	YES	NO	
3. Disobey or act defiant?	1	2	3	4	5	6	7	YES	NO	
4. Act angry, or aggressive?	1	2	3	4	5	6	7	YES	NO	
5. Scream and yell when upset and is hard to calm?	1	2	3	4	5	6	7	YES	NO	
6. Destroy or act careless with others' things?	1	2	3	4	5	6	7	YES	NO	
7. Provoke others or pick fights?	1	2	3	4	5	6	7	YES	NO	
8. Interrupt or seek attention?	1	2	3	4	5	6	7	YES	NO	
9. Have trouble paying attention or is overactive?	1	2	3	4	5	6	7	YES	NO	
Total Score (items 1 through 9 ONLY)							/63	/9 (1 per YES)		

WACB – P

(Weekly Assessment of Child Behavior – P)

Your Name _____ Relationship to Child _____ Today's Date ___/___/___

Child's Name _____ Child's Gender _____ Child's Age _____

Directions

This form lists 9 sentences that describe children's behavior. For each sentence:

- Please circle the number that shows **how often** your child behaves that way.
- Circle either "yes" or "no" to show whether you'd like to see that behavior change.

Example

If your child always *behaves nicely at the grocery store*, you would circle 7 for Always:

How often does your child...
 1. Behave at the grocery store? Never Sometimes Always Change?
 1 2 3 4 5 6 7 YES NO

Please fill out the whole form by circling one number per sentence. If you want to change your answer, please **do not erase**. Instead, cross out your first answer and circle the correct number. For example:

How often does your child...
 1. Behave at the grocery store? Never Sometimes Always Change?
 1 2 3 ~~4~~ 5 6 7 YES NO

How often does your child...	Never	Sometimes					Always		Do you want this to change?	
	1	2	3	4	5	6	7	YES	NO	
1. Do things right away when asked?	1	2	3	4	5	6	7	YES	NO	
2. Behave well at meal times?	1	2	3	4	5	6	7	YES	NO	
3. Obey, or act compliant?	1	2	3	4	5	6	7	YES	NO	
4. Act calm, or gentle?	1	2	3	4	5	6	7	YES	NO	
5. Tell you when upset and can calm down on own?	1	2	3	4	5	6	7	YES	NO	
6. Play nicely with toys and carefully with others' things?	1	2	3	4	5	6	7	YES	NO	
7. Keep hands to self and play nicely with others?	1	2	3	4	5	6	7	YES	NO	
8. Wait turn to talk?	1	2	3	4	5	6	7	YES	NO	
9. Concentrate or easily sit still and focus?	1	2	3	4	5	6	7	YES	NO	

Total Score **/63**