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Chapter 11

Self-Acceptance and the Parenting of Children

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Children can represent both a joy and a challenge to their parents that can be met with either acceptance, warmth, responsiveness, and sensitivity, or in unaccepting, unresponsive, insensitive, neglectful, and/or hostile ways (Rubin & Burges, 2002). Successful parenting has multiple determinants, with growing empirical support for the relevance of parents' cognitions (Gavita, 2011a).

In this chapter, after basic considerations about parenting (i.e., its' role in child adjustment and the role of cognitions in parenting), we introduce a special type of parenting, namely *rational parenting*. Then we discuss the measurement of parental acceptance – a key component of rational parenting - and how parent education programs can implement rational parenting and parental acceptance. In the end, conclusions and discussions are presented.

1. Fundamentals of parenting

In its broadest sense, parenting refers to everyday behavior of parents toward their children, including the parents' emotions, cognitions, behaviors (i.e., parental practices), and values (Bornstein, 2002). In a more narrow sense, however, parenting refers to the child-rearing and disciplinary practices of parents toward children.

1.1. Parenting and child adjustment

It is well documented (see Burke et al., 2004) that poor parenting practices relate to child psychopathology (e.g., Haapasalo & Tremblay, 1994), while positive parenting practices represent protective factors involved in child adjustment (McCord, 1991). Indeed, punitive discipline has been found to be a common risk factor for both internalizing and externalizing disorders (Burke et al., 2004). In this equation, harsh discipline is linked to child aggression, while low parental warmth/involvement is associated with oppositional child behavior (Burke et al., 2004; Stormshak et al., 2000), and over-protection is reported in the cases of child internalizing disorders (Rubin & Burges, 2002). However, it is difficult to identify specific

effects; for example, parents of antisocial children tend to be simultaneously very harsh and very lax in their disciplinary practices (Baumrind, 1967; Serketich & Dumas, 1996).

Positive parenting in turn has been consistently associated with child adjustment (Petit et al., 1997). Children of positive parents can make good relationships with adults, siblings and friends, show better concentration, and are displaying lower levels of aggressive behaviors than children of less positive parents (Burke, Loeber & Birmaher, 2004). Marked association of positive parenting with child educational attainment also was found by Desforges and Abouchaar (2003). They defined positive parenting as parents being involved with their children, taking part in joint activities with them (e.g., playing games), and involving them in activities of daily living (e.g., showing interest in homework set, communicating about what is happening).

Patterson and Fisher (2002) conceptualized parenting within a bidirectional model. Indeed, it seems that parenting styles and children's characteristic temperament depend on each other. It is well-known that parenting strategies (e.g., reinforcement) and reactions (e.g., parental distress) are influenced by children behaviors (e.g., task accomplishment) and characteristics (e.g., child affect; Gavita, 2011b). However, research has also shown that whether, how, and how much parenting influences the child depends on their individual characteristics (e.g., child's temperament; Belsky et al., 2007). This suggests that the negative effects of parenting are heightened for children presumed "vulnerable" for temperamental and/or genetic reasons (Gavita, Capris, Bolno, & David, 2012). In the light of behavioral genetic research, it becomes even more important to document ways in which parenting can be improved.

1.2. Cognitions as key determinants of parenting

Parenting itself has been found to have multiple determinants, including (1) circumstantial factors (e.g., everyday stress, lack of social support, negative economic

conditions), playing the role of activating events (Burke et al., 2004), (2) parental emotions (Lovejoy et al., 2000), and/or (3) parental cognitions (Hoza et al., 2000). Moreover, (parental) emotions are fueled by various cognitive mechanisms, and the impact of activating events is often mediated by our interpretations (e.g., cognitions); thus, cognitions play a key direct and/or indirect determinant of parenting (Gavita, 2011a).

Interest and empirical support on the impact of parent emotions and cognitions in parenting has grown in the past two decades (Gavita et al., 2011). The cognition-based model of parenting behavior (Murphrey, 1992) proposed that parents' cognitions are important predictors for emotional reactions and specific practices of the parents (Bugenthal & Johnston, 2000; McGillicuddy-DeLisi & Siegel, 1995).

In addition to the general cognitions that parents endorse (i.e., about career, life in general), it has been documented that parents can have specific cognitions about themselves in the parenting role, about their children, and/or about their parenting (Gavita, 2011a). Cognitive biases of parents have been associated with the use of specific parenting behaviors, which have been in turn related to child psychopathology (see MacKinnon-Lewis et al., 1992).

Parents' cognitions about themselves vary at different levels: self-esteem, self-efficacy, and/or self-ratings of their worth (see Gavita, David et al., 2011; Gavita, DiGiuseppe et al., 2011 for an analysis of processing levels of parental cognitions). Cognitions that parents have about themselves can influence their use of efficient parenting and their level of effective participation in treatments for their children (Hoza et al., 2000). More specifically, Hoza et al. (2000) found that parents with low self-esteem and low self-efficacy enforced consequences less, especially when faced with resistance from their child. Dix and Meunier (2009) showed that mothers who think that they lack parenting abilities (i.e., low self-

efficacy) were less responsive or reactive to difficult child behavior with negative feelings (e.g., anger, anxiety) and harsh control.

Interest in parental evaluative cognitions (e.g., appraisals of self in the parenting role) has been raised in the context of data underlying the importance of parental goals (see Bugental & Johnston, 2000). Bugental and Johnston (2000) proposed that the construct of parental goals includes the evaluative and prescriptive component of values, and has the advantage of being more conceptually related to the actions that parents might take, being derivative from their values (see also Dix, 1991).

Thus, in order to explore the role of evaluative cognitions in parenting, we will focus in this chapter on the theory and practice of rational emotive behavioral therapy (REBT). We will explore in details a specific model of parenting, because REBT's theory and practice are ones of the most advanced psychological approaches regarding the role of evaluation cognitions in parenting. Moreover, although most therapeutic approaches support the development of self-esteem as a cognitive resilience factor, REBT considers it a cognitive vulnerability factor, and thus has a unique alternative to self-rating (i.e., self-esteem), namely unconditional self-acceptance. Indeed, REBT constructs of rational and irrational beliefs have been conceptualized (see David, 2003) as evaluative beliefs that could be understood in the framework of appraisal theories of emotions (see Lazarus, 1991). Based on the view of these evaluative cognitions (e.g., rational and irrational beliefs) as important determinants of parenting, the concept of rational parenting has arisen within the parenting field, the early contributors to our understanding of rational parenting being Ellis, Wolfe, and Moseley (1966) in their book "*How to Raise an Emotionally Healthy and Happy Child*" and Hauck (1967) in "*Rational Management of Children*".

2. Rational parenting

2.1. General rational and irrational processes

The Rational Emotive Behavioral Therapy (REBT) framework (see Ellis & Bernard, 2006) conceptualizes rational beliefs (RBs) and irrational beliefs (IBs) of parents and children as relevant resiliency mechanisms (rational beliefs) and vulnerability factors (irrational beliefs) and as having an impact of parenting practice and psychopathology (e.g., Bernard & Joyce, 1984; DiGiuseppe & Kelter, 2006; Terjesen & Kurasaki, 2009). According to the ABC model of REBT (Ellis & Bernard, 2006), our behavioral and emotional reactions (C) are not determined by the activating events (A), but by the way we think (believe) about the activating event (B). Parent IBs represent unrealistic and absolutistic demands of themselves as parents, of others, such as their children, or of life. The REBT model places IBs into four categories (see DiGiuseppe, Doyle, Dryden, & Backx, 2013): demandingness (DEM; e.g., “My child must respect me at all times”), awfulizing/catastrophizing (AWF; e.g., “It is awful if my child does not respect me”), frustration intolerance (FI; e.g., “I cannot stand when my child does not respect me”), and global evaluations (GE) of human worth (i.e., self – “I am worthless if my child does not respect me.”, others – “My child is worthless if s/he does not respect me.” and/or life – “The world is no good if my own child does not respect me.”). Self-downing (SD) is a special case of negative global evaluation of self-worth.

The corresponding RBs are expressed as flexible preferences rather than demands (PRE; e.g., “I would very much like for my child to respect me at all times, and I am making efforts to do get his/her respect this, but I accept that s/he might not respect me”); badness (BAD; e.g., “If my child disrespects me, it is bad but not awful”) rather than awfulizing; frustration tolerance (FT; e.g., “I do not like when my child does not respect me, but I can stand it”) rather than frustration intolerance; and unconditional acceptance (UA), rather than global evaluation/self-downing (GE/SD).

Global evaluation or self-downing is defined as an irrational belief because it lacks logical, empirical, and pragmatic support (Ellis, 1994) and thus, its cognitive restructuring

(e.g., disputation) will focus on these points. Global evaluation is non-pragmatic because it prevents people from achieving their goals; is illogical because it does not fit logics to extend our identity to a role or behavior; is inconsistent with reality because often the empirical evidences do not support it. In turn, unconditional self-acceptance (USA) is: (a) pragmatic, in that it helps people to achieve their aim; (b) logical, in that it respects logics; (c) reality-based, in that it is consistent with reality (Montgomery et al., 2007).

2.2. Parental rational and irrational cognitions

Ellis, Wolfe, and Moseley (1966) underlined in *“How to Raise an Emotionally Healthy, Happy Child”* the role that parental IBs about their children can have on shaping their children’s view of the world. Ellis et al. (1966) mentioned:

“The worst care parents can provide their children is that of blaming them for their mistake making and wrongdoing. Parents or other early teachers usually help a child plummet down the toboggan slide towards disturbed feelings and behaviors by doing two things when he (child) does something that displeases them: (a) they tell him that he is wrong for acting in this displeasing manner, and (b) they strongly indicate to him that he is a worthless individual for being wrong, and that he therefore deserves to be damned and severely punished for his wrongdoing” (pp. 107).

Although rational parenting involves all four categories of rational beliefs, unconditional self-acceptance is a key component. Indeed, Ellis (2005) had conceived “acceptance” as fundamental to resilience and mental health that can also be applied to the parenting field. For example, REBT proposes as an alternative to self-downing, or any type of self-rating, working towards unconditional self-acceptance, meaning that “the individual fully and unconditionally accepts him or herself regardless of how s/he behaves intelligently, correctly, or competently and whether or not other people approve, respect, or love him” (Ellis, 1977, p. 101).

2.3. Origins of irrationality in parents and children: biological, developmental, and intergenerational explanations

Ellis (1994) asserted that humans are born with an innate capacity to think irrationally. He went further to approximate that 80 percent of this tendency is biological and 20 percent results from environmental influences (Bernard, 2004; 2008). According to Bernard (2008), in order to prevent mental health problems and promote child adjustment, parents can teach children to give-up rating their selves based on their behaviors and to separate judgments of their actions from judgments of self-worth. In terms of self-acceptance, it is important that children accept responsibility for changing their faulty behaviors, without evaluating themselves as bad human beings. In this way, parents can help combat children's tendencies towards Global Evaluation/Self-Downing, by

“reminding them they are made up of many good qualities (and some that are not so helpful) and that they do not lose their good qualities when bad things happen [...], by explaining them that all human beings are capable and likeable in their unique ways and, therefore, it is good for children to accept themselves unconditionally without having to prove themselves” (Bernard, 2008, pp. 8).

Children can learn from their parents not to rate people by their actions and to make clear distinctions between the ratings of people's actions and the ratings about their self-worth. In this way, it is possible that the child dislikes another person's actions or traits (even their parents' behaviors) but avoids judging the whole of the person as bad (Bernard, 2008).

Parents can also communicate rational messages to their children implicitly, by manifesting self-acceptance and showing unconditional acceptance to their children in critical events. By using both implicitly and explicitly the language of unconditional acceptance parents can overcome their emotional difficulties and raise emotionally healthy children.

The impact of child- and parent-related cognitions, beyond the role of general cognitions, and of evaluative cognitions (i.e., appraisals) on parental feelings and actions is considered more and more relevant in the parenting field, based on the recent data in clinical cognitive sciences (Bugenthal & Johnston, 2000; McGillicuddy-DeLisi & Siegel, 1995).

REBT proposes that both IBs and RBs can be shared by parents and children within the family (i.e., family culture; Joyce, 2006). Furthermore, when children (and adults) of any age become emotionally disturbed, the thinking processes they are basing their conclusions on are characteristic of Piaget's pre-concrete stage of mental development (e.g., making global evaluations; Bernard, 2008). In other words, parents can induct their children into "shared ways of thinking that perpetuate irrational patterns across generations" (Joyce, 2006, pp. 180). It becomes obvious this way how children can be taught within the family to develop either self-acceptance or self-depreciating processes.

Below we will focus on developing a special type of REBT's acceptance, namely parent's unconditional acceptance, involving both parents' self and child unconditional acceptance. We are doing this because most of the research in the field was focused on this component.

3. The role of unconditional acceptance in rational parenting

3.1. Types of parental unconditional acceptance

In the parenting field, REBT promotes several forms of unconditional acceptance, as alternative to global evaluation/self-downing, which can be directed towards self, others, and life conditions.

Parental unconditional acceptance.

Parental (unconditional) self-acceptance (USA) means (see Ellis & Bernard, 2006) that (a) parents fully accept themselves whether they succeed at important parenting tasks ,

whether they have the approval of significant others or not, and, if appropriate, (b) parents aim to improve their own behaviors.

Parental (unconditional) other acceptance (UOA) (i.e., parent unconditional child acceptance) means that (a) the parent fully accepts (although not necessarily like) his/her child (and all other humans), whether they act fairly and competently or not, and, if appropriate, (b) parents aim to improve their child's (other's) behaviors.

Parental (unconditional) life acceptance (ULA) means that (a) parents fully accept life whether it is fortunate or unfortunate and (b) do their best to discover and enjoy their personally selected satisfactions and pleasures (Ellis, 2003; 2004).

REBT postulates that self-downing ("I am a worthless person"), and/or other rating ("You are a bad child"), and/or life rating ("Life is bad because is not fair") create most of human disturbance. Moreover, recent data shows that the same self-rating processes ("I am a good or bad parent") are responsible for parental distress, while parental unconditional self-acceptance is proximally related to parental satisfaction (Gavita, 2011a, 2011b). Hence, a therapeutic goal when working with parents and families would be to restructure the global evaluation/self-downing and develop a USA philosophy when working with parents.

Besides, these three types of unconditional acceptance relevant to parents, there is a similar triad corresponding to children's unconditional acceptance: child unconditional self-acceptance, child unconditional acceptance of parents (and other acceptance), and unconditional life acceptance by the child. As follows, we will focus on parental acceptance due to its intergenerational propagation and its implication in parenting and child outcomes.

3.2. The impact of parental acceptance in parenting: models and empirical evidences

Although less empirically studied than other types of parental cognitions about the self (i.e., self-esteem, self-efficacy), some conclusive evidence points towards the important role that parent's acceptance plays in parent and child adjustment.

Bernard and Joyce (1984) documented that parental self-downing beliefs were associated with poor parenting. Hauck (1967, 1983) identified several distorted parental beliefs concerning child management that are irrational because they are inaccurate and they lead to dysfunctional styles of parenting. In his book *“The Rational Management of Children”*, Hauck (1967) identified different irrational beliefs of parents that lead to distinct adaptive or maladaptive parenting styles. The “unkind and firm” and the “kind and not firm” parenting styles are both maladaptive for child development and are based on a low level of parental self and child unconditional acceptance. The “kind and firm” parenting style is the preferred and skilled form of parenting and considered most adaptive. This style is based on both self and child unconditional acceptance. Hauck proposed the self-downing/global evaluation belief “My worth as a parent depends on my child’s performance” as determining parental depression.

Bernard (2004) and Ellis (Ellis & Bernard, 2006) proposed that parents’ evaluative cognitions have important consequences for parental emotions. Several studies have examined the relationships between parent irrational beliefs and dysfunctional negative emotions, based on the ABC model of the REBT.

REBT asserts that extremely demanding beliefs about the self in the parenting role and non-acceptance can lead to extreme emotions in parents, which, in turn, leads to non/constructive disciplinary action. Moreover, Joyce (2006) proposed that IBs can lead through different mechanisms to the “unkind and firm” pattern of parental behavior or the “kind and not firm” child-rearing practices. According to DiGiuseppe and Bernard (2006), parents’ irrational beliefs can lead directly to behavior, without the intervention of significant emotional arousal. However, this hypothesis was not empirically investigated yet in order to document if parental behavior can be determined by inferences or by their emotional reactions (e.g., appraisals). Same authors mention that the self-downing/global evaluation, as more

pervasive absolutistic belief (such as “To be a perfect parent and a worthwhile person, my child must be totally obedient at all times”), can generate high degrees of emotionality.

Consequently, unconditional self-acceptance (USA) is involved in the promotion of healthy feelings and adaptive behavior (Joyce, 2006). It was recently found (Gavita, 2011a) that parental USA mediates the relation between general self-acceptance and parental distress. 211 parents of healthy children aged between 2 and 17 years old participated to this study. The parents responded to questionnaires measuring their levels of distress, general irrational cognitions, and parental irrational cognitions, respectively parental self-efficacy. When both general and parent unconditional acceptance levels were introduced in the regression equation for predicting parental distress, both remained significant ($p < .05$). These results suggest that although general irrational cognitive structures are representing vulnerability factors for parental distress, specific parental irrational cognitions are proximal to causing parental distress. In other words, parents holding irrational cognitions referring to self and the child will experience a higher level of distress. Furthermore, results obtained in the same study (Gavita, 2011a) showed that parental rational cognitions (i.e., USA) are mediating the effect that parental low self-efficacy has on parental distress. This means that parental low self-efficacy affects parental distress when associated with low USA of the parent.

In terms of positive parental emotions, parental USA was found to mediate the impact of low parental self-efficacy on parental satisfaction (Gavita, 2011a). In other words, parents' USA plays a protective role for parental satisfaction in case of low self-efficacy in the parental role. These findings point towards a proximal role that parental USA has, as compared to other types of beliefs about the self, in causing parent's emotions, as proposed by REBT (Ellis et al., 1966). It seems that both a low level of self-downing and a high level of USA have been found to be protective for parental mental health, which has important implications for parental interventions.

Similar patterns were found for the parents of children presenting with disruptive behavior disorders. Specific parental IBs in this case to totally mediated (see Baron & Kenny, 1986 for the criteria for statistical mediation) the impact of general IBs in the case of parental anger (Gavita, 2011a). More precisely, general IBs activate parental specific IBs, which in turn cause parental anger (see figure 1). Parental self-downing/global evaluation was also documented to generate parent depression and guilt (Terjesen a& Kurasaki, 2009).

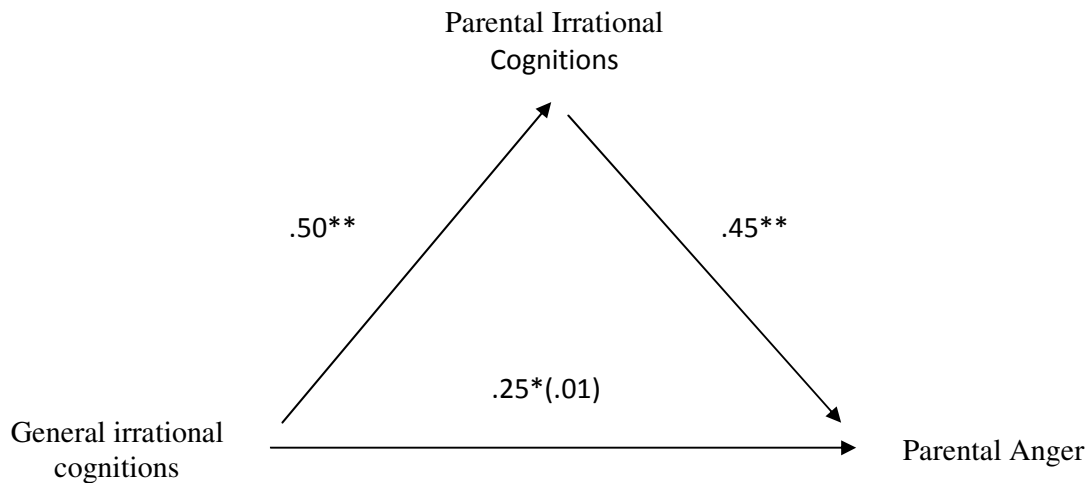


Figure 1. Mediation diagram for models testing the interrelations among irrational cognitions, parental irrational cognitions, and parental anger. All values are beta coefficients. Values in parenthesis show relationships between predictor variable and the dependent variable when the mediating variable is included in the model; * $p < .05$; ** $p < .01$. The value of Sobel test for this mediation is $z = 3.98$, $p = .00$.

Thus, empirical data suggests that parental USA is a key element in the architecture of parents' cognitions and have unique contributions to parental distress, which goes beyond the role of general cognitions or other types of cognitions about the self (e.g., inferential cognitions).

3.3. Measures of parental acceptance

Identifying the levels of unconditional self-acceptance in parents is not an easy process. However, this is an important component both in therapy and for research purposes (Chamberlain & Haaga, 2001).

In terms of specific beliefs of parents, there are currently two instruments developed within the field of REBT for measuring parental irrational cognitions, and thus parental self-downing/unconditional self-acceptance too. Factorial analyses conducted on both scales yielded self-downing/global evaluation as a separate factor, showing that we can adequately measure specific parental self-rating processes.

The first measure of parental evaluative cognitions is the Parent Irrational Beliefs–Revised (PIB; Joyce, 1995). PIB is a 24-item revision of a previous scale developed by Berger (1983), which was called the Belief Scale. Self-Worth was one of the three subscales generated based on the validation investigations, together with the Low Frustration Tolerance and Demandingness subscales. The three factors that emerged were consistent with Ellis' (1994) REBT theory. The alpha coefficient for the revised scale was .75. According to Joyce (1995), the total Irrational Beliefs Scale scores and all subscale scores correlated strongly with various emotional measures (e.g., distress).

Although a good instrument, PIB fails to match the highest standard recommended for the measurement of rationality-irrationality; namely, that assessment instruments include separate scores for rational and irrational beliefs (see Lindner et al., 1999).

To overcome this gap, Gavita et al. (2011) recently developed the Parent Rational and Irrational Beliefs Scale (P-RIBS). P-RIBS (see Appendix 1) is based on the perspective on the IBs and RBs as non-polar opposites (DiGiuseppe et al., 1988) and on priming/triggering the activating events (see Davidson et al., 1983; David et al., 2010).

The structure of the scale is based on the RIBS-GF (Rational and Irrational Beliefs Scale-General Format; Montgomery et al., 2007). An equal number of statements reflecting

rational and irrational processes were included, as measured by the Attitudes and Beliefs Scale (ABS-II; DiGiuseppe et al., 1988). Items in the P-RIBS reflect evaluative processes in two content areas relevant for parenting: (1) child behavior (Part 1 of the scale) and (2) parent-role (Part 2 of the scale; see Appendix 1 for item examples). Thus, the Global Evaluation/Self-Downing and Unconditional Acceptance each have two items, one referring to child and one referring to parent. Each of the items is rated by the parent in a 5-point Likert format, ranging from strongly disagree (1) to strongly agree (5). The instructions are included within the P-RIBS to: (1) identifying a specific situation when the parent was confronted to a distressful situation; and (b) explaining the difference between “preferences” and “absolutist demands”, in order to help parents avoid misunderstandings induced by the wording process.

The P-RIBS was found to be strong psychometrically (Gavita et al., 2011; see Appendix 1), showing acceptable internal consistencies and concurrent validity. The hypothesized factors, RBs and IBs subscales were supported by the exploratory factor analyses. The Global Evaluation factor emerged as separate from factorial analysis, with items phrased irrationally, showing the relevance of this irrational process in the parenting field. The Cronbach’s alpha was adequate for the P-RIBS Total, $\alpha = .73$, RBs Subscale, $\alpha = .83$, IBs Subscale, $\alpha = .78$, and GE Subscale $\alpha = .71$. The total score on P-RIBS registered high correlations with the Global Evaluation subscale, $r(285) = .64, p < .01$, the IBs Subscale, $r(285) = .63, p < .05$, and the RBs Subscale, $r(285) = -.59, p < .01$. The P-RIBS Total and factors scores were each positively correlated with factor scores of measures of general rational and irrational cognitions and with measures of parental distress (Gavita, 2011b; Gavita et al., 2011).

The development and validation of the aforementioned instruments have a number of implications for parent and child USA research. Such measures support the advancement of knowledge concerning the parent and child shared unconditional self-acceptance/self-

downing processes and their impact on their adjustment. For example, they allow further understanding into the parent reasoning in selecting different discipline tactics, such as over-reactive or dysfunctional responses. Moreover, parental and child USA measures are important to facilitate the understanding of the mechanisms of change following participation to parent management training or group therapy sessions.

4. Developing parent's unconditional acceptance

Parental IBs can be changed/modified in parent counseling or during the parent education classes by using cognitive restructuring (challenging/disputing/reframing; Gavita et al., 2011). One of the fundamental aims of cognitive behavioral therapy—and REBT—is to help parents recognize the factors that prime or activate (As) their irrational beliefs. Once self-downing beliefs are identified, parents are helped to realize the effects these have on their – consequences [C] connection) and to learn tools for cognitive restructuring/disputing. The main aim of cognitive restructuring is to help parents actively think in terms of acceptance. In counseling and parent education, parents learn to adopt the unconditional self-acceptance philosophy, which means that they fully accept themselves as human beings, whether or not they succeed at important parenting tasks, and whether or not they have the approval of their children/significant people.

Another focus is on parents' unconditional acceptance of the child. Parents learn to fully accept (though not necessarily like) their child/children, whether or not they behave, respect/appreciate them or act competently (Ellis, 2003, 2004, 2005). In this way, parents learn to fully accept themselves and their children with all their imperfections, as human beings, but at the same time aiming to improve the specific problems (Gavita et al., 2011). The final goal is for parents to achieve a strong thinking–feeling–acting philosophy of unconditional acceptance (Ellis, 2005).

Based on the REBT theory, parental self-downing/global evaluation can be restructured by using different techniques that disputing and replace them. Besides cognitive techniques, USA thinking can be strengthen through emotive techniques (e.g., rational-emotive imagery, repetition of rational self-statements, metaphors, humor) and behavioral techniques (cognitive-behavioral rehearsal, homework assignments or shame attacking exercises). DiGiuseppe, Doyle, Dryden, & Backx (2013) provide a detailed discussion of all these interventions in REBT.

Moreover, REBT emphasize the importance of addressing secondary disturbances (i.e., parents feeling depressed about their anger with their children). This process of modifying secondary emotional upset through having parents eliminate self-downing and, instead, accepting themselves with their secondary emotional stress is similar to targeting the relation the parent has with her/his emotions, which is a central within the third wave approaches in cognitive-behavioral therapy (see Hayes et al., 2006). In this way, parents learn to accept their mental states – negative thoughts, and disturbing emotions – by changing their IBs about them (Gavita et al., 2011). This does not imply that they are giving up the efforts to experience pleasant feelings, but that they are willing to accept their negative ones in a rational manner (e.g., “The fact that I am feeling depressed does not mean that I am a bad parent or a worthless human being”).

By endorsing USA as an alternative to self-downing/global evaluation, parents can change their dysfunctional/unhealthy reactions (e.g., anger and harsh discipline) into more functional/healthy ones (e.g. annoyance versus anger and positive discipline versus harsh discipline).

4.1. Targeting parental acceptance within parenting programs

Parental interventions have been developed mainly to teach parents how to increase positive interactions with their children while reducing bad, poor, and inconsistent parenting

practices. It is now accepted that parenting programs have an important role to play in supporting both parent and children mental health. Currently, parenting programs are among the most well-established treatments for child psychopathology (Kazdin, 2005; Lundahl et al., 2006), and cognitive-behavioral parent programs are treatment of choice for child disruptive behavior disorders (NICE, 2006). However, cognitive-behavioral parenting programs vary in the extent to which they address different parenting components, depending on their preventive or their specific treatment approach.

The extension of REBT to the parenting field has been referred by a number of terms: rational-emotive parent education (Joyce, 1994; Joyce, 2006), rational-emotive behavior parent consultation (Vernon, 1994), enhanced parent program, and/or rational parenting program (Gavita, 2011a). REBT's approach to parent programs emphasizes the importance of helping parents reduce their emotional stress associated with parenting and teaching parents to handle child emotional or behavioral problems and foster their adjustment (Joyce, 1990; 1995). Since parents coming to treatment have strong views of themselves, how children must behave, how they should be treated, the REBT family and parental interventions are underlying the importance of disputing specific beliefs about child-rearing practices, in order to maximize changes and prevent early drop-out. Two of the main components targeted are parental unconditional acceptance and child unconditional acceptance.

Only a few parenting programs aiming at teaching parents USA strategies were tested, with the first of them using a non-clinical approach (see Joyce, 1995, 2006).

The REBT Parenting Program (Joyce, 2005). This program which was developed and evaluated by Joyce (2005) focused mainly on reducing parental emotional distress, through disputing IBs, developing rational problem-solving skills, and fostering rational thinking. This parent education program consists of nine sessions and is committed towards building USA of both parent and the child. In the program, parents are taught how to identify and dispute

parental self-downing, build rational beliefs (e.g., non-blaming) concerning discipline methods (kindness and firmness). Another focus of Joyce's program was on teaching children rational beliefs including unconditional self-acceptance and unconditional other-acceptance, non-exaggeration, and non-demandingness. The program of cognitive restructuring employed the following steps: a) increasing self-awareness of IBs, b) disputing of IBs, c) substitution with RBs, d) practice rehearsing rational self-statements, and e) reinforcement (by leader, group, self) for RBs.

This program was evaluated using a comparison group of parents as a waiting-list. Results showed that parents receiving the REBT parenting program reported significant reductions in child behavior problems, parent irrationality, parent guilt, and parent anger. At a 10-month follow-up, data suggested maintenance of these effects for child behavior problems, and parental global evaluation/self-downing (Joyce, 1995).

The Rational Emotive Family Therapy approach (Woulff, 1983; Huber & Baruth, 1989). In terms of the rational parenting interventions for the treatment of child psychopathology, DiGiuseppe and Kelter (2006) designed a sequential family intervention model for the treatment of families of children with externalizing disorders. Within this intervention, the intermediary goal for changing the child's problematic behavior is to change parents' IBs and emotional difficulties in order to enable them to adopt more effective parenting skills. The REBT family therapy model included the following steps (DiGiuseppe & Kelter, 2006):

- conducting a detailed assessment of the child's difficulties, and family functioning;
- developing an effective therapeutic alliance with the parents; working on a target behavior based on a functional analysis developed collaboratively with the parents;
- assessing and developing parents' abilities to implement the plan (negative dysfunctional feelings, IBs, parenting skills);

- assessing and building strategies to overcome parent's resistance with the treatment (through changing their IBs);
- continuous assessment of child's progress and parents' compliance with the behavioral skills and adjustment the behavior treatment plan as needed;
- individual therapy with the child to internalize gains made within the behavioral intervention.

The Rational Parenting Program (Gavita, 2011). More recently, Gavita (2011a; 2011b) developed the rational parenting program, using a group format, for the treatment of child externalizing disorders, focused specifically on parental self and child acceptance; the program expands on the video curricula SOS Help for Parents of Clark (1996b). This program has incorporated recent advancements in the clinical cognitive sciences in order to overcome important risk factors (parent-child shared vulnerabilities for emotion-regulation difficulties) and to enhance the effects of parenting programs in the treatment of child externalizing disorders (Gavita & Joyce, 2008; Gavita et al., 2011).

The rational parenting program consists of a component focused on building parent emotion-regulation skills, through teaching parental USA, and an intensive behavioral parent training component (i.e., the child management strategies). The program works first on developing parents' self and child unconditional acceptance, and then changing the practical problems (child behavior problems). Methods used are a combination of within-session exercises and homework assignments for building parental USA. Another focus is on the transfer of the rational thinking habits to the child, through activities together, handouts and self-examples, which are followed on the entire course of the program.

By involving parents in addressing their own emotion-regulation (i.e., through Global Evaluation/Self-Downing) before they apply newly learned child management strategies, the rational parenting program aims (1) to reduce parental vulnerabilities for over-reactive

behaviors, and (2) to use parents as emotion regulation agents of change in children's disruptive behaviors. In the program, rational self-statements are prepared by parents, with the aim of "overriding" the impact of these irrational beliefs in the situations when they are confronted with adversity (i.e., child misbehaves) and they cannot be aware of their influences. Parents are afterwards taught to examine antecedents to noncompliance, the consequences they are applying for the unwanted behaviors, and to recognize their children's underlying cognitive and emotional difficulties.

The Rational Parent program was tested both as a short program (e.g., 1 to 5 sessions; see Gavita et al., 2010; Gavita et al., 2012), and as a full-length program (consisting of 10 sessions; Gavita, 2011a).

The short Rational Parenting curricula. A four-session structure was used in a short version of this Rational Parenting Program for reducing externalizing behavior disorders in foster children (Gavita, Capris et al., 2012; Gavita, David et al., 2012). The sessions are structured as follows: Session 1 focuses on building emotional-regulation strategies through unconditional self-acceptance and unconditional child-acceptance. Sessions 2 and 3 aimed at building positive discipline methods; Session 4 was focused on developing problem solving strategies and coping plans with potential risk situations. Throughout the sessions, the development of rational thinking was continually monitored through the monitoring forms. A follow-up session was conducted for monitoring the progress. Results supported the efficacy of the program, as compared to the waiting list, in treating child behavior problems, developing positive parenting skills and reducing parental emotional distress (Gavita, Capris et al., 2012; Gavita, David et al., 2012).

The full-length Rational Parenting curricula. The newest version of the Rational Parenting Program was tested in a trial which compared to a standard cognitive-behavioral parent program and waiting list (Gavita, 2011a) in the treatment of child externalizing

behaviors. The rational parent program was called an “enhanced” cognitive-behavioral parent program” (Gavita, 2011a), in order to be able to better integrate it within the more general literature. Its’ content was based on the previously mentioned programs within the REBT field, and the SOS Help for Emotions and SOS Help for Parents self-help curricula and video vignettes (for details, see Clark, 1996a, 1996b). Both parenting programs tested comprised of 10 sessions, one each week, and had in common the focus on teaching parents positive discipline strategies. However, the rational parenting program had an adjunctive module integrated at the beginning of the rational parenting program.

The adjunctive curricula covered the content of two initial sessions (session 2 and 3), based on REBT theory which proposes working first on the emotional problems of parents, and taking as second step for changing the practical problems, in order to obtain long lasting results (DiGiuseppe & Kelter, 2006; Ellis, 1994). Using the ABCDE model, parents were taught to identify and challenge their IBs about their child, themselves, child management routines, or other stressful situations (antecedent focused emotion-regulation strategies). Content of the module was: (session 2) identify their stress cues, teaching parents the B-C connection, identifying and disputing own irrational thinking patterns (Ellis, 1994), and (session 3) enhancing own and child unconditional (self-) acceptance and teaching the child strategies for changing low frustration tolerance and self-acceptance; preparing self-statement coping strategies for stress, in the form of parental “psychological pills” (see Appendix 2). Sessions 4 to 10, covered building child management skills (same with the standard condition but constricted in less sessions), as follows: session 4 covered child attending skills and activities with child; sessions 5-7 were focused on monitoring child behavior, setting goals for change child management, and setting family rules; sessions 7-9 covered techniques for managing unwanted behaviors, time-out, teachers as collaborators, communication with the child, helping child express emotions, problem solving and coping with specific child

behaviors. Session 10 covered issues of maintenance and closure. On average, the adjunctive rational parenting module constituted three of the 15 hours of intervention provided to each participating parent. Active skills training methods included modeling through video vignettes (43 vignettes; SOS Help for Parents), role plays, feedback, and the use of specific homework tasks. Parents were followed at one month after the programs.

The rational parenting program (i.e., enhanced version of cognitive-behavioral program) was found (Gavita, 2011a) to be superior compared to the standard program, as seen in more generalized and long-lasting changes in both child disruptive behavior and parent outcomes. Significant decreases were obtained in parent-rated child externalizing syndromes, in both standard and rational parenting programs, compared to the waiting-list condition after the programs (with high effect sizes) and at follow-up. At follow-up however, in terms of child aggressive and behavior, significant high range improvements were reported by parents participating in the rational parenting program, compared to parents participating in the standard program and on the wait-list. Furthermore, improvements in terms of teacher reported child oppositional behavior were registered only for the rational parent program at follow-up. Both programs were effective in improving parenting, but only the rational program reduced parental distress, depression and irrational parental cognitions.

This trial (Gavita, 2011a) was the first one to investigate both the outcomes and the mechanisms of change, in terms of a full range of affective, cognitive and parenting variables, for the parent programs. Although parenting was found as mechanism of change for the standard cognitive-behavioral parent program, parental distress partially mediated the effect of the rational parenting program had on child reducing the levels of child externalizing syndromes. This indicates the role that the emotion-regulation component, which was based on developing parental unconditional self and child acceptance, had on child outcomes, as proposed by the REBT framework (DiGiuseppe & Kelter, 2006; Ellis, 1994).

Thus, based on this data, we can conclude that there are structured, comprehensive and moreover evidence-based parental interventions in the literature, built around developing parental and child USA. Empirical data is showing that the focus parental USA seems to be a valid approach both when working for augmenting child adjustment or for the treatment of child psychopathology. However, it is hard to isolate the effects of teaching USA and our results should be interpreted accordingly.

6. Conclusions and future research

Parental acceptance, as a rational cognition, in the form of parent and child acceptance, is a key mechanism involved in good parenting and parent and child mental health and well-being (Ellis et al., 1966). Indeed, as it was documented in this chapter, parental acceptance plays role as proximal determinant of both parental negative emotions (e.g., distress, anger, depression, guilt) and parental satisfaction (Gavita, 2011a). Thus, based on the empirical data and theory presented in this chapter, we can conclude that parental acceptance can be considered as a core parental resiliency mechanism. Working towards parental unconditional acceptance within parent programs carries the potential of being a key component in the process of developing parent child adjustment. However, as it was mentioned in the introduction, at this moment less is known about the role of parent life acceptance and child unconditional acceptance in parenting. Therefore, future studies should explore these lines of research.

Recently, the concept of unconditional acceptance was extended at both theoretical and empirical the level. David (in preparation) makes distinction between the philosophical and psychological USA. He indicated that being a parent can be conceptualized as a part of the self, based on the role a person would play at a time. Philosophical unconditional acceptance refers to avoiding making ratings of ourselves based on our behaviors or performance in various valued domains of our lives and/or in general (i.e., human worth). An

example of this belief relevant to parental role is “I accept and do not rate myself as mother and/or as a human being no matter how I am behaving towards my children and try to improve my behaviors”. Psychological unconditional acceptance, however, allows ratings of the self in different roles, as long as the person does not extend this to the global rating of the self. In other words, the person might think “I am a bad mother” but if she still accepts herself unconditionally, without rating herself globally (ex. “This does not make me worthless or a bad person and I will make do the best I can to improve my parenting”), this will not result in psychological disturbance. Until now, no distinction was done in the REBT literature between the two stances, both types of self-ratings (general and/or domain specific) being considered irrational (because of the overgeneralization) and both types of unconditional self-acceptance being considered rational. Although this distinction is made at the theoretical level, this might have direct important implications on the ways we conceptualize parental unconditional acceptance and its impact on feelings and behaviors. However, future research is needed to further investigate the role of parental psychological and philosophical unconditional acceptance in specific child and parental disturbances, and to further test the efficacy of parental interventions focused on developing parent and child unconditional acceptance on child and parent outcomes.

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Appendix 1

The Parent Rational and Irrational Beliefs Scale (Gavita et al., 2011; Gavita, DiGiuseppe et al., 2011)

General instruction: This scale has two parts. Please follow the specific instructions as follows.

Instructions: *Please think about a situation when your child(ren) disobey, or disrespect you.*

Try and recall the thoughts that you have had in such situations.

When faced with adverse situations, some parents tend to think that situation absolutely must be the way they want (in terms of absolute must). In the same situation, other people think in preferential terms and accept the situation, even if they want very much that those situations do not happen and even they might try to change it. In light of these possibilities, please estimate how much the statements below represent the thoughts that you have in such situations.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

<i>No.</i>	<i>Items</i>	<i>Factor</i>	<i>Process</i>
2	If my child disobeys me, it doesn't mean that I am a worthless person.	RBs	UA-S
7	I can stand when my child disobeys me, although it is difficult for me to tolerate it.	RBs	FT
9	I really do not want my child to disobey me, but I realize and	RBs	PRE

	accept that things do not have to always be the way I want them to be.		
10	It is unpleasant and unfortunate to be disobeyed by my own child, but it is not terrible.	RBs	BAD
12	When my child disobeys me, I accept them as being worthwhile despite her/his poor behavior.	RBs	UA-O
14	If I am not a good parent, it doesn't mean that I am a worthless person.	RBs	UA-S
19	I can stand to be a bad parent.	RBs	FT
21	I really do want to be a good parent, but I realize and accept that I may not always be as good at parenting as I want to be.	RBs	PRE
22	It is unpleasant and unfortunate to be a bad parent, but it is not terrible.	RBs	BAD
24	When I am not a good parent, I can accept my children as being worthwhile and not condemnable.	RBs	UA-O
1	My child absolutely must respect and obey me.	self	DEM
3	I think it is awful to be disobeyed by my own child.	IBs	AWF
5	It is unbearable to be disobeyed by my own child.	IBs	LFT
13	I absolutely must be a good parent.	IBs	DEM
15	I think it is awful to be a bad parent.	IBs	AWF
17	It is unbearable to think of myself as a bad parent.	IBs	LFT
11	When my child disobeys me, I think that my children are bad, worthless, or condemnable.	GE	GE-OD
23	If I am not a good parent, I think that my children are bad, worthless, or condemnable.	GE	GE-OD

16	If I am not a good parent, it means that I am worthless.	GE	GE-SD
4	If my child disobeys me, it means that I am worthless.	GE	GE-SD
6/1 8	I am always optimistic about my future.	-	Control
8/2 0	It is important for me to keep busy.	-	Control

Note. IBs = Parental Rational and Irrational Beliefs Scale–Irrational Beliefs Subscale; RBs = Parental Rational and Irrational Beliefs Scale–Rational Beliefs Subscale; FT = Frustration Tolerance; PRE = Preferences; BAD = Badness; DEM = Demandingness; AWF = Awfulizing; LFT = Low Frustration Tolerance; GE = Parental Rational and Irrational Beliefs Scale–Global Evaluation Subscale; UA-S = Unconditional Acceptance–Self; UA-O = Unconditional Acceptance-Other; GE = Global Evaluation; GE-SD = Global Evaluation-Self-Downing; GE-OD = Global Evaluation-Other-Downing.

Appendix 2

“Psychological Pills” for parents (Developed by Gavita & David)

- I can accept myself as a parent even when my child does not obey or respect me.
- When my child does not obey, I accept him/her despite this behavior.
- I can accept myself even if sometimes I consider that I am not a good parent; I will do everything in my power to change my inefficient behaviors.
- When I am not a good parent, I can accept my children as being worthwhile and not condemnable.
- When my children do not appreciate or respect me, I can accept that it does not influence my self-worth, their worth in any way and it does not mean that my life is completely bad.
- When I have difficulty parenting, I can accept that it does not influence my self-worth in any way.
- I very much want to be obeyed by my child, but I accept that things do not have to always be how I want.
- I very much want to be a good parent and I am doing everything in my power for this, but if I do not manage to be a good parent all the time, it does not mean that I am worthless; it just shows that I had a poor behavior which can be improved in the future.
- It is preferable to be obeyed by my child, and I am doing efforts for this, but when I do not manage this, it is very bad but not awful, and I can stand it.
- I want very much to be appreciated and respected by my children, and I do my best to get it, but I accept that just because I want and/or worked hard for this, it does not mean that it necessarily must happen.

- It is very bad and unpleasant if my children do not appreciate or respect me, but I can stand it, and search for solutions, positive alternatives, and/or ways to cope.
- I can stand when my child disobeys me, although it is difficult for me to tolerate it.
- It is unpleasant and unfortunate to be disobeyed by my own child but it is not terrible, and I can search for solutions, positive alternatives, and/or ways to cope.