



Let's Connect: A developmentally-driven emotion-focused parenting intervention



Anne Shaffer^{a,*}, Monica M. Fitzgerald^b, Kimberly Shipman^b, Marcela Torres^b

^a Department of Psychology, University of Georgia, Athens, GA 30602, USA

^b Institute of Behavioral Science, University of Colorado-Boulder, Boulder, CO 80309, USA.

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ABSTRACT

Research on emotional development and emotion socialization emphasize the importance of supportive parent-child emotion communication, yet most empirically supported parenting interventions omit guidance on emotion communication skills. The primary goal of this paper is to introduce the Let's Connect emotion-focused parenting intervention as an innovative treatment modality for increasing supportive emotion socialization in families, drawing on developmental theory as a guiding framework. We provide an overview of the background for and development of Let's Connect. Results of a pilot study with 34 caregivers of school-age children ($M_{age} = 8.45$) in a community sample demonstrated significant increases in supportive emotion communication practices (e.g., listening and connection, labeling feelings, emotion support) as well as significant reductions in unsupportive emotion communication practices (e.g., invalidating or critical responses) from pre- to post-intervention, with gains maintained over a three-month period. Future directions and clinical applications of this intervention module are discussed.

Introduction

Decades of clinical research have focused on parenting interventions to improve child socioemotional and behavioral functioning and to treat child behavior problems. On the whole, research on parenting interventions based in behaviorist theories has resulted in the development and evaluation of many effective strategies for managing child behavior via improvements in parenting practices such as reductions in harsh discipline and use of contingency management (Eyberg, Nelson, & Boggs, 2008). However, there is growing recognition that behaviorism-based interventions leave gaps in the promotion of positive parenting practices that build children's emotion competencies and supportive parent-child connection. This shift in focus is driven by research on emotional development and familial emotion socialization which emphasizes parental responses to children's emotions as critical to children's and adolescents' well-being (e.g., Baker, Fenning, & Crnic, 2011; Eisenberg, Cumberland, & Spinrad, 1998; Katz, Maliken, & Stettler, 2012; McElwain, Halberstadt, & Volling, 2007; Morris, Criss, Silk, & Houtberg, 2017). Compelling findings from a meta-analysis of parenting interventions have shown that the largest treatment outcome effect sizes were associated with the inclusion of emotion communication skills training (Kaminski, Valle, Filene, & Boyle, 2008), yet

relatively few manualized and empirically-supported interventions yet exist to support clinicians in teaching these skills to parents.

The primary goal of this paper is to introduce the Let's Connect emotion-focused parenting intervention as an innovative prevention and intervention program for increasing supportive emotion socialization in families, consistent with developmental theory regarding the promotion of healthy emotional development and supportive adult-child relationships. We review the theoretical and empirical research that has guided the development of Let's Connect, and provide an overview of the intervention content. Accordingly, we present pilot data that show promising outcomes for Let's Connect when used as primary preventive intervention with community families. Finally, we briefly describe additional and anticipated treatment applications of the Let's Connect treatment module.

What is Let's Connect?

Let's Connect (Fitzgerald, Shipman, & Hackbert, 2017) has been developed and refined over the past 10 years and was originally known as AFFECT: A Family Focused Communication Training (Shipman & Fitzgerald, 2005). The program supports parents or other caregivers (e.g., kin/foster parents/adoptive parents, school professionals,

* Corresponding author.

E-mail addresses: ashaffer@uga.edu (A. Shaffer), monica.fitzgerald@colorado.edu (M.M. Fitzgerald), kimberly.shipman@colorado.edu (K. Shipman), marcela.torres@colorado.edu (M. Torres).

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community mentors) in identifying and responding to their child's emotional needs. The overarching goal of this program is to build connection and warmth and promotes children's development of healthy emotion regulation skills, emotional security, mental health, and psychosocial well-being. Concomitant with that goal, the program aims to identify and decrease unsupportive or invalidating responses that can undermine healthy psychosocial development. Let's Connect integrates developmental and clinical theory and research to build parents' own emotion awareness and regulation skills and to teach parents' behaviorally-specific emotion communication and connection skills. Let's Connect targets parents' awareness of their own and their child's emotions and emotion regulation skills, and uses concrete steps to guide parents to respond to children's emotional arousal and challenging behavior in supportive ways. The Let's Connect intervention also provides behaviorally-specific caregiver-child emotion communication skills to model and build children's emotional awareness and self-regulation.

Theoretical and empirical basis for Let's Connect

Let's Connect is grounded in developmental theory and research that highlights the importance of parent emotion socialization and parent's own self-regulation to children's self-regulation. This intervention also draws upon clinical research on effective behavioral parenting programs. Below, we summarize findings from these areas that are foundational to Let's Connect.

Emotion socialization

Emotional development occurs within a relational context. Children learn to manage emotion within close interpersonal relationships, and particularly through caregiver-child interaction (Katz et al., 2012; Klimes-Dougan & Zeman, 2007). Beginning early in development, caregivers engage in emotion socialization to help children to regulate their emotions and emotion-related behavior. Aspects of adaptive emotion socialization include creating a climate with developmentally appropriate emotional demands, providing support and assistance in times of emotional distress, and teaching strategies for emotion management (Eisenberg et al., 1998). Emotion socialization processes also serve to teach children, directly and indirectly, about norms and values for the expression and management of emotions. Parental emotion socialization practices comprise supportive behaviors such as validation and labeling of child emotions, as well as invalidation of emotions and unsupportive behaviors such as criticizing or punishing emotional expression. These emotion socialization practices have been shown to predict child social and emotional competence (Baker et al., 2011; McElwain et al., 2007; Shaffer, Suveg, Thomassin, & Bradbury, 2012; Shewark & Blandon, 2015; Shipman et al., 2007), behavioral compliance (Havighurst et al., 2013; Shortt, Stoolmiller, Smith-Shine, Eddy, & Sheeber, 2010) and child mental health (Katz & Hunter, 2007; Silk, Steinberg, & Morris, 2003).

Despite the importance of these skills in fostering children's emotional competence and mental and behavioral health, relatively few parenting interventions have specifically focused on building emotion socialization practices or emotion-focused parenting skills (see Tuning in to Kids as an exception discussed more below; e.g., Havighurst, Wilson, Harley, & Prior, 2009). Several other programs have augmented existing interventions for child problems or disorders with emotion-focused content. For children with Attention Deficit/Hyperactivity Disorder (ADHD), researchers have blended traditional behavior management skills with emotion coaching skills for parents of young children (Herbert, Harvey, Roberts, Wichowski, & Lugo-Candelas, 2013) and school-age children (Chronis-Tuscano et al., 2016). Parent Management Training for children with oppositional behaviors has also been enhanced with brief training in parent-child emotion communication (e.g., labeling emotions, asking emotion-focused questions; Salmon, Dadds, Allen, & Hawes, 2009). A short-term two-day

intervention targeting parents' emotional reactions and emotion coaching skills has also been associated with improved parent self-efficacy in family-based treatments for eating disorders among adolescents and young adults (Lafrance Robinson, Dolhanty, Stillar, Henderson, & Mayman, 2014).

The skills taught in Let's Connect are well-grounded in emotion socialization research, and focus on specific parenting practices that can be taught in a skills-based intervention format. Active listening and other attending skills are associated with increased efficacy of parenting interventions (Kaminski et al., 2008). Parental emotion support skills (e.g., validation, normalizing) and emotion coaching skills (e.g., emotion awareness/labeling, extending emotional understanding, coping and problem solving) relate to children's psychological adjustment, physical health, and social and academic competence in cross-sectional and longitudinal studies in both high-risk and typically developing samples (Cunningham, Kliever, & Garner, 2009; Lunkenheimer, Shields, & Cortina, 2007; Suveg, Zeman, Flannery-Schroeder, & Cassano, 2005; Yap, Allen, & Ladouceur, 2008). These specific components of emotion socialization practices also predict low emotional reactivity (Shenk & Fruzzetti, 2011), children's comfort sharing emotionally-arousing topics with caregivers (Shipman & Zeman, 2001), and greater help-seeking from caregivers when faced with difficult life events (Brown, Fitzgerald, Shipman, & Schneider, 2007). Parents are also taught to avoid behaviors and responses that can undermine supportive emotion socialization, such as invalidation and criticism, that are associated with poorer psychosocial outcomes (e.g., Buckholdt, Parra, & Jobe-Shields, 2014; Krause, Mendelson, & Lynch, 2003; Shipman et al., 2007).

Parental self-regulation

Parent emotion socialization practices, like many aspects of effective parenting, greatly depend on caregiver emotional awareness, beliefs about emotions, and emotion regulation skills (Cunningham et al., 2009; Garrett-Peters, Castro, & Halberstadt, 2017; Gottman, Katz, & Hooven, 1996; Morris et al., 2017). A caregiver who has very little capacity or skill regulating their emotional experience likely has challenges in scaffolding and supporting their children's efforts at their own self-regulation, which may be one process explaining the intergenerational transmission of self-regulation difficulties (Bridgett, Burt, Edwards, & Deater-Deckard, 2015). Caregiver emotional awareness and regulation skills are thus primary influences on the development of child emotional competence (Morris et al., 2017; Rutherford, Wallace, Laurent, & Mayes, 2015; Shaffer & Obradović, 2017). Caregivers who are aware of their own emotions are likely better able to separate their negative emotional reactions from parenting responses resulting in children having the experience of consistent and predictable caregiving (Duncan, Coatsworth, & Greenberg, 2009). Similarly, caregivers who are better able to regulate their own emotions effectively can model and coach healthy emotion regulation for children, and are more likely to choose sensitive parenting responses which convey empathy and strengthen emotional security (Havighurst, Wilson, Harley, Prior, & Kehoe, 2010; Morelen, Shaffer, & Suveg, 2016; Schutte et al., 2001; Shaffer & Obradović, 2017).

Behaviorism-based parenting intervention and prevention programs

Let's Connect also builds on a strong history of parenting intervention and prevention programs that are based in principles of behaviorism (e.g., Parent-Child Interaction Therapy: Eyberg & Boggs, 1998; Triple P: Sanders, 1999; Incredible Years: Webster-Stratton & Reid, 2010). These programs focus on improving child behaviors (e.g., increasing child compliance and reducing oppositionality) and there is a large extant literature supporting the effectiveness of these parenting skills based in behaviorist principles of reinforcement. Of note, many of these parenting programs (e.g., PCIT) emphasize building warm parent-child relationships as central to their intervention. There is often an implicit assumption in these programs that parents are able to regulate

their own emotions and behavior well enough to implement the parenting skills, and able to attune to or coach the child's emotions such that a positive parent-child relational context is the foundation on which these skills are deployed. However, these extant behaviorist parenting interventions provide limited explicit teaching or modeling of emotional support and coaching skills, and do not focus extensively on parents' own emotional awareness and regulation skills.

Let's Connect: intervention module content

The core content of the Let's Connect program is designed to build caregiver understanding and knowledge about emotion and to teach the Let's Connect emotion communication skills. Emotion communication skill-building focuses on enhancing caregiver social-emotional competence and caregiver emotion communication skills. The goal of this training is to support caregivers in interacting and communicating with children in ways that builds socioemotional competence and the supportive quality of the caregiver-child relationship. Each of the intervention domains is described in more detail below.

Caregiver understanding and knowledge

Let's Connect builds parent insight and knowledge about the importance and function of emotions, the role of caregivers in developing, scaffolding, and supporting children's developing emotional competence, and the importance of building caregiver comfort talking with children openly about out emotion in everyday life situations. Caregivers also learn about and reflect on how their own emotional experience and default responses may interfere with skillful parenting and parent-child relationship quality, especially in times of stress or when responding to a challenging child behavior. This content is delivered to families through a combination of brief didactics providing psychoeducation, video presentations, self-reflection, written exercises, and home practice.

Caregiver social-emotional competence

Caregivers are taught strategies to increase emotional awareness and acceptance (in self/other), emotion regulation, stress reduction and self-care. This helps them to be more attuned to their own needs and the feelings and needs of their children. One core strategy is the "Hand-to-Heart" Three Step process: 1) tuning in, 2) reaching out, and 3) connecting. Step 1 aims to increase emotion identification and healthy regulation of caregiver emotion. Step 2 aims to increase emotional awareness of the child's feelings and needs. Step 3 aims to increase caregivers' use of the specific emotion communication skills: connection skills, emotion support skills, and emotion coaching skills when interacting with their children (described below and in Table 1). This three-step process is taught with accompanying physical cues to facilitate learning and reinforce the overarching objectives of Let's Connect. The parent is first asked to mindfully attend to their own emotional experience and readiness to respond to their child; this step is accompanied by a "hand to heart" gesture. Next, the parent considers what the child is feeling and what their needs are in this moment by "reaching out" to their child with a hands-reaching-out gesture. This indicates a willingness to attune to the child's emotional experience and perspective, and value their emotional experiences in the moment. Finally, the "connect" gesture of placing hands together signals the strengthening of relationships and the building of caregiver and child resources (e.g., warmth, understanding, self-regulation skills) that occurs through this process and through the use of emotion communication skills.

Caregiver emotion communication skills

The primary emotion communication skills of Let's Connect includes Connection Skills, Emotion Support Skills, and Emotion Coaching Skills. Connection Skills include "Notice and appreciate," "Listen to learn more," and "Label children's emotions." These skills help caregivers to

build positivity into daily interactions, show genuine interest in their children, and gain understanding about their children's emotional experiences and perspectives. They are key to building warmth, positivity, and connection in a relationship. "Notice and appreciate" includes verbalizations and actions that convey our positive attention and appreciation of a child's prosocial behaviors, their unique qualities and experiences, interests, and what excites them. "Listening to learn more" includes positive body language, reflecting and repeating what the child says, asking open-ended questions that focus on understanding the child's experience, and going slowly to give children time to respond. "Label children's emotions" builds children's emotional awareness and provides a foundation for building emotion regulation skills. Finally, Let's Connect teaches caregivers to avoid common traps that interfere with caregiver-child communication, such as criticizing or invalidating a child's emotions, or becoming distracted or self-focused when a child is disclosing emotional experiences (see Table 1 for examples).

Emotion Support Skills include any behavior that validates a child's emotional experience and communicates support and acceptance. These skills include perspective taking, empathy, normalizing, and demonstrating affection/kindness in response to children's emotional displays. Using Emotion Support Skills conveys an openness and comfort with emotional expression and sends the message that feelings are natural, acceptable and a valuable source of information. Notably, Let's Connect emphasizes how caregivers can invalidate children's emotions while still setting limits on disruptive or inappropriate behavior (e.g., "I understand that you're feeling very angry, but it is not OK to hit people"). Specific emotion support skills include the use of perspective-taking (i.e., openness or curiosity about the child's experience), empathy to create a shared experience, and demonstrations of affection and kindness (e.g., verbalization of care, appropriate expressions of physical affection). Normalizing the child's emotional experience is also central to the emotion support skills. This can include communication to the child that their emotional reactions make sense or are shared by others in similar situations (e.g., "It makes sense that you feel ___;" "That's really normal;" "Other kids feel that way too"). As with the Connection Skills, Let's Connect facilitators also review common traps in the emotion support domain, increasing awareness of invalidating responses such as minimization, judgment, criticism, or lecturing (see Table 1).

Emotion Coaching skills focus primarily on increasing children's understanding of emotions and their relations to each other and to behavior. Caregivers are also given guidance on how to teach or scaffold children's strategies for emotion regulation. Emotion Coaching skills include recognizing and labeling children's emotions, including secondary emotions, mixed emotions and emotional intensity, which is fundamental to children's emotion management skills. Caregivers also support children in identifying the causes and consequences of their emotions, supporting both emotional awareness and problem-solving abilities. Finally, caregivers are guided in how to help their children with ways of responding to emotions, such as perspective-taking, problem-solving, and other coping skills (e.g., deep breathing, asking for help, distraction). Depending on the age and ability of the child, caregivers learn to either teach these skills or scaffold and prompt their children to employ these strategies as appropriate. For example, it would be more appropriate for parents of younger children to suggest and model a coping strategy directly, such as deep breathing. For older children and young adolescents, a more scaffolded response would be to prompt the child to generate a coping strategy, and for the parent to praise coping effort or offer observations on whether the strategy seemed effective. Of note, the intervention program does not identify traps to be avoided in the Emotion Coaching domain. Clinical experience suggests that using these skills is generally more effective than not using these skills. When parents use these skills inaccurately, like mislabeling a child's emotion or suggesting a coping strategy that is not likely to be effective, it typically still engenders productive

Table 1
Overview of Let's Connect emotion communication skills and traps.

Emotion communication skills	Examples of skill use	Examples of traps
Connection Skills: Notice and Appreciate Listen to Learn More (Active Listening) Labeling Children's Emotions	<ul style="list-style-type: none"> ● Displaying positive body language open, attentive, warm, tone of voice ● Commenting on the child's prosocial behaviors, interests, and what you appreciate about them ● Reflecting or repeating what child has said ● Demonstrating patience in pacing the conversation ● Asking helpful questions (e.g., open-ended, focused on child's experience) 	<ul style="list-style-type: none"> ● Closed, distracted, disinterested body posture ● Unhelpful questions (e.g., bombarding, focus on fact-finding, convey "right or wrong" response, communicate disagreement or criticism, are commands in disguise) ● Focus on disruptive behavior without attending to emotional experience of child ● Focus on adult's needs and responses instead of child
Emotion Support: Validation	<ul style="list-style-type: none"> ● Perspective taking ● Empathy for child's feelings ● Normalizing emotional responses ● Demonstrating affection and kindness in response to emotional displays 	<ul style="list-style-type: none"> ● Invalidation of child's experience ● Minimizing or doubting the child's emotional experience ● Silver linings: focusing on positive without addressing the child's emotion ● Criticizing or blaming the child for feelings ● Use of judgmental questions or tone ● Lecturing/teaching, trying to make a point ● Trying to fix a problem before hearing the child's experience ● Hanging out the dry: no response to a child sharing important feelings
Emotion Coaching: Label Children's Emotions	<ul style="list-style-type: none"> ● Recognizing and labeling secondary emotions and mixed emotions ● Recognizing and labeling emotional intensity ● Identifying causes and outcomes of emotions ● Supporting skills such as perspective-taking, healthy coping, and problem-solving in the child 	<i>Not applicable</i>

communication between the parent and child through attempts to correct misunderstandings or generate new ideas.

The Let's Connect approach to skill building is highly interactive, based on adult learning theories and parenting intervention research indicating that behavior change and skill development are enhanced by active learning strategies (Beidas & Kendall, 2010; Humair & Cornuz, 2003; Joyner & Young, 2006; Kaminski et al., 2008). Caregivers are taught the primary EC skills sequentially and they have opportunities for in vivo practice in session and at home. Individualized facilitator feedback is provided as skills develop. In the group setting of Let's Connect, caregivers' in vivo practice with their children is observed not just by the group facilitator, but by at least one other caregiver; this provides the opportunity for peer feedback as well as learning via peer modeling. As caregivers learn and practice the Let's Connect skills, they generate a hierarchy of topics they would like to discuss with their child, in collaboration with the group facilitators. This approach offers caregivers the opportunity to clarify their emotion communication goals and to gradually work up to more difficult topics of conversation. In subsequent weeks, caregivers practice using their EC skills to learn more about their children's every day experiences and address these identified family topics, gradually moving up the hierarchy. Examples of topics include pleasant family activities, peer interactions at school, sibling conflict, family-related stress or changes such as new jobs, moving, divorce, separation, illness, loss, and adoption). The Let's Connect skills may be helpful for caregivers to connect with their children in everyday experiences, but are particularly designed for when children need connection or support with their emotional experiences. Furthermore, these skills can complement parent responses to child disruptive behavior such as limit-setting, contingencies, and consequences.

Innovation of Let's Connect

Despite the critical importance of these parental self-regulatory skills to child emotional well-being, only a select few existing evidence-informed parenting intervention programs include a focus on parents' own emotional self-awareness and regulation (e.g., Tuning in To Kids: Havighurst et al., 2009 and Tuning in to Teens: Kehoe, Havighurst, & Harley, 2014; Child-Parent Psychotherapy: Lieberman & Van Horn, 2005; Circle of Security: Hoffman, Marvin, Cooper, & Powell, 2006). These interventions focus primarily on parenting during infancy and early childhood, although Tuning in to Kids has been used tested with

school-aged children (Havighurst et al., 2015) and the Tuning in to Teens program has been used with early adolescents (Havighurst, Kehoe, & Harley, 2015; Kehoe et al., 2014).

A few evidence-based parenting interventions for parents of older children explicitly focus on parental self-regulation as a treatment goal, such as recent versions of Triple P (Sanders & Mazzucchelli, 2013), and Alternatives for Families Cognitive Behavioral Therapy (AF-CBT) for parents who engage in physically abusive parenting behaviors or other harsh and coercive parenting behaviors (Kolko, Fitzgerald, & Laubach, 2014). Coatsworth, Duncan, Greenberg, and Nix (2010)'s mindfulness-enhanced version of the Strengthening Families Program (Molgaard & Spoth, 2001) focuses on increasing parents' mindful parenting through building parents' emotional awareness and attending and listening skills during parent interactions. There is also a considerable amount of research-informed self-help parenting literature available on parental attunement and responsiveness and mindful approaches to building emotional intelligence in children and using positive discipline (e.g., Kabat-Zinn & Kabat-Zinn, 2014; Shapiro & White, 2014; Siegel & Hartzell, 2013). However, these interventions do not include emphasis on emotion coaching or strategies to support youth emotion management. Thus, this remains an area of major clinical need (Deater-Deckard & Sturge-Apple, 2017).

Although Let's Connect and these programs have similarities in content and theoretical background, there are unique differences in the focus, structure, depth, and intensity of the intervention. Let's Connect not only focuses on teaching parents' active listening skills and emotion coaching skills, but it specifically focuses on teaching discrete emotion support skills (i.e., increasing validation and decreasing invalidating behaviors) that are critical for successful parent-child connection and relationship enhancement. Let's Connect offers depth and intensity in each of the skill areas and teaches techniques in a structured, sequenced way with ample in vivo scaffolding and coaching when parents are interacting with their own children. Finally, Let's Connect has strong emphasis on monitoring caregivers' practice and mastery of skills with their own children in session, which is critically important to caregivers' skill uptake and generalization, and a strong predictor of child behavior outcomes (Kaminski et al., 2008). Finally, Let's Connect is one of few behavioral interventions for caregivers and children that incorporates clear steps and strategies for caregivers to notice their emotional arousal and needs, build their child attunement and ability to take the child's perspective, and practice self-regulation through self-care and stress-reduction strategies.

Current pilot study

A pilot study of the Let's Connect emotion-focused parenting program was conducted to evaluate feasibility and gain preliminary information on program efficacy. Given that this is an initial pilot/feasibility study, we used a pre/post design in which all participating families were enrolled in the intervention condition. With regard to program effectiveness, we hypothesized that caregivers would demonstrate significant gains in emotion communication skills (i.e., connection/listening skills, emotion support, emotion coaching) when talking with their child about emotionally-arousing events. Similarly, we expected that caregivers would reduce their engagement in negative emotion communication behaviors (i.e., “traps”) over the course of this study.

Method

Participants

Participating caregivers comprised 31 biological mothers and three adoptive mothers, all of whom had lived with their children for at least two years prior to participation. Caregivers ranged in age from 24 to 55 years ($M_{age} = 39.13$; $SD = 6.49$). Caregivers were predominantly European American (71.9%); the remainder of the sample identified as African American (25%) or Latina (3.1%). Regarding marital status, the majority (69.7%) of caregivers was married; the remainder was never married (9.1%), separated (12.1%), or divorced (9.1%). Caregivers in the sample were well educated overall, with 39% of the sample having completed graduate degrees, 30% with four-year college degrees, 21% partially completing college, and the remainder having high school diplomas or GEDs. Approximately half of the caregivers worked full-time, 27% worked part-time, and 18% were not currently employed. Household incomes for participating families ranged widely: approximately 25% of the sample reported incomes less than \$40,000/year; another 24% reported incomes above \$80,000/year.

Target children ranged in age from five to 13 ($M_{age} = 8.45$; $SD = 1.92$) and represented both genders (16 male, 18 female). Children were predominantly European American (65.6%), with remaining children identifying as African American (25%), Asian (6.3%) or Latino/a (3.1%).

Procedure

Participants were recruited from a medium-size town in the Southeastern United States. Recruitment occurred via posted flyers and relevant listservs, advertising participation in a parenting group focused on teaching parents skills to respond to and support their children's challenging emotions. Interested parents were instructed to contact the research team to review eligibility and obtain informed consent for enrollment. To be included in the study, caregivers and children were fluent in spoken English, and caregivers were able to read written English at approximately a fifth grade level. Exclusion criteria included families in which the caregiver had not been living with the child for the past two years; families with a history of involvement/investigation with child welfare services; caregivers with current psychotic symptoms; children diagnosed with a developmental disability that would affect ability to engage in age-typical conversations with caregivers. Of note, no interested families were excluded from the study based on these criteria. Because this was an initial pilot/feasibility study, all participating families were enrolled in the intervention.

The Let's Connect intervention begins with a structured interview with the caregiver and child, and observation of caregiver-child emotion-related discussions to measure baseline emotion communication skills. In a clinical setting, the baseline assessment can include aspects of parent and child psychological functioning that may relevant to treatment planning, such as symptoms of psychopathology or

information about family structure and dynamics. However, the scope of this pilot study is focused only on observed emotion communication skills.

Following assessment, the structure of the intervention involves six to eight weekly meetings, attended by three to six caregivers and two trained group facilitators. The intervention was designed for groups with up to six caregivers present; approximately three to six families participated across groups). Two trained interventionists (i.e., masters- or doctoral-level clinicians) led groups for eight weekly sessions that each lasted 90 min. Target children also attended each session and were provided childcare when not engaging in skills practice with their caregivers. Each session typically included a short didactic presentation of psychoeducational teaching, demonstrations of skills, role plays to practice these skills, and opportunities for in vivo practice with children, and reviews of skills practiced outside of session as homework. Target children were included in four sessions for practice of the emotion communication skills with in vivo feedback provided to caregivers. Intervention facilitators instructed caregivers to practice the skills at home with their child on a daily basis. They were provided with digital audio recorders on which they could voluntarily record these conversations for playback and discussion during group sessions, or for individual feedback from group facilitators. Caregivers were encouraged to share recordings of conversations practiced at home with their children for review and feedback. Due to time limits, not every caregiver could share every session, but all caregivers shared at least one recording during the intervention.

As incentive for participation, caregivers were paid \$40 for each of the three assessment sessions (i.e., pre-intervention, post-intervention, and 3-month follow-up; children received small toys. In addition, participants who attended all intervention sessions received a \$20 gift card at the end of the intervention.

Measures

Emotion communication skills

At pre-intervention, post-intervention, and three-month follow-up assessments, the Parent-Child Emotion Interaction Task (PCEIT; Edwards, Shipman, & Brown, 2005) was conducted. Children were asked to tell their caregivers about times that they experienced feeling angry or sad while with someone in their family, and caregivers were asked to respond to their children as they would on a typical day at home. Emotion discussions were video-recorded for later coding. Coding of recordings was conducted by trained coders who were blind to treatment status (i.e., whether assessments were pre vs. post-intervention) and was completed using global scores reflecting EC skills and traps (see Table 1). EC skills and traps were observed in the three domains that Let's Connect addresses: Connection Skills, Emotion Support, and Emotion Coaching. Behaviors indicative of Connection Skills primarily comprised active listening behaviors, such as positive and attentive body language (e.g., eye contact, nodding in response to child), reflecting on or repeating back what a child has said, and asking helpful open-ended questions to facilitate child disclosure of emotional experiences (e.g., “how did you feel when that happened?” “Did anything help you feel better?”). In this domain, Connection Traps included closed or distracted body language (e.g., looking or facing away from child, disinterested facial expression), unhelpful questions that challenge or criticize a child's experience or attempt to make a point (e.g., “What did you do bad that made your teacher punish you?” “What should you have done instead?”) or indicate a focus on the parent rather than the child (e.g., changing the subject or focusing on the parents' feelings instead of the child's). Emotion Support Skills included examples of matching child affect (e.g., quieting own voice if child becomes quiet when discussing sadness), expressing empathy (e.g., “I understand how that was scary for you”) and normalizing the child's emotions (e.g., “It makes sense that you felt angry when that happened; that would make me angry too”). Emotion Support Traps included

examples of minimizing a child's emotions (e.g., "It's not really something to feel sad about – you didn't even like that toy"), criticizing a child's emotions or using a judgmental tone, or moving to attempts to solve the problem or see the bright side without first acknowledging the child's emotions (e.g., "don't be sad, you'll probably be able to get another toy to replace it"). Emotion Support Traps could also include instances in which the parent fails to respond to a child's emotional disclosure in any meaningful way (i.e., "hanging out to dry").

EC skills and traps were coded on 1 (*no examples observed*) to 7 (*very strong examples observed*) Likert scales, with higher scores representing higher levels of skills or traps. For example, a parent may score a 1 on Connection Traps if no traps were observed; a 3 if three mild examples or one strong example of a trap were to occur, and a 7 if multiple strong examples of traps occurred throughout the interaction. For parsimony, EC skills and traps were averaged across emotions and EC domains prior to analyses, as we did not have specific hypotheses for different emotions or domains of emotion communication. The inter-rater reliability for the raters indicated substantial agreement for skills, ICC (2, 2) = 0.90, $p < .01$; 95% CI 0.86, 0.92, and for traps, ICC (2, 2) = 0.82, $p < .01$; 95% CI 0.77, 0.87.

Analytic plan

Prior to analyzing longitudinal change in emotion communication skills and traps, we planned to conduct descriptive analyses to check the sample distribution and investigate potential outlier variables. Analyses of longitudinal change were conducted via multilevel models (MLM) for changes in caregivers' use of EC skills and reduction in EC traps over time, using SPSS Statistics version 23. For the purposes of our pilot study analyses, we estimated random effects for intercepts (i.e., testing inter-family variability at baseline) and fixed effects for slope (i.e., testing linear change over time). We considered testing a model of non-linear change, such that EC skills would increase from pre- to post-intervention and then maintain at the 3-month follow-up; however, given three time points the model could only support tests of linear change.

Results

Preliminary analyses

Sample retention

Of the 34 families who completed the baseline assessment, 23 families completed the treatment and all three assessments (i.e., 68% retention at 3-month follow-up). Families who dropped out typically did so after the first sessions, due to changes in family schedules or other perceived barriers to attendance. There were no group differences between treatment completers and non-completers on mother or child age, mother education, or household income. In addition, there were no group differences on any of the EC skills at baseline. Of note, 23 families completed the conversation about feeling sad, but two children declined to participate in the conversation about feeling angry at the three-month follow-up assessment. Due to the preliminary nature of this pilot study, we did not impute missing data for longitudinal analyses.

Descriptive analyses

There were no differences in EC skills or traps by child gender or race/ethnicity. Means and standard deviations for the skills and traps are presented in Table 2. For EC skills, on average, caregivers showed moderate to high levels of skills at the beginning of treatment. For EC traps, caregivers on average demonstrated low to moderate levels of engagement in unsupportive EC practices at the beginning of treatment. Inspection of the means suggested trends of increasing EC skill use and decreasing occurrence of EC traps over time. Two outlier scores at the baseline assessment were identified using Grubb's test: one score from

Table 2

Descriptive statistics for observations of caregiver emotion communication.

	<i>M</i>	<i>SD</i>
Emotion communication skills		
Pre-intervention	4.04	0.85
Post-intervention	4.42	0.80
3-month follow-up	4.83	0.38
Emotion communication traps		
Pre-intervention	2.66	0.90
Post-intervention	2.12	0.78
3-month follow-up	2.12	0.69

skills ($z = 2.67$, $p < .05$), and one from traps ($z = 3.09$, $p < .05$; of note, these were different families). These scores were truncated to the next closest observed values in the sample distributions.

Analyses of treatment-related change

Inspection of residuals and variance estimates revealed normally distributed residuals at each time point and no evidence of heteroscedasticity of variance over time, χ^2 (2, $N = 23$) = 0.36, $p = .84$. These findings indicated that the selected model assumptions were appropriate for the subsequent analyses.

Results of the multilevel models are shown in Table 3. For both EC skills and EC traps, fixed effects for intercepts were significant, indicating that caregivers varied across families in baseline levels of emotion communication abilities. Fixed effects were significant for slope, indicating increase in EC skills use over time. The effect size of this mean difference was large (Cohen's $d = 0.89$). EC traps decreased modestly over time; estimates of fixed effects for slope were marginally significant ($p = .06$) and the effect size of this mean difference was small to moderate (Cohen's $d = 0.39$). Covariance estimates are also presented in Table 3. An intraclass correlation of 0.38, calculated from the covariance parameters ($\tau/\tau + \sigma^2$), indicates that approximately 38% of the total variability in EC skills. For EC traps, approximately 43% of is due to between-family differences (ICC = 0.43). Alternatively, the covariance estimates indicate that EC skills are correlated at approximately 0.16, and EC traps approximately 0.23, within families over time.

Table 3

Analyses of change in emotion coaching skills and traps over time.

Covariance parameter estimates				
	Estimate (SE)	Wald <i>z</i>	<i>p</i>	95% CI
Emotion coaching skills				
Residual	0.16 (0.04)	4.20	0.00	0.10, 0.26
Intercept	0.10 (0.05)	1.93	0.05	0.04, 0.27
Emotion coaching traps				
Residual	0.23 (0.06)	4.17	0.00	0.14, 0.37
Intercept	0.17 (0.08)	2.08	0.04	0.07, 0.45
Solution for fixed effects				
	Estimate (SE)	<i>t</i>	<i>p</i>	95% CI
Emotion coaching skills				
Intercept	4.21 (0.11)	39.79	0.00	3.99, 4.42
Time	0.30 (0.07)	4.43	0.00	0.16, 0.44
Emotion coaching traps				
Intercept	2.34 (0.13)	17.92	0.00	2.08, 2.60
Time	-0.15 (0.08)	-1.91	0.06	-0.32, 0.01

Discussion

The goals of this paper were to provide an overview of Let's Connect and to present initial data from a pilot study of community-based Let's Connect groups. Let's Connect is a novel emotion focused parenting intervention that builds caregivers' own emotional competencies (e.g., awareness, regulation) and teaches caregivers behaviorally-specific emotion communication and connection skills. Let's Connect is unique to family-based interventions in its focus on supporting caregivers' own emotion-related skills and on teaching caregivers behaviorally-specific emotion communication skills to use with their children. Let's Connect also uses active learning strategies (i.e., interactive didactics, video-based examples of skills, role-play, live in-session coaching of parent-child interaction, and home practice) to promote behavior change.

This pilot study evaluated the feasibility and acceptability of the Let's Connect group intervention with a sample of community-based families with children ages five to 13. Findings indicated significant increases in supportive emotion communication practices as well as marginal reductions in unsupportive emotion communication practices from pre- to post-intervention, with changes maintained over a three-month period. Of note, the effect size estimate for increases in emotion communication skills was large. Although we did not formally assess treatment satisfaction and acceptability in this sample, caregivers in this project also reported anecdotally that Let's Connect provided validation of their own challenges in responding to their children's emotional needs, and the provisions of live coaching and the ability to learn from other parents in the group format were consistently cited as valuable aspects of the program. Taken together, these findings are encouraging and indicate it is possible to teach supportive emotion communication skills, reduce parent engagement in less supportive emotion communication behaviors, and maintain these improvements over time.

Enhancing parents' abilities to more effectively attune to and supportively respond to their children's emotional experiences and needs, assist with their coping, and communicate about important life topics has a potentially powerful protective effect on children. These emotion communication and coaching skills serve to promote their social and emotional competencies and behavioral development, model healthy and supportive relationships, and increase the likelihood that children will seek emotional support from caregivers. This is consistent with the emotion socialization research (e.g., Eisenberg et al., 1998; Morris et al., 2017) and clinical intervention research (e.g., Chronis-Toscano et al., 2016; Havighurst et al., 2010, 2013) showing strong links between healthy emotion socialization practices and child emotional reactivity, emotion regulation, and coping skills.

Our pilot study sample was small, and drawn from a community sample of parents who self-selected for enrollment in a program targeting emotion communication, which limits the generalizability of our findings. Intervention attrition occurred primarily due to schedule conflicts, which can be a limitation of group-based interventions that require multiple participants to conform to a single weekly meeting time. It may be that group-based delivery to non-treatment seeking samples could be condensed into fewer meeting times to reduce attendance barriers for these families. Further, given that this is a community sample, the rates of unsupportive communication (i.e., EC traps) were not high at baseline, so there was limited opportunity for change in this area over time. While EC skills did increase over the intervention course, it may be that these findings are influenced in part by expectancy effects, as caregivers may have been motivated to demonstrate EC skills in the follow-up assessments. Replication and extension to a randomized controlled trial with a treatment-seeking or at-risk sample will bolster these findings. Ideally, this future research will include families that are more racially and economically diverse, as emotion socialization practices are often influenced by socio-demographic and cultural variables (e.g., Labella, 2018; Shaffer et al., 2012).

Due to the small sample size, we did not test covariates or predictors of intercept or slope in emotion communication skills. It is worth further consideration to identify who responds to treatment, what treatment barriers exist, potential reasons for attrition, and general satisfaction with treatment; future assessment of interventionists' reports of feasibility and acceptability are also recommended. Future research must also address inter-family differences in parent emotion regulation and implications for intervention. As noted above, researchers have begun to consider what to do for caregivers who do not have good emotion regulation abilities themselves, when they present for parent-mediated interventions for children (Rutherford et al., 2015; Sanders & Mazzucchelli, 2013). This consideration points toward needs for assessment and treatment planning flexibility that may be especially relevant for emotion-focused parenting interventions such as Let's Connect.

Despite these limitations, the results of our pilot study are promising for the feasibility and efficacy of Let's Connect as a novel emotion communication intervention. We also wish to emphasize additional ways in which this intervention, and other similar interventions, can have broad applicability. Future directions for research on Let's Connect include preventive applications for building socioemotional competencies and emotion-focused communication skills in the adults that surround youth in schools (e.g., educators, principals, staff, counselors, and coaches), all families, and families at risk for unsupportive emotion communication or emotional maltreatment. Current research that is underway includes an evaluation Let's Connect as used within the school context, at elementary, middle, and high school levels, with promising findings for our first few cohorts (Torres, MacDonald, Fitzgerald, & Shipman, 2017). A separate evaluation of Let's Connect groups as used with families currently served by Head Start or child welfare agencies is also pending.

A primary innovation of Let's Connect is that its format allows for flexible and modular implementation to support youth and families' emotional competence and communication in integration with other treatment modalities. This design is consistent with recent calls to develop intervention components in a way that maximizes fit and tailoring to address clinical needs in a transdiagnostic way (e.g., Chorpita et al., 2013; Weisz et al., 2012). Given initial evidence that Let's Connect can be shown promise as a standalone intervention, next steps involve evaluating the intervention as an adjunct module to other evidence-based intervention approaches. For example, existing interventions designed to improve parents' disciplinary skills and children's behavior, such as time out or giving effective instructions, could be enhanced by incorporating addition and specific focus on the children's emotional experiences and responses to them. Treatment outcome studies that have incorporated both behavioral and emotional parenting interventions suggest that giving parents skills to effectively respond to children's emotional experiences and behavioral non-compliance result in improvements in positive parenting behaviors (Chronis-Toscano et al., 2016). Recent data (Schultz et al., 2017) are also promising for Let's Connect as a strategic enhancement to Trauma-Focused CBT (Cohen, Mannarino, & Deblinger, 2016), by building emotion communication and support skills in the caregivers who participate in the treatment along with traumatized youth.

The goals of Let's Connect are consistent with the rising tide of emotion-focused parenting interventions, and our preliminary empirical findings suggest that this intervention is likely to promote positive change in family emotion communication. The development of this intervention is a direct product of increased emphasis on processes of emotion socialization and emotion regulation in the field of developmental psychology, representing clinical applications of theoretical innovation. Our expectation is that this domain of child and family interventions will grow, and the evidence will become increasingly robust, in demonstrating that the adaptive socialization of children's emotions can be addressed and coached in clinical/applied settings.

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