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Parents' Use of Praise and Criticism in a Sample of Young Children Seeking Mental Health Services

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Abstract

Parents' use of praise and criticism are common indicators of parent-child interaction quality and are intervention targets for mental health treatment. Clinicians and researchers often rely on parents' self-reports of parenting behavior, although studies about the correlation of parents' self-reports and actual behavior are rare. We examined the concordance between parents' self-reports of praise and criticism of their children and observed use of these behaviors during a brief parent-child play session. Parent self-report and observational data were collected from 128 parent-child dyads referred for child mental health treatment. Most parents reported praising their children

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often and criticizing their children rarely. Parents were observed, however, to criticize their children nearly three times more than they praised them. Self-reported and observed praise were positively correlated (r_s=.32, p<0.01) while self-reported and observed criticisms were negatively correlated (r_s= −.21, p<0.05). Parents' tendencies to overestimate their use of praise and underestimate their use of criticism are discussed.

Keywords

parenting; young children; praise; critical statements; parent self-report

Parents are a powerful source of feedback in shaping their young children's behavior and sense of self. It is within these earliest relationships that children first begin to acquire a sense of themselves as capable, competent, and loved (Bohlin et al. 2000; Bowlby, 1988; Cassidy, 1998). Two common sources of parental feedback used to shape young children's behavior and self-esteem are *praise* (i.e., positive statements designed to reinforce desirable behaviors in children or communicate pleasure with the child) and *criticism* (i.e., negative statements designed to stop or change children's undesirable behavior or communicate displeasure with the child).

Parent praise has been used as a marker of positive parenting behaviors in numerous studies (Breitenstein et al., 2012; Chorpita, Daleiden, & Weisz, 2005; Wahler & Meginnis, 1997). Praise is often accompanied by other parenting behaviors indicative of parental warmth, responsiveness, and nurturance (Furlong et al., 2012). Although there has been some debate on whether excessive use of praise can negatively influence children's intrinsic motivation (Owens, Slep, & Heyman, 2012), there is now substantial research showing that praise, used strategically, can boost children's feelings of competence and confidence. Therefore, praise remains an important indicator of positive parenting behavior (Brummelman et al., 2014; Cimpian, 2010; Henderlong & Lepper, 2002; Mueller & Dweck, 1998; Zentall & Morris, 2010).

Parents may use critical statements to express disapproval with their children's behavior or attitude. However, using criticism can undermine their self-esteem, lead to greater child defiance and aggression, and increase the likelihood of their developing behavioral problems (Barnett & Scaramella, 2013; Lorber & Egeland, 2011; Tung, Li, & Lee, 2012; Webster-Stratton & Hammond, 1998). Thus, contrary to parents' expectations, using critical statements to shape child behavior may actually be counterproductive. In clinical studies of young children in mental health treatment, parents who directed more critical statements at their children were also more likely to drop out of treatment (Fernandez & Eyberg, 2009).

Given their salience in child development research, parent training interventions have been designed to increase parents' use of praise and reduce their use of criticisms with their children (Breitenstein et al., 2012; Brotman et al., 2009; Eyberg et al., 2001; Gross et al., 2009). In clinical practice and research, parents' use of praise and criticism is often assessed using parent self-report. However, some have questioned the accuracy of using self-reports to measure actual parenting behaviors, particularly when those behaviors are susceptible to recall or social desirability biases (Morsbach & Prinz, 2006). These biases may be

particularly heightened in a child mental health population, where parents might be highly sensitive to feeling "blamed" for their child's illness or to the stigma of engaging the mental health system (Meltzer, et al., 2011; Angold, et al., 1998).

This study examines the extent to which parents' self-reports of praise and criticism are reflected in their observed behavior in a sample of parents of preschool children referred for mental health treatment. We also explore whether two indicators of parents' tendency to hold negative attributions about themselves and their children, depressive symptoms and perceptions of their children as being more behaviorally difficult, moderate the relationship between self-report and observed use of praise and critical statements. Consistent with cognitive attribution theory, depressed parents may develop biases that their children's misbehavior is intentional and within their control, leading them to be less positive and more critical in their interactions (Dix, Ruble, Grusec, & Nixon, 1986; Leung & Slep, 2006; Scott & Dadds, 2009).

Using a descriptive, cross-sectional design, we posed the following research questions:

1. What is the relationships between parent's self-reported and observed use of praise based on (a) frequency and (b) proportion of statements to their child that are praise during a 15 minute free play session?
2. What is the relationship between parents' self-reported and observed use of criticism based on (a) number and (b) proportion of statements to their child that are criticisms during a 15 minute free play session?
3. Do parents' depressive symptoms moderate the association between their self-reported and observed use of praise and critical statements?
4. Do parents' perception of the severity of their children's behavior problems affect the association between their self-reported and observed used of praise and critical statements?

The goals of this study are to (a) understand the extent to which parents' self-reported use of praise and criticism accurately reflect the appraisals of their observed behavior, and (b) offer guidance to practitioners on how to address these two important parenting practices in pediatric primary care with parents of young children at risk for mental health problems.

Methods

This study is a secondary analysis of baseline parent-report and observation data collected as part of a larger clinical trial comparing two evidence-based parent training programs. The larger clinical trial was conducted in an urban mental health clinic serving low-income families with preschool children (Gross et al., 2014), and was approved by the Johns Hopkins University Medical Institutions-Institutional Review Board.

Sampling Design

Data was drawn from a convenience sample of 128 parents seeking treatment at an urban child mental health clinic serving families of young children, birth to five years old, who were recruited into the larger clinical trial. Approximately 80% of the clinic population is

African American or multi-racial and over 95% of families receive Medicaid. Criteria for inclusion were the parent is (a) the biological or adoptive parent or legal guardian for a 2–5 year old child and (b) seeking mental health treatment for their child's behavior problems. Parents were excluded if they had a severe mental illness, substance use disorder, or cognitive impairment that would interfere with their child's treatment. Children were excluded if they were actively suicidal or psychotic, had a diagnosis of autism or pervasive developmental disorder, or had a congenital or genetic anomaly that would interfere with treatment. Parents who met inclusion criteria and consented to participate in the clinical trial completed a set of baseline measures and were video recorded with their child during a 15 minute free-play session (see Procedures below).

Variables and Measures

Self-reported praise and criticism—Parents' self-reported use of praise and criticism were measured using 2 survey items from the Parenting Questionnaire (Gross, Fogg, Garvey & Julion, 2004; McCabe, Clark, & Barnett, 1999), a 40-item Likert-type measure of parent discipline strategies. One item asks parents to circle the frequency with which they praise their child along a 5-point scale of 1 (*almost never*) to 5 (*very often*). Another item asks parents to circle 6 the frequency with which they criticize their child, using the same 5-point scale of 1 (*almost never*) to 5 (*very often*).

Parent depressive symptoms—The 20-item Center for Epidemiologic Studies Depression Scale – Revised (CESD-R) was used to measure parent depressive symptoms. This version of the CESD was created to better reflect the range of symptoms indicative of major depression (Eaton et al., 2004). Validity of the CESD-R has been supported by confirmatory factor analysis and positive correlations with other measures of depression and anxiety (Van Dam & Earleywine, 2011). Higher scores are indicative of more depressive symptoms; a score of 16 or above indicates depressive symptomology within the clinical range. Cronbach alpha for the CESD-R in this sample was .92.

Child behavior problems—Parent reports of their child's behavior problems were measured using the Child Behavior Checklist for ages 1½ to 5 years (CBCL; Achenbach & Rescorla, 2000). The CBCL measures two dimensions of child behavior problems, externalizing behavior (e.g., aggression, non-compliance, inattention) and internalizing behavior (e.g., anxiety, depression, withdrawal). Parents rate their child's behavior problems on a scale of 0 (behavior is not true) to 2 (behavior is very true or often true); higher scores are indicative of more behavior problems. In the current study, only externalizing behavior problems were examined as these behaviors tend to be more aversive to parents. The CBCL externalizing scale contains 24 items and scores range from 0–48. Standardized *T* scores are used to identify children with externalizing behavior problems in the borderline clinical (93rd percentile) and clinical (98th percentile) range. In low-income racial and ethnic minority populations, alpha reliabilities for the externalizing scale range from .88–.91 (Gross et al., 2006) and validity has been supported (Gross et al., 2007; Sivan et al., 2008).

Observed use of praise and criticism—Frequencies of observed praise and criticism were measured from 15-minute video recorded parent-child free play interactions using a

modified version of the Dyadic Parent-Child Interaction Coding System (DPICS; Eyberg & Robinson, 1981). The DPICS measures frequencies of select observed parent and child verbalizations and behavior. Observed parent verbalizations collected in this study include numbers of critical statements, encouraging statements, praise statements, and commands. Parents' use of praise and criticism were estimated in two ways; (a) the *frequency* of observed praise statements or critical statements and (b) the *proportion* of praise statements or critical statements to all observed parent verbalizations during the 15-minute free play session.

Praise statements include both labeled and unlabeled praise. Labeled praise is operationalized as any specific statement by a parent expressing their favorable judgment of an activity, product, or attribute of the child, such as "That's a terrific house you made." Unlabeled praise is operationalized as a nonspecific verbal comment by the parent expressing a favorable judgment of an activity, product of attribute of the child, such as "Great" or "Good job." In this analysis, these two types of praise were summed to form a single estimate of parents' total use of praise.

Critical statements are operationally defined as parent verbalizations that find fault with the activities, products, or attributes of the child. Blame statements and guilt-inducing statements are also considered to be critical statements. Examples include "you're being naughty" and "I don't like your attitude."

Procedures

After completing the self-report measures, parents were asked to play with their child for 15 minutes while the research assistant video recorded the interaction. Parents were instructed to play with their child as they normally would and the research assistant would let them know when the 15 minutes was over. Video recordings were then sent electronically to trained DPICS coders who were blinded to study hypotheses. Inter-rater reliability, assessed through intra-class correlation for 10% of DPICS assessments was 0.98 for praise statements and 0.92 for critical statements.

Data were analyzed using SPSS 22.0. Descriptive statistics were used to summarize parents' self-reports of praise and criticism use, and observed use of praise and criticism (as frequencies and as proportions of total verbalizations) in a 15-minute play session. Bivariate correlations between parents' self-reported and observed uses of praise or criticism, as well as correlations between self-reported and observed uses of praise and criticism with parent depression and perceived child behavior problems were calculated using Spearman's rho. Multiple regression analyses were conducted to test the effects of parent depressive symptoms or perceived child behavior problems on parents' self-reports of praise and criticism as predictors of their observed use. To address data skewness, outliers were removed using Mahalanobis distance, Cook's distance, and centered leverage values.

Results

Sample characteristics are summarized in Table 1. A majority of the parents were mothers (75.8%), African-American (67.2%), unemployed (64.1%), and economically disadvantaged

(95.3% reported a household income less than $20,000 or received Medicaid). Mean parent age was 34 years (SD = 10.3). Mean CESD-R score was 17.8 (SD = 15.6); over 46% of the parents had depressive symptom scores in the clinical range. The average age of the children was 3.64 years old (SD = 1.04). Over half of the children were boys (54.7%). Although all of the children were referred for behavior problems, only 41.7% of the parents reported child externalizing behavior problems in the clinical or borderline clinical range.

Parents' use of praise and criticism

A majority of the parents (86.7%) reported using praise "often" or "very often," and using criticism "rarely" or "almost never" (77.3%). During their observed parent-child play interactions, parents verbalized a median of 3 praise statements (range = 0–48) and 8 critical statements (range = 0–38) in 15 minutes. Critical statements comprised a higher proportion of parents' total verbalizations than praise statements (13.6% versus 7.4%). These results are presented in Table 2.

Relationships between parents' self-reported and observed use of praise and criticism—Tables 3 and 4 summarize bivariate correlations between pertinent variables for parent praise and criticism, respectively. We found a positive correlation between parents' self-reported and observed use of praise based on absolute frequency of praise ($r_s = 0.32$, $p < 0.01$) and proportion of praise to total parent verbalizations ($r_s = 0.23$, $p < 0.01$). In contrast, there was a negative association between parents' self-reported use of criticism and the observed frequency of critical statements ($r_s = -0.21$, $p < 0.05$). There was no relationship between parents' self-reports of their use of criticism with their child and the proportion of observed critical statements to total parent verbalizations ($r_s = -0.05$, n.s.).

Moderating effect of parent depressive symptoms on the relationship between parents' self-reported and observed behaviors—As shown in Table 3, parent depression scores were not significantly associated with parents' use of praise based on self-report (r = −0.08, n.s.) or observation (r = −0.05, n.s.). Also based on regression analysis, parent depressive symptoms did not moderate the relationship between self-reported and observed use of praise (i.e. no significant interaction between depressive symptoms and self-reported use of praise; $\beta = -0.10$, p =n.s.).

As shown in Table 4, parent depression scores were also unrelated to frequency (r = − 0.05, n.s.) and proportion (r = 0.07, n.s.) of observed critical statements. However, parents with higher depression scores self-reported using more criticism with their children ($r_s = 0.20$, $p < 0.05$). Parents' depressive symptoms did not moderate the relationship between parents' self-reported and observed use of critical statements (i.e. depressive symptoms and self-reported use of criticism did not interact significantly; $\beta = -0.12$, p =n.s.).

Moderating effect of parents' perceptions of the severity of their child's behavior problems on the relationship between their self-reported and observed behaviors—As shown in Table 3, parents' self-reports of their use of praise was inversely correlated with their perceptions of their child's externalizing behavior problems ($r_s = -0.18$, $p < 0.05$). That is, parents who rated their children as having more

behavior problems were less likely to report praising their child. However, moderation analysis did not reveal a significant interaction between child externalizing behavior and parents' self-reported use of praise in predicting their observed use ($\beta = -0.03$, p = n.s.). Children's externalizing behavior problems were also unrelated to parents' use of critical statements based on self-report and observation (see Table 4). Finally, there was no evidence that parents' perceptions of the severity of their children's externalizing behavior problems moderated the relationships between parents' self-reported and observed use of critical statements (i.e. no significant interaction between perceived child externalizing behavior problems and self-reported criticism use; $\beta = -0.06$, p = n.s.).

Discussion

Parents' praise and criticism are powerful sources of feedback in shaping their young children's behavior and development. These parenting behaviors have been a key focus in child development research and serve as important indicators of positive or negative parenting in families of children with mental, emotional, and behavior disorders. Although many studies use parents' self-reports of praise and criticism, it remains unclear the extent to which we can rely on parent report as reliable indicators of their actual use. Data obtained from this clinic sample suggest that parents tend to overestimate their use of praise and underestimate their use of criticism with their preschool children.

Although parents who reported praising their child more often were observed to use more praise, the magnitude of the effect was small ($r_s = 0.32$). This modest correlation is consistent with prior literature showing generally small correlations across methods, suggesting that self-report and observation capture different aspects of the same variable (i.e., perceived versus actual parenting behavior; Gardner, 2000).

Despite the positive correlation between self-reported and observed use of praise, praise was not frequently expressed. Parents verbalized a median of only three praise statements in the 15-minute observed play sessions. On average, only 7% of the parents' statements counted from the parent-child interactions qualified as praise, though these sessions were intended to be a positive one. Yet, nearly 87% of parents reported praising their children "often" or "very often."

Parents' self-reports of their use of criticism was modestly though negatively correlated with their actual use. Specifically, those who reported using criticisms infrequently were actually *more likely* to criticize their children during the 15-minute play session. There are multiple plausible explanations for this finding. First, parents are aware that being critical is a socially undesirable behavior and, therefore, may have reported a more socially acceptable answer. However, it is also possible that parents are truly unaware of how frequently they criticize their children. Indeed, the parents in this sample criticized their children nearly three times more frequently than they praised them (i.e., 8 criticisms versus 3 praise statements) despite their reports to the contrary (77% reported criticizing their children "rarely" or "almost never"). Another explanation relates to the artificial conditions under which the observed behavior sample was obtained. Parents with a stronger tendency to criticize their children may have consciously suppressed those comments during the 15-

minute play session. Nonetheless, it should be noted that despite the possibility that parents may have modified their behavior while being observed, the proportion of parents' critical statements were still nearly twice those of their praise statements (i.e. 13.6% versus 7.6%). We also examined whether two indicators of parents' tendency to hold negative attributions about themselves and their children (i.e. parents' depressive symptoms and parent ratings of their children's externalizing behaviors) affected concordance between self-report and observed behavior. Higher depressive symptom scores were associated with more self-reported use of critical statements. However, parent depression scores did not moderate the relationships between self-reported and observed used of criticism or praise. In addition, parents who rated their children as having more externalizing behavior problems also reported praising their children less often, but the severity of their child behavior problems did not moderate the association between self-reported and observed use of criticism or praise. These data suggest that parents' negative attributions affect how they perceive their children and themselves, but these attributions do not appear to account for the lack of concordance between self-report and observed behavior.

Several study limitations should be noted. First, parents' self-reported use of praise and criticism were each measured from a single item extracted from a parent survey. A single item measure may not be an accurate indicator of parents' perceptions of their use of praise or criticism. Second, the behavior sample used to measure observed parent behavior was derived from a video recorded 15-minute play session. Parents' behavior in this context may not have been representative of their typical behavior. However, being recorded playing with one's child would likely elicit more positive behavior than might be typical. Thus, the number of parent praises observed might have actually been higher and the number of critical statements observed lower than was typical for these participants. Finally, this secondary analysis relied on an existing convenience sample of parents seeking mental health services for their children. As a result, the size of the sample, the study measures used, and the representativeness of the sample were all limited. Additional studies evaluating concordance between parents' self-reports and observed behavior with their children using larger and more diverse samples in both mental health and community populations is warranted to better understand these discrepancies in measurement and best practices for guiding parents in using more positive parenting strategies with their preschool children.

Implications for Practice

Chronic mental health problems in children have now surpassed physical illnesses as one of the five most prevalent disabilities affecting children in the U.S. (Halfon et al., 2012; Slomski, 2012). Their prevalence points to the importance of screening for behavioral and emotional problems in pediatric primary care and identifying appropriate resources for parents (Weitzman et al., 2015).

Thoughtful discussions with parents in primary care settings about positive strategies for supporting their children's behavioral health, supplemented with written materials on how and when to use these strategies, would be an initial step. For example, Bright Futures includes brief handouts on communicating with children in ways that support their self-

esteem (www.brightfutures.org). These handouts, in conjunction with discussions on the importance of parents' positive statements supporting their children's efforts and behavior, would be an important addition to well child visits. Referral to parent training programs, available in many cities across the country, would connect parents to interventions that strengthen parents' use of positive skills, such as praise, and teach alternate strategies for discouraging misbehavior other than criticism. Parent training programs that employ brief video recorded examples of parents using evidence-based parenting strategies to promote positive child behavior may be useful if parents have not previously been exposed to these strategies (e.g., the Chicago Parent Program, the Incredible Years). The National Registry of Evidence-Base Programs and Practices (NREPP), sponsored by the Substance Abuse and Mental Health Services Administration, lists over 70 different parent-training programs. The website also provides critical evaluations of each program's evidence and readiness for dissemination along with program contact information for providers and consumers seeking additional information (www.nrepp.samhsa.gov).

It is important to note that although the parents in this sample were seeking help for their children's behavior, these parents also represent a highly vulnerable population. Most were unemployed and economically disadvantaged; over 46% evidenced high levels of depressive symptoms. It is possible that these parents have experienced little praise and a great deal of criticism in their lives. As a result, their perspective on what constitutes "a lot" of praise and "rare" criticism may be skewed. Moreover, parents raising young children in under-resourced communities may feel the need to "toughen" their children to the realities of life. Thus, critical statements may seem to some parents to be a more responsible and realistic way to prepare their children for adulthood than using praise. The challenge for clinicians is to support parents in preparing their children for life's difficulties by building the self-esteem and resilience that their children will need in order to grow and thrive despite the difficulties.

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Table 1

Sample Characteristics

Parent Characteristics (n=128)	
Age (mean, SD)	34 (10.3)
Relationship to child (n, %)	
Mother	97 (75.8)
Other	31 (24.2)
Race/Ethnicity (n, %)	
African American	86 (67.2)
White	30 (23.4)
Hispanic/Latino	6 (4.7)
Education level (n, %)	
High school graduate or less	79 (61.7)
Some College	28 (21.9)
College graduate or higher	11 (8.6)
Household income <$20,000 or receive Medicaid (n, %)	121 (95.3)
Unemployed (n, %)	82 (64.1)
CESD-R score (mean, SD)	17.8 (15.6)
Score >16 (n, %)	59 (46.1)
Child Characteristics (n=128)	
Age (mean, SD)	3.6 (1.0)
Male (n, %)	70 (54.7)
Externalizing behavior > borderline clinical range (n, %)	53 (41.7)

Table 2

Parents' self-reported and observed use of praise and criticism

Parent Self-Reports	***f (%)***			
"I praise my child…"				
Almost never	1 (0.8)			
Rarely	0 (0)			
Sometimes	16 (12.5)			
Often	46 (35.9)			
Very often	65 (50.8)			
"I criticize my child…"				
Almost never	69 (53.9)			
Rarely	30 (23.4)			
Sometimes	22 (17.2)			
Often	7 (5.5)			
Very often	0 (0)			
Observed parent behaviors	*Median*	*Mean (SD)*	*Range*	*Proportion*[*]
Total praise statements	3	5.8 (7.7)	0 – 48	7.4%
Labeled praise	0	0.3 (0.7)	0 – 4	0.3%
Unlabeled praise	3	5.5 (7.3)	0 – 45	7.1%
Critical statements	8	8.5 (6.6)	0 – 38	13.6%
Other parent verbalizations	48.5	55.8 (35.7)	1 – 155	79.0%
Total verbal behaviors	61	70.1 (43.4)	2 – 201	100%

[*] Proportion of praise or critical statements to all parent verbalizations

Table 3

Bivariate Spearman's rank correlation coefficients for main variables related to parent praise

	1	2	3	4	5
1 Self-Reported Praise		0.32**	0.23**	−0.08	−0.18*
2 Observed Praise			0.89**	−0.05	−0.003
3 Praise as Proportion				−0.001	−.02
4 Parent Depressive Symptoms					0.31**
5 Child Externalizing Behaviors					

* Correlation coefficient significant at p<0.05;

** Correlation significant at p<0.01

Table 4

Bivariate Spearman's rank correlation coefficients for main variables related to parent criticism

	1	2	3	4	5
1 Self-Reported Criticism		−0.21*	−0.05	0.20*	0.15
2 Observed Criticism			0.65**	−0.05	0.13
3 Criticism as Proportion				0.07	0.12
4 Parent Depressive Symptoms					0.31**
5 Child Externalizing Behaviors					

* Correlation coefficient significant at $p<0.05$;

** Correlation significant at $p<0.01$