REPORTS OF CHILD CONDUCT PROBLEMS AND PARENTING STYLES

AMONG ASIAN INDIAN MOTHERS IN THE UNITED STATES

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Meenakshi Lambha

Certificate of Approval:

_____	_____
Steven K. Shapiro Associate Professor Psychology	Elizabeth V. Brestan, Chair Associate Professor Psychology
_____	_____
James F. McCoy Associate Professor Psychology	Joe F. Pittman Interim Dean Graduate School

REPORTS OF CHILD CONDUCT PROBLEMS AND PARENTING STYLES AMONG ASIAN INDIAN MOTHERS IN THE UNITED STATES

Meenakshi Lambha

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Meenakshi Lambha

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Signature of Author

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Date of Graduation

VITA

Meenakshi Lambha is the daughter of Nand and Usha Lambha, of Lawrenceville, Georgia. Born on June 16, 1980 in Gallipolis, Ohio, Meenakshi completed her B.S. at the University of Georgia, graduating Magna cum Laude. She is currently pursuing her doctoral degree in Child Clinical Psychology at Auburn University.

THESIS ABSTRACT

REPORTS OF CHILD CONDUCT PROBLEMS AND PARENTING STYLES

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Meenakshi Lambha

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Parenting in the United States takes on a variety of different characteristics as a result of the cultural diversity. According to Calzada and Eyberg (2002), understanding parenting in the United States can be done through an examination of the various parental goals, values, and behaviors as displayed by our culturally diverse society. Instead, researchers have relied on assumptions of normative child-rearing based on the Caucasian culture, ignoring the role of other cultures in parenting. Recently, several studies focusing on Asian Indian families and parenting styles have focused on Asian Indians in India as well as in other countries such as England, Canada, and the United States (Farver, Narang, Bhadha, 2002; Rao, McHale, Pearson, 2003; Stopes-Roe & Cochrane, 1989). Although studies have been conducted on parenting styles among Asian Indian parents, no studies have addressed the link between mother-reported

behavioral problems of Asian Indian children living in the United States and acculturation. This study fills this gap in research, using a set of questionnaires to assess parental reports of behavior problems in children, parenting constructs (such as parental involvement and monitoring/supervision), and several dimensions of acculturation, respectively. A sample of 56 Asian Indian mothers with children ages 3 to 11 from the Atlanta, Georgia area participated in this study. Findings support good internal consistency for the parent-report measure of child disruptive behavior. The hypothesis that a relationship would emerge between maternal reports of acculturation and child behavior problems was not supported. No relationship was found between maternal reports of acculturation and their reports of internalizing, externalizing or total child behavior problems. In addition, Asian Indian mothers who reported living in the U.S. for a longer period of time also reported more externalizing child behavior problems. The hypothesis that mothers would not report more behavior problems for sons than daughters was supported in that there were no significant differences in reported behavior problems with respect to gender. The hypothesis that there would be significant age effects on both the CBCL Internalizing and Externalizing scales was not supported. In addition, Asian Indian mothers who reported higher levels of acculturation also reported living in the U.S. for a longer period of time. Implications of the present study as well as directions for future research are discussed.

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I. INTRODUCTION

Parenting in the United States takes on a variety of different characteristics as a result of the cultural diversity in this country. According to Calzada and Eyberg (2002), to understand parenting in the United States, one must examine the diversity of parental goals, values, and behavior reflected in our multicultural society. Instead, researchers have relied on inferences of normative child-rearing based on the Caucasian culture, ignoring the role of culture in parenting (Zayas, 1994). A variety of parenting studies found differences in parenting techniques when culture was included, especially those studies focusing on individualistic societies versus collectivistic societies (Rao, McHale, & Pearson, 2003; Russell, Hart, Robinson, & Olsen, 2003). Recently, studies focusing on Asian Indian families and parenting styles have been conducted with Asian Indians in India and in other countries such as England, Canada, and the United States (Farver, Narang, & Bhadha, 2002; Rao et al., 2003; Stopes-Roe & Cochrane, 1989). Although these studies focus a great deal on the acculturation of Asian Indians, they do not focus on behavior problems of Asian Indian children in the United States or elsewhere. Currently, very little information exists regarding child behavior problems among Asian Indian families. Anecdotal reports suggest that child disruptive behavior problems have a low prevalence rate among the Asian Indian population, but empirical support for this notion is lacking. Census reports of the U.S. and India indicate that the Asian Indian population in the United States has been increasing in recent years. In 2000, the U.S.

Census Bureau reported that there were 1,678,756 Asian Indians living in this country, which is double what it was in 1990. In addition, the population of Indians in India was 1,014,003,817 in 2000, which is up from 966,783,171 in 1997. Thus, the Asian Indian population is not only on the rise in the U.S., but also in India.

Collectivistic versus Individualistic Society

Traditionally, Asian Indians have been considered to be collectivistic in nature. In collectivism, the emphasis is put on the individual to understand and act on a strong sense of responsibility toward the group, the family, and the community. Self-worth and esteem are not defined chiefly in terms of individual achievement. Rather, these terms are the derivatives of people's self-sacrificing behaviors that allow for social links and bonds to be created (Greenfield, Quiroz, & Raeff, 2000). Schwartz (1990) suggests that collectivist societies are communal and are characterized by mutual expectations and obligations according to ascribed statuses. Indian societies are also hierarchically organized and patriarchal (Rao et al., 2003). For example, although legally banned in India, the caste system, a carefully ranked, rigidly hereditary social division of society, allows for the clear distinction between those higher up in the caste system versus those on the lower end of the system. Thus, individuals born in the upper part of the caste system are ascribed to lead the life of a wealthy businessman or politician in the Indian society, rather than leading the life of a "peasant."

Social units with common goals and values are also central to collectivistic societies. According to Kakar (1981), even though nuclear, urban-based families have emerged in Indian society, strong ties to relatives are maintained and family boundaries

are permeable among Indian families; thus, Asian Indians tend to view the self and the family as integral rather than separate concepts (Das & Kemp, 1997; Dasgupta, 1998; Segal, 1991). Asian Indian individuals of all ages are expected to make sacrifices on behalf of the group, and the welfare and integrity of the family always supercedes individual needs (Das & Kemp, 1997; Segal, 1991). As Dasgupta (1998) suggests, the pattern for first generation Indians (in a different country from their original place of birth) is to establish their ethnicity by reinventing their original culture on foreign ground. As a result, Asian Indian immigrants are often more "Indian" than the people they left behind in India, and they may maintain a sense of culture that no longer exists in India (Farver et al., 2002). It should also be noted that according to Segal (1991), children are socialized to bring honor to their families, exhibit good behavior, maintain high academic achievement, and contribute to the well being of the family. Clearly, child disruptive behavior disorders are not consistent with typical Asian Indian socialization.

In contrast, the U.S. can be considered an individualistic society in that the core assumption among members of the majority culture is that individuals are independent of one another. Hofstede (1980) defined individualism as focusing on individual rights above duties, a concern for oneself, and basing one's identity on one's personal accomplishments. Schwartz (1990) suggested that individualistic societies consist of narrow primary groups based on social relations with specific obligations and expectations that focus on status. Thus, individualism primarily focuses on personal goals, uniqueness, and control (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985).

According to Greenfield et al., (2000), children in the United States are socialized by their parents to be both socially and economically independent. Parents in more

individualistic cultures often encourage their children to amuse themselves independently and discourage them from requiring constant adult attention (Greenfield & Suzuki, 1998). This emphasis on child independence may result in the expression of more behavioral disorders as a result of less parental involvement and/or guidance to correct for unwanted behaviors (Greenfield & Suzuki, 1998).

Although many ideas seem to be similar between individualistic and collectivistic societies, differences emerge when considering social obligations and expectations focusing on status. Those from a collectivistic society are born into mutual obligations and groups, whereas those in an individualistic society may be born into a specific group, but may be more easily able to move from one group/status to another based on the expectations and obligations of the group and its fit with the individual himself/herself.

Acculturation

In addition to the research described above involving Asian Indians, some studies have considered the acculturation of Asian Indian parents in countries other than India (Farver et al., 2002; Stopes-Roe & Cochrane, 1989). Acculturation can be defined as how ethnic minority individuals adapt to the dominant culture and the associated changes in their beliefs, values, and behavior that result from contact with the new culture and its members (Berry, Trimble, & Olmedo, 1986). Acculturation can also be defined as "the extent to which individuals have maintained their culture of origin or adapted to the larger society" (Phinney, 1996, p. 921). Acculturation may be more stressful for some ethnic groups than for others (Berry & Kim, 1988), with stress levels being higher for

those individuals adapting to a new culture that is vastly different from their culture of origin (Heras & Revilla, 1994; Padilla, 1980; Phinney, 1990; Thomas, 1995).

When conducting parenting research with a multicultural population, acculturation must be taken into consideration. Abe-Kim, Okazaki, and Goto (2001) stated that the acculturation process includes multiple acculturation domains, such as language, customs, attitudes and values. Although developed in 1987, the most widely used measure of acculturation, which is based on the multidimensional model, is the Suinn-Lew Asian Self-Identity Acculturation (SL-ASIA) scale (Suinn, Rickard-Figueroa, Lew, & Vigil, 1987). This scale has been used in several studies involving various Asian populations, including Chinese, Korean, Filipino, Vietnamese, Japanese, Asian Indian, Taiwanese, and many other Asian ethnicities (Liu, Pope-Davis, Nevitt, & Toporek, 1999). In addition, a study conducted by Ponterotto, Baluch, and Carielli (1998) found that the SL-ASIA has a satisfactory level of internal consistency for mainstream Asian American college-age groups.

According to the model of acculturation suggested by Berry, Kim, Power, Young, and Bujaki (1989), there are four ways ethnic group members can associate with their host culture: 1) individuals can assimilate, where they identify solely with the dominant culture and break ties with their own culture; 2) individuals can marginalize, where they reject both their own and the host culture; 3) individuals can separate, where they identify solely with their own group and reject the host culture; and 4) individuals can integrate, where they become bicultural by maintaining characteristics of their own ethnic group while selectively acquiring those of the host culture. Berry et al. (1989) assessed the acculturation strategies of immigrant groups in North America and demonstrated that

integration is the most psychologically adaptive pattern. Integrated or bicultural people experienced less stress and anxiety and manifested fewer psychological problems than those who were marginalized, separated or assimilated. Marginalized people were found to suffer the most psychological distress in that they reported problems with self-identification, cultural alienation, and low self-esteem (Berry et al., 1989).

Research has found that parental acculturation has effects on family functioning and adolescent adjustment. For example, studies have shown that adolescents whose immigrant parents did not adapt to the host culture had more psychological problems than did adolescents whose parents were integrated or assimilated (Barankin, Konstantareas, & deBosset, 1989; Koplow & Messinger, 1990). Also, in families where the immigrant parents were overly identified with their ethnic group, strong ties to the original culture served to separate or marginalize the family from the host culture (Keefe & Padilla, 1987). According to Farver et al. (2002), children of immigrant parents are able to acculturate more quickly to the dominant culture than do their parents, which may contribute to conflict within families and to psychological adjustment problems among second-generation adolescents from many different cultural backgrounds.

The United States, with its large population of Asian Indians, continues to be a country in which the acculturation of Asian Indians can be studied. Although the current population of Asian Indians in the United States has doubled since 1990, fairly little is known about their parenting styles. While studies focusing on Asian Indian parenting have become more prevalent in recent years, studies related to specific parenting issues such as discipline and reports of children with behavior problems have not been conducted. As noted above, conflicts may arise between U.S.-born adolescents and their

immigrant parents, related to differing levels of acculturation and the resultant "acculturation gap." Existing studies reporting on the conduct problems in Asian Indian adolescents have implicated acculturation as part of the cause for the display of problematic behaviors (Farver et al., 2002; Stopes-Roe & Cochrane, 1989). These studies report that problematic behaviors may arise in Asian Indian adolescents as a result of the adolescents acculturating more rapidly to the dominant culture than their parents. Such acculturation differences between parents and adolescents create an "acculturation gap" that may contribute to conflict in Asian Indian families and to psychological adjustment problems among second-generation Asian Indians (Farver et al., 2002; Stopes-Roe & Cochrane, 1989). As a result of the "acculturation gap," immigrant parents often report problems in rearing children in what they call "two cultures" (Farver et al., 2002). However, specific studies focusing on parent-reported behavioral problems of Asian Indian children and dysfunctional discipline practices have not been conducted.

Childhood Disruptive Behaviors

Disruptive behaviors (e.g. aggressive and acting-out behaviors) among children in the United States majority culture have been the focus of attention for a number of years. These disruptive behaviors have been found at young ages, including in children who are in the toddler years (Cummings, Iannotti, & Zahn-Waxler, 1989). The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision (DSM-IV-TR, American Psychiatric Association, 2000) defines three childhood behavior disorders, one being Conduct Disorder (CD), another is Attention-Deficit/Hyperactivity Disorder (ADHD), and the third is Oppositional Defiant Disorder (ODD).

The symptoms defining CD fall into four general categories: aggression to people or animals, destruction of property, deceitfulness or theft, and serious violation of rules (Frick & McCoy, 2001). The estimated prevalence of CD in school-aged children is approximately two to four percent, with increases in this number occurring during adolescence as a result of the later onset of CD (McGee, Feehan, Williams, & Anderson, 1992).

Symptoms of ADHD, based on several studies in clinical and community settings show that there are two main distinct factors defining children with ADHD: 1) inattention and disorganization and 2) hyperactivity and impulsivity (Frick & McCoy, 2001). Frick and McCoy (2001) report that it is difficult to manage such children, which, may lead to conflicts with parents, peers, and even teachers. In addition, ADHD often yields significant impairment in domains such as school functioning, accidental injuries, and adaptive behavior. ADHD occurs in approximately three to seven percent of the school-aged population (American Psychiatric Association, 2000).

Symptoms of ODD include patterns of negativistic, hostile, and defiant behavior (American Psychiatric Association, 2000). ODD is often considered to be a milder form of CD, and is seen more frequently in boys during childhood. During adolescence, equal numbers of boys and girls are diagnosed with ODD (American Psychiatric Association, 2000). Children diagnosed with ODD present with oppositional symptoms such as losing their temper, arguing with adults, refusing to comply with adults' requests or rules, deliberately annoying people, etc. for more than six months (American Psychiatric Association, 2000). The prevalence of ODD has been reported to range from 2% to 16%

depending on the nature of the population sample (American Psychiatric Association, 2000).

According to Loukas, Zucker, Fitzgerald, and Krull (2003), children who display high levels of disruptive behavior problems maintain these problems as they get older. These children are also more likely to experience psychopathology and maladjustment problems such as substance abuse (Kratzer & Hodgins, 1997). According to Kopp (1982), self-regulatory capacities and interpersonal skills may play a role in the display of child disruptive behaviors. As the child gets older, they are better able to regulate their behavioral and emotional expressions, thus leading to a decrease in child behavior problems. Parenting attitudes and practices are related to problematic behaviors in both boys and girls with these disorders, thus, family socialization may be a critical factor in the presence of such disorders in children (Frick & McCoy, 2001).

For example, studies including mothers' ratings of the frequency of child disruptive behaviors have found a relation between maternal reports of behavior problems and the level of parenting stress arising from child characteristics rather than from parent characteristics (Mash & Johnston, 1983). In addition, mothers have been found to report more frequent and problematic child disruptive behaviors than fathers (Eisenstadt, McElreath, Eyberg, & McNeil, 1994).

Parental Reports of Behavior Problems

The identification of families in need of behavioral parent training is a topic of great interest among clinicians and researchers alike. Checklists, rating scales, and other objective parent report data allow for more broad behavioral descriptions, more uniform

administration, and quantifiable results when assessing conduct problem children (Eyberg & Ross, 1978). The Child Behavior Checklist (CBCL; Achenbach, 1991; Achenbach & Rescorla, 2000; Achenbach & Rescorla, 2001) is one example of a psychometrically sound measure of disruptive behavior disorders. The CBCL is a measure of global problem behavior in children, assessing parental reports of child problem behaviors (Greenbaum & Dedrick, 1998). The CBCL also assesses behavior that is consistent with the DSM-IV (American Psychiatric Association, 1994) diagnoses of disruptive behavior problems. The CBCL places a child's behavior within two scales: the Externalizing scale and the Internalizing scale. The Externalizing scale includes subscales such as delinquent behavior and aggressive behavior while the Internalizing scale includes subscales such as withdrawn, somatic complaints, and anxious/depressed. Thus, the CBCL is a popular measure in research and clinical practice because of its ability to assess disruptive behavior disorders and internalizing disorders.

The CBCL has been standardized with Caucasian and African American populations; however, it has also been standardized cross-culturally with the Korean, Thai, Chinese, Korean-American, and Chinese-American samples (Chang, Morrissey, & Koplewicz, 1995; Eisenberg, et al., 2005; Hulei, 2003; Kim, Shin, & Carey, 1999; Weisz & Weiss, 1991; Xianchen et al., 2001). In a previous study, the CBCL was used to compare a group of Korean-American adoptees with their adoptive siblings, who were the biological children of the adoptive parents, with respect to their psychosocial adjustment (Kim et al., 1999). The CBCL has also been used to examine behavioral and emotional problems in Chinese adolescents (Xianchen et al., 2001).

Discipline Practices

Another subject receiving a great deal of focus in the parenting literature is the topic of discipline practices among parents of young children. According to Arnold et al. (1993), in order to "improve early parental discipline practices, it is necessary to have an efficient means of identifying parents whose discipline strategies are counterproductive" (p. 138). These discipline practices may include giving commands to children, criticizing children for their performance at some activity, spanking, or asking excessive questions. Arnold, O'Leary, Wolff and Acker (1993) state that there are certain discipline strategies that appear to contribute to the development and maintenance of externalizing behavior disorders in children. Many studies involving child-rearing have identified associations between reports of harsh, inconsistent, and excessively lax parental discipline and problematic outcomes in children such as delinquency and aggression (Bandura & Walters, 1959; Glueck & Glueck, 1950; McCord, McCord, & Howard, 1961; Nix, Pinderhughes, Dodge, Bates, Pettit, & McFayden-Ketchum, 1999). Studies have found that timing, intensity, and consistency of negative consequences can influence the effectiveness of discipline (Leff, 1969; Parke, 1969; Parke & Walters, 1967).

Shelton, Frick and Wootton (1996), suggest that it is important to measure specific parenting practices rather than just measuring parenting style, which may focus more on the emotional climate within the home rather than the actual discipline practices used by parents within the home environment. Shelton et al. (1996) also noted the importance of the existence of a measure that can be useful to assess parents of both younger and older children alike. One promising measure of parenting is the Alabama Parenting Questionnaire (APQ, Frick, 1991), an assessment system designed to look at

those parenting practices most closely related to disruptive behavior problems in children: parental involvement, monitoring/supervision, use of positive parenting techniques, inconsistency in discipline, and harsh discipline. The APQ has been found to have adequate internal consistency and has been used with different populations, such as elementary school-aged children (Shelton et al., 1996), deaf and hearing children (Brubaker & Szakowski, 2000), Latin-American adolescents (Nichols-Anderson, 2001), African American youth (Lanclos, 2002), and an Australian youth population (Dadds, Maujean & Fraser, 2003). To date, the APQ has not been used with an Asian population.

Although studies have been conducted on a variety of populations using the measures described above, only the CBCL has included an Asian and Asian American population. Hulei (2003) included a sample of thirty-one immigrant Chinese and thirty Caucasian American mothers in a recent investigation of the CBCL. In addition, Kim et al. (1999) used the CBCL to assess the psychosocial adjustment of eighteen Korean-American adopted children. Thus, although much research has been conducted using the CBCL with a variety of populations, research on parental reports of child conduct problems in the Asian Indian population in the United States has not been conducted with the CBCL. The danger in grouping all Asian parents as one sample is that subtle cultural differences, such as religious practices, between subgroups may be lost. Such subtle differences between cultures, which may play a role in parental reports of child behavior problems, were not considered in previous studies that used the CBCL and grouped Asians and Asian Americans together (Eisenberg et al., 2005). Therefore, it is important to address the differences that occur within a culture as well as between cultures.

As discussed above, even minor differences between collectivistic cultures (such as the Chinese and Asian Indian cultures) may result in markedly different parenting styles (Rao et al., 2003). Previous research on socialization goals and child-rearing practices among Asian Indian and Chinese mothers found differences in parenting styles between the two cultures (Rao et al., 2003). For example, Rao et al. (2003) report that Chinese mothers believe that using authoritative practices will interfere with academic achievements and filial behavior, whereas Asian Indian mothers report that authoritative practices can accentuate child achievement. Rao et al. (2003) suggest that the beliefs of Asian Indian mothers may reflect the overarching Hindu beliefs that are present in their lives and Chinese parenting may reflect Confucianism. Both Hindu and Confucian beliefs emphasize the importance of nature over nurture for child development. Although both religions view individual differences as being innate and the environment as important for the child's development, Confucian thought believes that individual differences can be overcome through effort on the part of the parents and the children. Hindus, however, are more accepting of individual differences since their belief stresses that individuals have predetermined limits.

Other culturally determined views of Hinduism and Confucianism influence the type of parenting reflected in Asian Indian and Chinese mothers, respectively. Hindu mothers believe childhood is a carefree period, where the child is seen as a gift from God. Hindu mothers do not discipline to a great extent; instead, children are indulged for the first few years of life (Kakar, 1981). Confucian mothers, on the other hand, believe that a child reaches an "age of understanding" at which time strict discipline is used by Chinese mothers and fathers (Ho, 1986). In both cultures, academic achievement is seen as very

valuable (Rao et al., 2003). The difference between these two cultures arises when considering the Confucian belief that all children, regardless of their innate ability, can be academically successful through the effort they put into academics (Rao et al., 2003). Religious belief systems may be the major differentiating factor between Chinese and Asian Indian parenting styles. Thus, Hinduism may be vital to consider when investigating parenting practices and parental reports on the CBCL among Asian Indians.

Hypotheses

Although previous study of the CBCL included Asians and Asian Americans (along with other ethnic populations in the United States), no study has focused exclusively on Asian Indians residing in the United States. The present study fills this gap in the literature, as Asian Indian mothers were asked to report their child's behavior, their discipline practices and their acculturation into the United States majority culture using the CBCL, the APQ, and the SL-ASIA. The primary objective of this study was to gather standardized data on mother-reported behavioral problems of Asian Indian children living in the United States, particularly those residing in Atlanta, Georgia. The second objective of this study was to gather acculturation information from Asian Indian mothers in order to establish the extent to which these mothers have integrated into the western culture. Another objective of this study was to gather reports of Asian Indian mothers' discipline practices and demographic information. Finally, this study assessed the relation between maternal acculturation and maternal reports of behavioral problems.

The hypotheses of this study were the following:

1. The CBCL, APQ, and SL-ASIA would demonstrate good internal consistency (reliability) with this sample of mothers.

2. It was hypothesized that a relationship would be found between maternal acculturation and child behavior problems.
3. It was hypothesized that no relationship would be found between mothers' reports of behavior problems and child gender
4. It was hypothesized that a relationship would exist between maternal reports of Internalizing and Externalizing problem behaviors and child age.
5. Exploratory analyses were run to determine if any relationships existed between the six scales that make up the APQ. Exploratory analyses were also run to determine if any relationships existed between the six scales that make up the APQ and participants' reports of behavior problems, acculturation, length of residency, child age, and child gender.

II. METHOD

Participants

Participants consisted of 56 Asian Indian mothers between the ages of 30 and 67, gathered from two locations around the metropolitan Atlanta area, the Swaminarayan Temple and Bal Vihar Hindi School. To be included in this study, participants had to report having a child between the ages of 3 and 11 years of age, being of the Hindu religion, and be proficient in English. Participants completed a demographics questionnaire which gathered information on respondent age, socioeconomic status, country of birth, number of years in the United States, age of children in the home, age of target child, religion, and primary language spoken at home with children. Participants also completed several other questionnaires focusing on their reports of acculturation, child behavior problems, and parenting practices. All participants received a monetary incentive (a "Buy One Get One Free" coupon from Bruster's Ice Cream shop) for their active participation.

Measures

Child Behavior Checklist (CBCL; Achenbach, 1991; Achenbach & Rescorla, 2000; Achenbach & Rescorla, 2001). The CBCL comes in two versions, with one used with parents having children between the ages of 1 ½ and 5 and the other used with parents having children between the ages of 6 and 18. The CBCL 1½ to 5 is a 100-item

questionnaire that provides a standardized assessment of internalizing and externalizing behavior problems in children between the ages of 1 ½ and 5 years. The CBCL 6 to 18 consists of 126 items, with the first part including 13 items that explore child and adolescent social competence (degree of participation in home and school activities, and relationships with peers, siblings, and parents). The second part of the CBCL 6 to 18 measures child and adolescent behavioral and emotional problems, and also provides a standardized assessment of internalizing and externalizing behavior problems in children between the ages of 6 and 18. Childhood syndromes assessed include: withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior, and aggressive behavior. The CBCL has been shown to discriminate between referred and nonreferred children (Achenbach, 1991; Achenbach & Rescorla, 2000; Achenbach & Rescorla, 2001) and to predict symptom severity (i.e., none, mild, and severe) within diagnostic groups (Achenbach, 1991; Achenbach & Rescorla, 2000; Achenbach & Rescorla, 2001). The CBCL is easy to administer and may be scored either manually or via computer. Test-retest reliability for the CBCL 1 ½ to 5 and CBCL 6 to 18 was found to range between .95 and 1.00 (Achenbach, 1991; Achenbach & Rescorla, 2000; Achenbach & Rescorla, 2001). In addition, criterion validity was found to be acceptable for both versions of the CBCL (Achenbach, 1991; Achenbach & Rescorla, 2000; Achenbach & Rescorla, 2001). In this study, the emotionally reactive, anxious/depressed, somatic complaints, withdrawn, attention problems, aggressive behavior, and rule-breaking behavior scales were used.

The CBCL 1 ½ to 5, reported on Internalizing and Externalizing Problem domains, as well as the total problems the participants reported. The Internalizing scales

consisted of the following scales: Emotionally Reactive, Anxious/Depressed, Somatic Complains, and Withdrawn. The Emotionally Reactive scale consists of nine items, with raw scores ranging from 0 to 18; the Anxious/Depressed scale consists of eight items, with raw scores ranging from 0 to 16; the Somatic Complaints scale consists of eleven items, with raw scores ranging from 0 to 22; and the Withdrawn scale consists of eight items, with raw scores ranging from 0 to 16. The Externalizing domain on the CBCL 1 ½ to 5 consisted of the following scales: Attention Problems and Aggressive Behaviors. The Attention Problems scale consists of five items, with raw scores ranging from 0 to 10; and the Aggressive Behavior scale consists of 19 items, with raw scores ranging from 0 to 38. *T*-scores for the CBCL 1 ½ to 5 ranged from 50 to 100, with scores within the normal range ranging from 50 to 64, borderline clinical scores ranging from 65 to 69, and clinically significant scores being 75 and above. For each item on the CBCL 1 ½ to 5, participants reported on a scale of 0–not true, 1–somewhat true, and 2–often true how accurate each behavior description was of their child at the time of their report, or within the past six months.

The CBCL 6-18 also reported on Internalizing and Externalizing domain problems as well as the total problems reported by the participants. The Internalizing Problem domain consisted of the following scales: Anxious/Depressed, Withdrawn/Depressed, and Somatic Complaints. The Externalizing Problem domain consisted of the following scales: Rule-Breaking Behavior and Aggressive Behavior. The Anxious/Depressed scale consists of 13 items, with raw scores ranging from 0 to 26; the Withdrawn/Depressed scale consists of eight items, with raw scores ranging from 0 to 16; the Somatic Complaints scale consists of eleven items, with raw scores ranging from 0 to

22; the Rule-Breaking Behavior scale consists of 17 items, having raw scores ranging from 0 to 34; and the Aggressive Behavior scale consists of 18 items, with raw scores ranging from 0 to 36. *T*-scores for the CBCL 6 to 18 ranged from 50 to 100, with scores within the normal range ranging from 50 to 64, borderline clinical scores ranging from 65 to 69, and clinically significant scores being 75 and above. For each item on the CBCL 6 to 18, participants reported on a scale of 0–not true, 1–somewhat true, and 2–often true how accurate each behavior description was of their child at the current time, or within the past six months.

In order to assess participants' current reports of their children's behavior problems, participant responses were scored via the Assessment Data Manager, a scoring program designed for the Child Behavior Checklist (CBCL, Achenbach, 1991; Achenbach & Rescorla, 2000; Achenbach & Rescorla, 2001). The scoring program produced total raw scores and *T*-scores for each of the participants' responses on their respective CBCL parent forms. The participants were provided with the CBCL parent form that was consistent with their child's age; thus, participants with children between the ages of 3 and 5 were given the CBCL 1 ½-5, and participants with children between the ages of 6 and 11 were given the CBCL 6-18.

Alabama Parenting Questionnaire (APQ; Frick, 1991). The APQ is a 42-item questionnaire that assesses a number of parenting constructs, including: parental involvement, monitoring/supervision, use of positive parenting techniques, inconsistency in discipline, and harsh discipline. The APQ consists of 35 items that assess these five parenting constructs that have been found to be consistent with reports of conduct problems (Shelton et al., 1996). This questionnaire consists of a Parental Involvement

scale (10 items), a Positive Parenting scale (6 items), a Poor Monitoring/Supervision scale (9 items, an Inconsistent Discipline scale (6 items), and a Corporal Punishment scale (3 items). The APQ also has 7 additional items that measure specific discipline practices other than corporal punishment, and were included so that corporal punishment items were not asked in isolation from other forms of discipline. This scale has four assessment formats with items that are analogous on each of them: parent and child global report forms, and parent and child telephone interviews. Items on the global report occur on a 5-point frequency scale (1=*never* to 5=*always*) in order for "typical" frequency of parenting behavior exhibited at home to be reported. The APQ is easy to administer and requires no computer scoring, as scoring can be done by hand. The parent report of poor monitoring and supervision had an internal consistency of .73 and the child report of parental involvement had an internal consistency of .75 (Frick, 1991). In this study, the Parent Involvement, Positive Parenting, Poor Monitoring/Supervision, Inconsistent Discipline, Corporal Punishment, and Other Discipline Practices scales were used.

In order to assess participants' current discipline practices, the scores for the Alabama Parenting Questionnaire (APQ) were summed to produce the scale scores that make up the APQ. For each item on the APQ, participants reported how often they engage in each activity on a scale of 1 (Never) to 5 (Always). The Parental Involvement scale consists of ten items, with scores ranging from 10 to 50; the Positive Parenting scale consists of 6 items, with scores ranging from 6 to 30; the Poor Monitoring/Supervision scale consists of 10 items, with possible scores ranging from 10 to 50; the Inconsistent Discipline scale consists of 6 items, with scores ranging from 6 to 30; the Corporal

Punishment scale consists of 3 items, with scores ranging from 3 to 15; and the Other Discipline Practices scale consists of 7 items, with scores ranging from 7 to 35.

Elevated scores for the positive parenting scales (Parental Involvement and Positive Parenting) on the APQ are considered to be those scores that are 1 standard deviation below the sample mean. With respect to the negative parenting scales (Poor Monitoring/Supervision, Inconsistent Discipline, and Corporal Punishment), elevated scores are considered to be those that are one standard deviation above the mean (Shelton, Frick, & Wootton, 1996). With regard to the Other Discipline Practices scale, no elevated score considerations were given.

Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987; Suinn, Ahuna, Khoo, 1992). The SL-ASIA is a 26-item questionnaire, with the first 21 items covering several dimensions of acculturation, including language, identity, choice of friends, behaviors, generation /geographic history, and attitudes, and the last five items focusing on acculturation as a multi-dimensional and orthogonal variable rather than a linear, uni-dimensional variable. Participants are asked to rate each item on a 5-point scale with responses ranging from *very Asian* to *very Anglicized.* Alpha coefficients previously reported for this scale (reporting on the original 21 items) have ranged from .72 to .91 (Suinn et al., 1987; Suinn et al, 1992). In this study, the total scale score on the SL-ASIA was calculated as the mean of ratings across the original 21 items, with the range being from 1 to 5, with higher scores indicating higher levels of acculturation to the U.S. American culture.

Although the participants were given the SL-ASIA in its entirety (26 items), the last five items have not been used in previous research and, thus have no statistical data to support their inclusion (Suinn, Ahuna, & Khoo, 1992). As such, this study focused on the original 21-items. In order to assess participants' level of acculturation, the responses by each participant were summed and divided by the total number of items (21 items) on the acculturation measure (SL-ASIA; Suinn et al., 1987) to determine the average score for each participant.

Demographic Questionnaire. Participants in this study were also asked to report demographic information regarding their age, socioeconomic status, country of birth, number of years in the United States, age of children in the home, age of target child, religion, and primary language spoken at home with children.

Procedure

After obtaining IRB approval, participants were recruited through two locations in the metropolitan Atlanta area, the Swaminaryan Temple of Atlanta and Bal Vihar Hindi . The researcher made announcements at these two locations regarding the study and asked for the participation of mothers with children between the ages of 3 and 11. Mothers obtained a packet of questionnaires to complete and return. Some participants completed the questionnaires on site, some took them home to complete and returned them to the researcher during a later recruitment visit, and other mothers completed the questionnaires at home and returned the packets with a self-addressed stamped envelope via mail. Participants were asked to fill out the questionnaires to the best of their ability and encouraged to contact the researcher if they had any questions about the packet. The

participants received a monetary incentive, consisting of a “Buy One Get One Free” Bruster’s Ice Cream coupon, for their participation.

III. RESULTS

Participant Characteristics

While a total of 56 Asian Indian mothers participated in the study, only 55 of these mothers reported their age. These 55 participants were between the ages of 30 and 67 (M = 36.18, SD = 6.095). Participants had children between the ages of 3 and 11 (M=6.59, SD=2.555). Twenty-nine (51.8%) of the children were male and 27 (48.2%) of the children were female. As per the requirements of the study, all of the mothers were Hindu (n=56). The participants of this study reported various languages as being the primary language(s) spoken in their home (see Table 1). Table 2 presents the level of education reported by the participants of this study. Most participants reported having an undergraduate college degree or a higher level of education.

Table 1

Primary Language(s) Spoken in the Home

Language	***n***	**%**
English	15	26.8
Hindi	6	10.7
Gujrati	13	23.2
Punjabi	3	5.4
English and Hindi	7	12.5
English and Gujrati	2	3.6
English and Punjabi	1	1.8
Hindi and Gujrati	1	1.8
Malayalam	1	1.8
Tamil	1	1.8
Marathi	1	1.8
English and Marathi	1	1.8
English, Tamil, Malayalam	1	1.8

Table 2

Mother's Level of Education

Level of Education	***n***	**%**
High School	7	12.5
Bachelor's in College	20	35.7
Graduate Education	26	46.4

Of the 56 total participants, 55 reported the length of time they have resided in the United States. These mothers reported being in the United States for an average of 12.57 years (*SD*=7.366). It should be noted that out of the 55 participants who reported on their residency, 54 participants reported their country of birth as being India, while one participant reported being born in the United States. Although only one subject reported being born in the U.S., she was kept in the study after determining that other mothers had come to the U.S. in their childhood and have spent a substantial amount of their childhood, adolescence, and adulthood in the U.S.

Internal Consistency

In this study, internal consistency analyses were run to determine the reliability of the measures used for this Asian Indian sample. First, internal consistency analyses were run for all of the items on the SL-ASIA. The SL-ASIA had good internal consistency (Cronbach's Alpha=.746), suggesting that the items making up this measure correlate highly with each other for this sample of Asian Indian mothers.

Internal consistency analyses were also conducted on the APQ measure as a whole, with findings suggesting that the APQ had good internal consistency (Cronbach's Alpha = .725). Reliability analyses were also run on each individual scale making up the APQ. Analyses on the ten-item Parental Involvement scale resulted in good internal consistency (Cronbach's Alpha = .749). Good internal consistency was also found for the Positive Parenting scale (Cronbach's Alpha = .777) and the Poor Monitoring/Supervision scale (Cronbach's Alpha = .763). With respect to the Inconsistent Discipline scale, poor internal consistency was found (Cronbach's Alpha = .550). Poor internal consistency was

also found for the Corporal Punishment scale (Cronbach's Alpha = .249). Fair internal consistency was found for the Other Discipline Practices scale (Cronbach's Alpha = .623). Thus, the items making up the APQ correlate highly with each other for this sample of Asian Indian mothers; however, items making up some of the APQ scales (Inconsistent Discipline, Corporal Punishment, and Other Discipline Practices) do not correlate highly with each other for this sample of Asian Indian mothers.

The CBCL 1 ½ to 5 measure was also analyzed for internal consistency. It should be noted, however, that although all of the items on the CBCL 1 ½ to 5 were analyzed, due to some of the items having zero variance, they were removed from the analyses. Therefore, the internal consistency analyses for this measure were based on those items that did not have zero variances. For the complete measure, excellent internal consistency was found (Cronbach's Alpha = .958), suggesting that this measure may be appropriate for use with samples of Asian Indians. Internal consistency was also found for the items making up the Internalizing Problem domain and the Externalizing Problem domain. With respect to the Internalizing Problem domain, good internal consistency was found (Cronbach's Alpha=.913). Good internal consistency was also found for the Externalizing Problem domain (Cronbach's Alpha=.874). As was done with the APQ, Internal consistency analyses were also run on each of the Syndrome Scales on the CBCL 1 ½ to 5. Good internal consistency was found for the Somatic Complaints scale (Cronbach's Alpha=.861), the Withdrawn scale (Cronbach's Alpha=.733), the Sleep Problems scale (Cronbach's Alpha=.728), and the Aggressive Behavior scale (Cronbach's Alpha=.815). Fair Internal consistency was found for the Emotionally Reactive scale (Cronbach's

Alpha=.691), the Anxious/Depressed scale (Cronbach's Alpha=.689), and the Attention Problems scale (Cronbach's Alpha=.691).

Internal consistency analyses were also run on the CBCL 6 to 18 measure. It should be noted, however, that items with zero variance were removed from the analyses. Therefore, the internal consistency analyses for this measure were based on those items that did not have zero variances. For the complete measure, excellent internal consistency was found (Cronbach's Alpha = .952), suggesting that the items making up this measure correlate highly with each other for this sample of Asian Indian mothers. Internal consistency analyses were also run for the items making up the Internalizing Problem domain and the Externalizing Problem domain. Good internal consistency were found for both the Internalizing Problem domain (Cronbach's Alpha = .892) and the Externalizing Problem domain (Cronbach's Alpha = .704). Internal consistency analyses were also run on each of the Syndrome Scales on the CBCL 6 to 18 measure. Good internal consistency was found for the Anxious/Depressed scale (Cronbach's Alpha = .801), the Social Problems scale (Cronbach's Alpha = .714), and the Attention Problems scale (Cronbach's Alpha = .758). Fair internal consistency was found for the Withdrawn/Depressed scale (Cronbach's Alpha = .642), the Somatic Complaints scale (Cronbach's Alpha = .630), the Thought Problems scale (Cronbach's Alpha = .694), and the Aggressive Behavior scale (Cronbach's Alpha = .610). Poor internal consistency was found for the Rule-Breaking Behavior scale (Cronbach's Alpha = .480).

Maternal Acculturation

Mothers reported an average of 2.35 (n = 47, SD = .355) on the acculturation scale. According to the SL-ASIA scale, the participants of this study reported a fairly low level of acculturation into the U.S. majority culture, as indicated by their reports of lower scores on the acculturation scale.

Parental Discipline Practices

The average APQ Parental Involvement score reported by participants was 41.07 (n = 54, SD = 4.60), with scores ranging from 27 to 50. On the APQ Positive Parenting scale, participants reported an average score of 26.13 (n = 55, SD = 3.01), with scores ranging from 17 to 30. With respect to the APQ Poor Monitoring/Supervision scale, participants reported an average score of 15.06 (n = 50, SD = 5.86), with scores ranging from 10 to 34. With regard to the APQ Inconsistent Discipline scale, participants reported an average score of 14.42 (n = 55, SD = 3.40), with scores ranging from 8 to 20. The average APQ Corporal Punishment scale score reported by participants was 5.13 (n = 56, SD = 1.87), with scores ranging from 3 to 13. With respect to the APQ Other Discipline Practices scale, participants reported an average of 18.02 (n = 56, SD = 4.02), with scores ranging from 11 to 28.

Maternal Reports of Behavior Problems

Participants reporting on the CBCL 1 ½ to 5 reported an average Internalizing Problem domain raw score of 7.48 (n = 21, SD = 7.06), with scores ranging from 0 to 27. With respect to the Externalizing Problem domain, participants reported an average raw score of 6.29 (n = 21, SD = 6.100), with scores ranging from 0 to 21. Participants

reported an average raw score of 23.33 (*n* = 21, *SD* = 19.96), with scores ranging from 0 to 70 on the Total Problems domain (see Table 4). With regard to the scales that make up the Internalizing Problem domain, participants reported an average raw score of 1.19 (*n* = 21, *SD* = 1.72) with scores ranging from 0 to 7. The average Anxious/Depressed scale raw score reported by participants was 2.38 (*n* = 21, *SD* = 2.16) with scores ranging from 0 to 7. Participants reported an average raw score of 1.81 (*n* = 21, *SD* = 2.58) with scores ranging from 0 to 11. Participants reported an average raw score of 2.10 (*n* = 21, *SD* = 2.12) with scores ranging from 0 to 6. With respect to the scales making up the Externalizing Problem domain, participants reported and average raw score of 1.57 (*n* = 21, *SD* = 1.60) with scores ranging from 0 to 5. On the Aggressive Behavior scale, participants reported an average raw score of 4.71 (*n* = 21, *SD* = 4.86) with scores ranging from 0 to 17.

Participants reporting on the CBCL 6 to 18 reported an average raw score of 4.86 (*n* = 28, *SD* = 5.31) with scores ranging from 0 to 27 on the Internalizing Problem domain. On the Externalizing Problem domain, participants reported and average raw score of 2.93 (*n* = 28, *SD* = 2.81) with scores ranging from 0 to 10. With respect to the Total Problem domain, participants reported an average raw score of 15.11 (*n* = 28, *SD* = 13.96) with scores ranging from 0 to 66. With regard to the scales that make up the Internalizing Problem domain, participants reported an average raw score of 2.89 (*n* = 28, *SD* = 2.89) with scores ranging from 0 to 14 on the Anxious/Depressed scale. On the Withdrawn/Depressed scale, participants reported an average raw score of 0.93 (*n* = 27, *SD* = 1.57) with scores ranging from 0 to 7. The average Somatic Complaints scale raw score reported by participants was 1.04 (*n* = 88, *SD* = 1.48) with the scores ranging from

0 to 6. With respect to the scales making up the Externalizing Problem domain, participants reported an average raw score of 0.64 (*n*=28, *SD*=1.03) with scores ranging from 0 to 4. On the Aggressive Behavior scale, participants reported an average raw score of 2.29 (*n*=28, *SD*=2.34) with scores ranging from 0 to 10.

Relationship between Reports of Child Behavior Problems, Maternal Acculturation, and Length of Maternal Residency in the United States

Correlations were run to assess whether or not a relationship existed between participant reports of acculturation, length of residency in the U.S., and reports of child behavior problems on the CBCL (see Tables 3 and 4).

Table 3

Acculturation, Length of Residency, & CBCL 1 ½ to 5 (Raw Score) Problem Correlations

	CBCL Internalizing	CBCL Externalizing	CBCL Total Problems	SL-ASIA
SL-ASIA	-.083	.304	.121	
Number of years in U.S.	.106	.575**	.327	.427**

*$p < .05$ **$p < .01$

Table 4

Acculturation, Length of Residency, & CBCL 6 to 18 (Raw Score) Problem Correlations

	CBCL Internalizing	CBCL Externalizing	CBCL Total Problems	SL-ASIA
SL-ASIA	-.213	-.094	-.163	
Number of years in U.S.	.020	.083	.082	.427**

*$p < .05$ **$p < .01$

Relationship between Child Gender, Child Age, and Reports of Behavior Problems

Correlations were run to determine if any relationships existed between the child's gender and maternal reports of child behavior problems (see Tables 5 and 6). Correlations were also run to assess for relationships between child age and maternal reports of child behavior problems (see Tables 5 and 6).

Table 5

Child Gender, Child Age and CBCL 1 ½ to 5 Correlations

	CBCL Internalizing	CBCL Externalizing	CBCL Total Problems
Child Gender	.145	-.120	.052
Child Age	.255	-.143	.060

*$p < .05$ **$p < .01$

Table 6

Child Gender, Child Age and CBCL 6 to 18 Correlations

	CBCL Internalizing	CBCL Externalizing	CBCL Total Problems
Child Gender	.235	.261	.274
Child Age	-.020	.088	-.025

*$p < .05$ **$p < .01$

Relationship between Discipline Practices, Reports of Behavior Problems, Acculturation, Length of Maternal Residency, Child Gender, and Child Age

Exploratory correlational analyses were run to assess for any relationships between the five APQ scales with adequate internal consistency (see Table 7). Exploratory correlational analyses were also run between the five APQ scales and participants' reports of behavior problems, acculturation, length of residency, child gender, and child age (see Tables 8 and 9).

Table 7

APQ Scales Correlations

APQ Scales	Positive Parenting	Poor Monitoring/Supervision	Inconsistent Discipline	Other Discipline Practices
Parental Involvement	.560**	-.205	-.028	.185
Positive Parenting		-.188	.073	.324*
Poor Monitoring/Supervision			.316**	-.112
Inconsistent Discipline				.206

*$p < .05$ **$p < .01$

Table 8

APQ scales and Acculturation, Length of Maternal Residency, Child Gender, and Child Age Correlations

APQ Scales	Acculturation (SL-ASIA)	Child Gender	Child Age	Length of Residency
Parental Involvement	-.184	.212	-.016	-.050
Positive Parenting	.159	.068	-.042	.302*
Poor Monitoring/Supervision	.491**	-.210	.081	-.158
Inconsistent Discipline	.393**	.008	-.132	.061
Other Discipline Practice	.347*	.193	-.081	.452**

*$p < .05$ **$p < .01$

Table 9

APQ Scales and Child Behavior Problems Correlations

APQ Scales	CBCL (1 ½ to 5) Int. Raw Scores	CBCL (1 ½ to 5) Ext. Raw Scores	CBCL (1 ½ to 5) Total Problem Raw Scores	CBCL (6 to 18) Int. Raw Scores	CBCL (6 to 18) Ext. Raw Scores	CBCL (6 to 18) Total Problem Raw Scores
Parental Involvement	.032	-.328	-.222	-.008	.129	.064
Positive Parenting	.441	.162	.344	.003	-.097	-.043
Poor Monitoring/ Supervision	-.256	-.303	-.338	-.334	-.150	-.298
Inconsistent Discipline	.023	.099	.081	.181	.236	.221
Other Discipline Practice	-.074	.106	-.035	.014	.105	.124

*$p < .05$ **$p < .01$

IV. DISCUSSION

The purpose of this study was to examine factors related to the behavioral problems of Asian Indian children living in the United States. To accomplish this goal, the primary investigator gathered data on maternal reports of child behavior, maternal acculturation, maternal discipline practices, and demographics. Although past research involving Asian parents has focused on acculturation and its influence on parenting behavior (Farver, Narang, & Bhadha, 2002; Rao et al., 2003; Stopes-Roe & Cochrane, 1989), no study has focused exclusively on Asian Indians residing in the United States. Thus, the present study fills a gap in the literature by exploring acculturation, reports of child behavior problems, and discipline practices of Asian Indian mothers residing in the Southeastern United States. This study hypothesized that: 1) the study measures would demonstrate good internal consistency with this sample, 2) a relationship would be found between maternal acculturation and child behavior problems, 3) no relationship would be found between maternal reports of child behavior problems and gender, and 4) a relationship would be found between maternal reports of internalizing and externalizing problem behaviors and child age. Finally, exploratory analyses were conducted with the APQ.

Internal Consistency

The hypothesis that the CBCL would demonstrate good internal consistency was supported, with both subscales in the CBCL 1 ½ to 5 and CBCL 6 to 18 demonstrating excellent internal consistency. The hypothesis that the APQ and SL-ASIA would demonstrate good internal consistency was also supported. Thus, it seems that the items making up these measures correlate highly with each other for this sample of Asian Indian mothers. It should be noted, however, that the internal consistency of the CBCL 1 ½ to 5 and the CBCL 6 to 18 syndrome scales ranged from poor to excellent. With respect to the internal consistency of the CBCL 6 to 18 measure, the items making up the Rule-Breaking Behavior syndrome scale demonstrated poor internal consistency for this sample. The low consistency for the items in this scale suggests that the Rule-Breaking Behavior scale may not be an adequate measure of the "rule breaking" construct for this sample. Some of the items on this scale may focus on behaviors that Asian Indian mothers do not endorse as representative of their children based on child age, gender, or religion. Overall, however, the internal consistency findings of this study are comparable with what others have found (Achenbach, 1991; Achenbach & Rescorla, 2000; Achenbach & Rescorla, 2001; Frick, 1991; Suinn, Rickard-Figueroa, Lew, & Vigil, 1987). Further research should be conducted with a larger sample of Asian Indian mothers to confirm the internal consistency of these scales. In addition, these measures could be administered to Asian Indian fathers in the Southeast, as well as in other parts of the U.S., to determine whether or not the items that make up the scale are highly correlated for such samples.

Relationship between Reports of Child Behavior Problems, Maternal Acculturation, and Length of Maternal Residency in the United States

Child Behavior Problems and Maternal Acculturation. The hypothesis that a relationship would emerge between maternal reports of acculturation and child behavior problems was not supported. No relationship was found between maternal reports of acculturation and their reports of internalizing, externalizing or total child behavior problems. One possible explanation for this may be that power may have been a factor in that since there were two different CBCL (Achenbach, 1991; Achenbach & Rescorla, 2000; Achenbach & Rescorla, 2001) forms that were used, two separate analyses run to finding any relationship between child behavior problems and maternal acculturation. Thus, since the total sample had to be divided for the purpose of the analyses, this resulted in a smaller sample size for both of the analyses. Therefore, it is suggested that this study be conducted with a larger sample size for both versions of the CBCL.

However, the reports of acculturation should be interpreted carefully, since the participants of this study reported, on average, a fairly low level of acculturation into the U. S. majority culture. As such, there was little variability in the acculturation level of the present sample, and most participants reported beliefs and customs more aligned with the Asian Indian way of life than the U.S. majority culture. Perhaps the relatively low acculturation level of the present sample is not surprising given that there are many Asian Indian communities in the U.S. that act as support systems for Asian Indians (Bacon, 1999). These communities tend to promote traditional values and beliefs and Asian Indians in the U.S. can choose whether to follow family traditions, to incorporate the beliefs of their host culture, or to adopt a view that is consistent with both cultures

(Bacon, 1999). These findings are consistent with the reports of Sodowsky and Carey (1988) who found that in their sample, most Asian Indians reported themselves as being "More Asian Indian than American" or bicultural ("Indo-American;" p. 20). It is likely that while being somewhat influenced by Western values, Asian Indian mothers in the U.S. may mostly identify with their Indian, Hindu ethnic origin with respect to how they view child behavior problems and the extent to which they report such problems (Suinn, Ahuna, & Khoo, 1992). Finally, mental illness carries stigma and shame within the Asian Indian population (Durvasula & Mylvaganam, 1994). Thus, it is likely that less acculturated mothers may still retain traditional beliefs with regard to mental illness in general, believing that their reports of any child behavior problems may bring a certain amount of stigma or shame to them and to their families. As a result, the mothers in this sample may have been hesitant to report any significant child behavioral problems.

In addition, the location of data collection, particularly the Swaminarayan Temple, may have influenced the reports of low levels of acculturation by this particular sample. Specifically, it may be that the mothers attending temple may be those who are interested in keeping with and following traditional Indian customs, thus resulting in them reporting lower levels of acculturation than those Asian Indian mothers who do not attend temple on a regular basis. This level of acculturation can also be influenced by the collectivistic cultural and religious traditions passed on by family and the large Asian Indian community in Atlanta.

The low level of acculturation reported by this sample could also be influenced by the birth country and residency status of the participants of this study. As noted above, this sample is not representative of U.S.-born Asian Indian mothers living in the Atlanta

area, which may have influenced the low level of acculturation reported by this sample of mothers. The low representation of U.S.-born Asian Indian mothers in this sample, and the low average of length of residency in the U.S., may be indicative of the effects of the U.S. Immigration Act of 1965, which resulted in many Asian Indians immigrating to the U.S. in their twenties for professional development (Ramisetty-Mikler, 1993; Balaguru, 2005). Those Asian Indians who immigrated to the U.S. not only began to establish themselves professionally, but also raised their families in the U.S. The children of this population are just now forming families of their own, which may explain why the sample of Asian Indian mothers in this study does not contain many second-generation U.S.-born Asian Indian mothers. Anecdotally, although some of the U.S.-born Asian Indians encountered during data collection had children, these children were too young to meet the requirements of this present study. It is likely that if this study were to be conducted again in the near future, the sample of Asian Indian mothers may contain more U.S.-born mothers.

Child Behavior Problems and Length of Residency in the United States. Although not hypothesized, the length of U.S. residency was related to maternal reports of child behavior problems for this sample. Specifically, mothers who reported having children between the ages of 3 and 5, and reported living in the U. S. for longer periods of time, also reported more externalizing child behavior problems. It is unclear why this study found a link between length of U.S. residence and reports of child behavior problems (and not between acculturation and behavior problems) but a few possibilities exist. The significant correlation between child behavior problems and length of time in the U.S. may have occurred because mothers who have lived in the U. S. for a longer period of

time have adopted the western belief that reporting behavioral problems (or other mental health problems) and receiving professional psychological help is not stigmatizing (Tata & Leong, 1994). Also, it may be that long-time U.S. residents know about the symptoms related to externalizing behavior problems (e.g., familiarity with the numerous advertisements for ADHD drug treatment on television and in the U.S. print media). In addition, externalizing behavior problems are prevalent in younger children, thus, it may be that these mothers were able to more easily report on externalizing behavior problems they observe as a result of their younger children displaying more of these behaviors than do older children. Although participants in this study did not report being highly acculturated into the U.S. majority culture, it appears that those residing in the U.S. for a long period of time have been influenced by the host culture in some way. These mothers could be culturally integrated in that they have maintained characteristics of their own ethnic group while selectively acquiring some aspects of the host culture (Berry, Kim, Power, Young, & Bujaki, 1989). In this way, living in the U.S. for a long time does not automatically mean that a given individual is acculturated to the majority culture. Rather, having a large Asian Indian community in the U.S. may promote preservation of Asian Indian culture and traditions within the U.S context.

It should be noted that no relationship was found between maternal reports of behavior problems and length of residency for the mothers reporting on the CBCL 6 to 18 (older children). As discussed above, this may be due to power being a factor for these results. Thus, the use of a larger sample size is suggested. In addition, it may be that those mothers reporting on older children have not lived in the U.S. for as long as those having younger children, and/or have been influenced by the availability of the large Asian

Indian community in Atlanta; thus, they may retain more of the minority culture's belief that reporting on any behavior problems, or other mental health problems may be stigmatizing not only to the child, but to the family as well.

Relationship between Child Gender, Child Age, and Reports of Behavior Problems

The hypothesis that no relationship would be found between mothers' reports of behavior problems and child gender was supported. Despite the confidential nature of the study questionnaires, stigma may have led mothers in this sample to underreport child behavior problems for both their sons and daughters (Bhatia, Khan, Mediratta, & Sharma, 1987; Cochrane and Stopes-Roe, 1981). Alternatively, Asian Indian parents may be more tolerant of child behavior problems than mothers from other cultural groups. Rao et al. (2003) indicated that Asian Indian parents are more accepting of child differences in emotional expressions and this tolerance could result in parents reporting fewer behavior problems for both their sons and daughters. A follow-up study could address whether stigma or tolerance influences Asian Indian reports of child behavior. This follow-up study could include a self-report measure of parental tolerance such as the Child Rearing Inventory (CRI; Brestan, Eyberg, Algina, Johnson, & Boggs, 2003) to determine the extent to which parental tolerance plays a role in maternal reports of child behavior problems. In addition, it should be noted that although no significant relationships were found between child gender and child behavior problems for either the younger or older children, there seems to be a stronger relationship between the variables for the older children.

The hypothesis a relationship would exist between maternal reports of internalizing and externalizing problem behaviors and child age was not supported. A review of the literature has yielded no existing research in this area and the present study is the first study to address the relationship between child age and maternal reports of child behavior problems for this population. The results of the present study suggest that according to this sample of Asian Indian mothers, no relationship exists between maternal reports of internalizing and externalizing problem behaviors and child age. However, as discussed above, the stigma of reporting mental health problems and maternal tolerance of child behavior could be influential in this finding as well. Finally, it should be noted that with regard to the relationship between child behavior problems and both child gender and child age, it is possible that power could once again be a factor. Thus, a larger sample size should be used in future studies so as to allow for higher power.

Discipline Practices

The hypothesis that examined various relationships among the APQ scales yielded many significant results. Positive parenting was associated with several other parenting scales. Specifically, those mothers who reported using more positive parenting techniques with their children also reported being more involved with their children. This finding is consistent with reports that Asian Indian mothers are more involved with their children relative to Asian Indian fathers (Lamb, 1977; New & Benigni, 1987; Roopnarine, Talukder, Jain, Joshi, & Srivastav, 1990). Asian Indian mothers have also been found to display more positive parenting techniques such as holding their infants

and displaying affection towards their children than fathers (Lamb, 1977; New & Benigni, 1987; Roopnarine et al., 1990). In this study, mothers who reported using more positive parenting techniques reported using more positive discipline techniques such as removing privileges and using time-outs.

The emphasis on positive parenting may be related to socialization goals of the Hindu culture as well as some key religious beliefs. According to the collectivistic ideology of Asian Indians, the self is an integral, rather than separate, part of the family; therefore, children are taught that their behavior reflects not only upon themselves, but on their family and their community. Thus, based on Hindu beliefs and traditions, children are socialized to be obedient (Segal, 1991). Children are also expected to demonstrate good behavior, which Asian Indians believe brings honor to their family (Segal, 1991).

In addition, Asian Indians who practice Hinduism also believe in karma. This belief that their future destiny is the result of their present deeds (Sodowsky & Carey, 1987) may influence the way in which parents raise their children. Specifically, their belief in karma may contribute to the corresponding belief that if they practice corporal punishment, rather than positive parenting, they may receive a comparable punishment for their behavior towards their children. Thus, Hindu beliefs may influence the parenting techniques used by Asian Indian mothers.

According to Veylanswami (2005), Hindu scriptures advise parents to focus on solutions when children misbehave rather than punishing them. According to Hinduism, discipline should concentrate on teaching the child rather than focusing on punishment. Hinduism teaches that when a child errs, it means that there is some knowledge the child

is missing, and “thoughtful parents need to figure out what that knowledge is and teach it to the child in a way he or she can grasp and remember (p. 20-21, Veylanswami, 2005).” Although socializing the child through teaching is a more time-consuming process than spanking, it leads to far more permanent and positive results (Veylanswami, 2005). Hindu scriptures teach parents that there are more effective forms of discipline than corporal punishment such as time-out, logical consequences, and denial of privileges, which allow the parents to teach their children about the consequences of their misbehavior (Veylanswami, 2005). In this manner, parents who use positive parenting techniques as measured by the APQ appear to fulfill the Hindu belief that parents are the teachers of socialization and appropriate behavior for their children.

Mothers who reported using poor supervision on the APQ also reported using inconsistent discipline techniques with their children. Although it makes intuitive sense that these constructs would be related, it is unclear how prevalent these techniques are among Asian Indian mothers. It is possible that the mothers who reported poor supervision and inconsistent discipline techniques in this sample are part of an extended family in which in-laws (i.e., mother-in-law, father-in-law, brother-in-law, or sister-in-law) live under the same roof with the mother and child. In this situation, multiple caregivers would be available to monitor children while the mother engages in activities outside of the home (e.g., supporting the family financially through work). Thus, these mothers may become accustomed to having a permanent in-home caregiver who assumes the responsibility of caring for, supervising, and disciplining her children. It may also be that husbands are the primary disciplinarians in these households and extended family

members who provide childcare may report misbehavior to the participant's husband rather than to the participant herself.

Examination of various relationships between the APQ scales, reports of behavior problems, acculturation, length of residency, child age and child gender also yielded significant results. Mothers residing in the U.S. for a longer period of time also reported greater use of positive parenting and other discipline techniques. This, again, may reflect that Asian Indian mothers, especially those first-generation mothers, follow Hindu scriptures that advocate for positive and constructive parenting techniques (Ramisetty-Mikler, 1993; Veylanswami, 2005).

In addition, participants who reported being more acculturated also reported using inconsistent discipline techniques. This may reflect problems first-generation Asian Indians meet as they face the challenges of retaining and affirming their Indian ethnicity and collectivistic beliefs while living in the U.S., a society that believes in individualism. Thus, while they are trying to implement discipline techniques that the Hindu religion emphasizes, these mothers may be influenced by the individualistic beliefs of the U.S.. Rather than serving as a strength, the integration of Hindu and western parental discipline ideologies could result in inconsistent parenting and discipline techniques. With regard to the extended family, inconsistent parenting may result when family members influence the mothers' discipline techniques. For example, a mother who decides to punish her child by spanking the child may be told by her mother-in-law that she should not punish her child in that way. Because collectivism and Hinduism teach respect for elders, the mother would follow her mother-in-law's comments and change her discipline strategies – possibly resulting in maternal inconsistent discipline behavior.

Farver, Narang, and Bhadha (2002) stated that the usual pattern for first-generation Asian Indians is to establish their ethnicity within their host culture, which often involves the reinvention of their Indian traditions and culture in this new place. They indicated that many immigrant families retain the culture that they left behind in their home country, resulting in the retention of cultural norms and values that may no longer exist in India itself (Farver, Narang, & Bhadha, 2002). Thus, it is likely that these mothers, who mostly reported being first-generation Asian Indians, may retain the Hindu beliefs with regard to positive parenting. These mothers may also follow those parenting techniques that they see as being consistent between traditional Hindu beliefs and western ideologies of the U.S. such as using positive parenting techniques versus using corporal punishment practices.

It should be noted that along with inconsistent discipline, mothers who reported being more acculturated also reported less supervision of their children. This may be a result of the mothers adopting more of an individualistic ideology in socializing their children to be socially independent, thus discouraging them from requiring constant adult attention. Also, as discussed above, the mothers may not be the primary caregivers to their children, which resulted in them reporting less supervision of their children.

In addition, mothers who reported being more acculturated and living in the U.S. longer reported greater use of other positive discipline techniques with their children. As discussed above, this may show that while the Hindu religion emphasizes positive discipline techniques, these Asian Indian mothers may have learned additional positive parenting techniques from their host culture. Asian Indian mothers may see a commonality between their Asian Indian culture and the culture of the U.S. with regard to

the use of positive parenting, which may reinforce their use of such discipline practices. Another reason for the practice of positive parenting may be the stigma attached to negative types of discipline. As has been discussed above, Asian Indian parents residing in other countries exhibit concern with regard to the stigma of reporting mental health problems (Bhatia et al., 1987; Cochrane & Stopes-Roe, 1981), and this concern about stigma may also be attached to reports of negative parenting or discipline practices. As a result, even more acculturated Asian Indian parents may fear the stigma related to children with behavior problems and the use of negative discipline techniques.

Finally, it should be noted that although analyses were run to determine whether or not any relationships existed between the APQ scales and reports of child behavior problems, no significant relationships were found. As has been discussed above, one possible explanation for these findings is that power may have been a factor. It seems that having to run two separate analyses for the two versions of the CBCL resulted in smaller sample sizes, which may have then resulted in lower power.

Limitations and Future Directions

Although this study provides important information with regard to acculturation, parenting techniques, and reports of child behavior problems related to Asian Indians, several limitations exist. First, religion may play an important role in the results of this study as all of the participants were practicing Hindus. As Rao et al. (2003) reported, differences in parenting between distinct Asian-collectivist cultures may be based on different religious beliefs (i.e., Hinduism, Buddhism, Christianity, etc.). These subtle cultural differences exist not only between distinct Asian cultures, but also within the

Asian Indian population. Because Asian Indians practice a number of religions (e.g., Christianity, Buddhism, and the Muslim faith) the findings of this study cannot be generalized to non-Hindu Asian Indian mothers. As such, future studies should include Asian Indian parents with a wide range of religious beliefs.

Fathers have been neglected in child-oriented research for all cultural groups (Brestan et al., 2003; Rao et al., 2003) and this study is no exception. According to Kakar (1981) and Rao, McHale, and Pearson (2003), the Asian Indian mother is the primary caretaker of her children. Although Asian Indian mothers exercise control through their children, the Asian Indian father is considered more dominant and stern (Kakar, 1981). Based on such literature, the primary investigator decided to use mothers exclusively in this study. However, the use of Asian Indian mothers in this study limits the generalizability of the results of this study to Asian Indian fathers or other caregivers. Future studies may focus on reports of parenting techniques, acculturation, and reports of child behavior problems with an Asian Indian father sample. A comparison of Asian Indian mothers and fathers' reports is also warranted.

Another possible limitation of this study is that the participants were recruited from the same Southeastern U.S. city. As such, this study does not allow for an accurate sampling of Asian Indian mothers residing in other parts of the United States. Again, the generalizability of these results to mothers residing in other parts of the U.S. is difficult. As Bacon (1999) stated, some urban areas of the U.S. have well-established Asian Indian communities which may support the traditional Hindu parenting techniques, whereas rural areas of the U.S. may lack supportive Asian Indian communities. Thus, parenting

among Asian Indians residing in the U.S. may be influenced by the region they live in as well as the availability of a supportive Asian Indian community. Potential future studies may focus on researching Asian Indian parents in other regions of the U.S., including both urban and rural areas of the U.S. This regional investigation would allow for a more in-depth look at various Asian Indian samples residing in different parts of the U.S.

Finally, this study used a sample of mothers with children in a specific age range (between the ages of 3 and 11). Although this age range of children is wide, the findings of this study may not generalize to samples of Asian Indian mothers with children outside of this age range. As previous studies (Dasgupta, 1998) have indicated, conflicts between Asian Indian parents and adolescents revolve around disapproval of mainstream American attitudes toward dating and adolescents' desire for independence, especially with regard to marriage and career. In addition, according to Matsuoka (1990), Asian adolescents residing in the United States were influenced by the independence and autonomy characteristic of the American individualistic society and relied more on their peers as models for identity than on their families. Adolescence is a time of development for children of all cultures, with their interactions with parents taking a different form and with adolescents becoming more intimate with and influenced by peers (Santrock, 2004). Developmental changes from childhood to adolescence may influence the behavior of second and third generation Asian Indian adolescents, which may result in different maternal reports of child behavior problems. Future studies could explore parental reports of child behavior problems, acculturation, and parenting techniques for Asian Indian parents with adolescent children. Longitudinal studies focusing on parental reports of child behavior problems, acculturation, and parental techniques could also be conducted,

so as to provide information with regard to changes in such reports as Asian Indian parents move from parenting children to parenting adolescents in the U.S.

The area of parenting and the Asian Indian population – both within India proper and within other countries – has received relatively little research attention to date. As a result, a number of projects could provide important information about the parenting practices common to Asian Indians. Specifically, a comparison of first-generation and second-generation Asian Indian parental reports of discipline techniques, acculturation, and child behavior problems can be studied. In addition, Asian Indian parents in India could be studied. Such a study would involve a translation of the APQ, CBCL, SL-ASIA, and the demographics questionnaire into Hindi; however, in doing this kind of study, a cross-cultural comparison of the parenting techniques and reports of child behavior problems could be ascertained.

Most importantly, there are some measurement flaws that need to be addressed in the area of Asian Indian acculturation. Although the acculturation measure used in this study (SL-ASIA; Suinn et al., 1987) was the only one developed to be used with the Asian population, the scale seemed better suited for use with Asian populations such as the Japanese, Chinese, and Koreans. It should be noted that during data collection, one participant voiced her concern with regard to the researcher's use of the SL-ASIA, indicating that the scale seemed to be targeted towards other Asian populations but not the Asian Indian population. The researcher found many problems with using the SL-ASIA with the Asian Indian population and in general. First, it seems that many of the participants of this study felt that some of the questions on the measure had more than

one response that described them best, such as the amount of contact they had with their country of origin (India). While they were told by the researcher to choose the one response that best described their contact with their country of origin, some participants still responded to this and other questions by choosing more than one answer, and thus they had to be omitted from the sample. In addition, some of the questions and responses on the SL-ASIA seemed to be vague and not detailed enough for the participants to respond in an accurate manner. It is recommended that the wording of both the instructions for the scale and the items that make up the scale be changed to better reflect the culture of the participants filling out the questionnaire.

With regard to the hypothesis that maternal acculturation would be significantly related to maternal reports of child behavior problems, the length of U.S. residency seemed to be a better variable to use than the SL-ASIA to address maternal exposure to the U.S. majority culture. It is possible that the SL-ASIA was not an accurate measure of acculturation issues pertaining to the Asian Indian population in this study. Therefore, the development of an acculturation scale for use specifically with the Asian Indian population is warranted. Through such a measure, more focus can be placed on cultural identity issues pertinent to the Asian Indian population rather than on the Asian population as a whole. Eventually the new acculturation measure could be used to address the influences of western ideologies, such as individualism, on parents and parenting.

Finally, research (Bhatia et al., 1987) and anecdotal evidence suggest that due to the stigma related to reporting problem child behaviors, few Asian Indians seek treatment for children with behavior problems. Thus, the results of this study may eventually help

decrease the stigma of seeking services for problem children as it provides normative data on the prevalence of disruptive behavior among the Asian Indian population in the Southeast. It is hoped that this line of research may ultimately lead to improved outcomes for Asian Indian children with behavior problems.

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APPENDIX A

DEMOGRAPHICS QUESTIONNAIRE

Demographics Questionnaire

1. Mother/Female Guardian's Age _____
2. Age of child being reported (between the ages of 3 and 11) _____
3. Number of people within the immediate family (please list the number of individuals and their relation to you)_____
   _____
   _____
   _____
   _____
4. Family Annual Income _____
5. Mother/ Female Guardian 's Country of Birth _____
   _____
6. Number of years mother/female guardian has been in the United States _____
   _____
7. Mother/ Female Guardian's Occupation _____
   _____
   _____
8. Mother/Female Guardian's Religion _____
   _____
9. Mother/ Female Guardian's level of education (e.g., high school, college, graduate education, etc.) _____
   _____
   _____
10. Father/ Male Guardian's Occupation _____
    _____
    _____
11. Father/Male Guardian's Religion _____
    _____

12. Father/Male Guardian's level of education (e.g., high school, college, graduate education, etc.) _____
_____
_____

13. Languages spoken in the home _____
_____
_____

14. Primary language spoken with child(ren) at home _____
_____
_____

15. Number of children within the household (please list the relation of these children to you – e.g., son, daughter, niece, nephew, etc.) _____
_____
_____
_____
_____

16. Number of other people (besides immediate family) within the household (PLEASE SPECIFY EACH INDIVIDUAL PERSON) _____
_____
_____
_____
_____
_____

17. Who is the person within the household who does the most disciplining with the child(ren)? _____
_____
_____
_____
_____
_____

APPENDIX B

SUINN-LEW ASIAN SELF-IDENTITY ACCULTURATION SCALE

QUESTIONNAIRE

SUINN-LEW ASIAN SELF-IDENTITY ACCULTURATION SCALE (SL-ASIA)

INSTRUCTIONS: The questions which follow are for the purpose of collecting information about your historical background as well as more recent behaviors which may be related to your cultural identity. Choose the one answer which best describes you.

1. What language can you speak?
    1. Asian only (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
    2. Mostly Asian, some English
    3. Asian and English about equally well (bilingual)
    4. Mostly English, some Asian
    5. Only English

2. What language do you prefer?
    1. Asian only (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
    2. Mostly Asian, some English
    3. Asian and English about equally well (bilingual)
    4. Mostly English, some Asian
    5. Only English

3. How do you identify yourself?
    1. Oriental
    2. Asian
    3. Asian-American
    4. Chinese-American, Japanese-American, Korean-American, etc.
    5. American

4. Which identification does (did) your mother use?
    1. Oriental
    2. Asian
    3. Asian-American
    4. Chinese-American, Japanese-American, Korean-American, etc.
    5. American

5. Which identification does (did) your father use?
    1. Oriental
    2. Asian
    3. Asian-American
    4. Chinese-American, Japanese-American, Korean-American, etc.
    5. American

6. What was the ethnic origin of the friends and peers you had, as a child up to age 6?
    1. Almost exclusively Asians, Asian-Americans, Orientals
    2. Mostly Asians, Asian-Americans, Orientals
    3. About equally Asian groups and Anglo groups
    4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
    5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

7. What was the ethnic origin of the friends and peers you had, as a child from 6 to 18?
   1. Almost exclusively Asians, Asian-Americans, Orientals
   2. Mostly Asians, Asian-Americans, Orientals
   3. About equally Asian groups and Anglo groups
   4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
   5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

8. Whom do you now associate with in the community?

   1. Almost exclusively Asians, Asian-Americans, Orientals
   2. Mostly Asians, Asian-Americans, Orientals
   3. About equally Asian groups and Anglo groups
   4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
   5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

9. If you could pick, whom would you prefer to associate with in the community?

   1. Almost exclusively Asians, Asian-Americans, Orientals
   2. Mostly Asians, Asian-Americans, Orientals
   3. About equally Asian groups and Anglo groups
   4. Mostly Anglos, Blacks, Hispanics, or other non-Asian ethnic groups
   5. Almost exclusively Anglos, Blacks, Hispanics, or other non-Asian ethnic groups

10. What is your music preference?

    1. Only Asian music (for example, Chinese, Japanese, Korean, Vietnamese, etc.)
    2. Mostly Asian
    3. Equally Asian and English
    4. Mostly English
    5. English only

11. What is your movie preference?
    1. Asian-language movies only
    2. Asian-language movies mostly
    3. Equally Asian/English English-language movies
    4. Mostly English-language movies only
    5. English-language movies only

12. What generation are you? (circle the generation that best applies to you:)

1 1st Generation = I was born in Asia or country other than U.S.
2 2nd Generation = I was born in U.S., either parent was born in Asia or country other than U.S.
3 3rd Generation = I was born in U.S., both parents were born in U.S, and all grandparents born in Asia or country other than U.S.
4 4th Generation = I was born in U.S., both parents were born in U.S, and at least one grandparent born in Asia or country other than U.S. and one grandparent born in U.S.
5 5th Generation = I was born in U.S., both parents were born in U.S., and all grandparents also born in U.S.

6 Don't know what generation best fits since I lack some information.

13. Where were you raised?
    1. In Asia only
    2. Mostly in Asia, some in U.S.
    3. Equally in Asia and U.S.
    4. Mostly in U.S., some in Asia
    5. In U.S. only

14. What contact have you had with Asia?
    1. Raised one year or more in Asia
    2. Lived for less than one year in Asia
    3. Occasional visits to Asia
    4. Occasional communications (letters, phone calls, etc.) with people in Asia
    5. No exposure or communications with people in Asia

15. What is your food preference at home?
    1. Exclusively Asian food
    2. Mostly Asian food, some American
    3. About equally Asian and American
    4. Mostly American food
    5. Exclusively American food

16. What is your food preference in restaurants?
    1. Exclusively Asian food
    2. Mostly Asian food, some American
    3. About equally Asian and American
    4. Mostly American food
    5. Exclusively American food

17. Do you
    1. Read only an Asian language?
    2. Read an Asian language better than English?
    3. Read both Asian and English equally well?
    4. Read English better than an Asian language?
    5. Read only English?

18. Do you
    1. Write only an Asian language?
    2. Write an Asian language better than English?
    3. Write both Asian and English equally well?
    4. Write English better than an Asian language?
    5. Write only English?

19. If you consider yourself a member of the Asian group (Oriental, Asian, Asian-American, Chinese-American, etc., whatever term you prefer), how much pride do you have in this group?
    1. Extremely proud
    2. Moderately proud
    3. Little pride
    4. No pride but do not feel negative toward group
    5. No pride but do feel negative toward group

20. How would you rate yourself?
    1. Very Asian
    2. Mostly Asian
    3. Bicultural
    4. Mostly Westernized
    5. Very Westernized

21. Do you participate in Asian occasions, holidays, traditions, etc.?
    1. Nearly all
    2. Most of them
    3. Some of them
    4. A few of them
    5. None at all

22. Rate yourself on how much you believe in Asian values (e.g., about marriage, families, education, work):

1	2	3	4	5
(do not believe)				(strongly believe in Asian values)

23. Rate your self on how much you believe in American (Western) values:

1	2	3	4	5
(do not believe)				(strongly believe in Asian values)

24. Rate yourself on how well you fit when with other Asians of the same ethnicity:

1	2	3	4	5
(do not fit)				(fit very well)

25. Rate yourself on how well you fit when with other Americans who are non-Asian (Westerners):

1	2	3	4	5
(do not fit)				(fit very well)

26. There are many different ways in which people think of themselves. Which ONE of the following most closely describes how you view yourself?

1. I consider myself basically an Asian person (e.g., Chinese, Japanese, Korean, Vietnamese, etc.). Even though I live and work in America, I still view myself basically as an Asian person.
2. I consider myself basically as an American. Even though I have an Asian background and characteristics, I still view myself basically as an American.
3. I consider myself as an Asian-American, although deep down I always know I am an Asian.
4. I consider myself as an Asian-American, although deep down, I view myself as an American first.
5. I consider myself as an Asian-American. I have both Asian and American characteristics, and I view myself as a blend of both.

Suinn, R. M., Rickard-Figueroa, K., Lew, S., & Vigil, P. (1987). The Suinn-Lew Asian Self-Identity Acculturation Scale: An initial report. *Educational & Psychological Measurement, 47(2),* 401-407.

Suinn, R. M., Ahuna, C., & Khoo, G. (1992). The Suinn-Lew Asian self-identity acculturation scale: Concurrent and factorial validation. *Educational and Psychological Measurement, 52,* 1041-1046.

APPENDIX C

ALABAMA PARENTING QUESTIONNAIRE

The University of New Orleans
Alabama Parenting Questionnaire (APQ)
(Parent Form)

Child's Name: _____ ID#: _____

Parent Completing Form(Circle one): Mother Father Other: _____

Instructions: The following are a number of statements about your family. Please rate each item as to how often it TYPICALLY occurs in your home. The possible answers are Never (1), Almost Never (2), Sometimes (3), Often (4), Always (5). PLEASE ANSWER ALL ITEMS.

	Never	Almost Never	Sometimes	Often	Always
1. You have a friendly talk with your child.	1	2	3	4	5
2. You let your child know when he/she is doing a good job with something.	1	2	3	4	5
3. You threaten to punish your child and then do not actually punish him/her.	1	2	3	4	5
4. You volunteer to help with special activities that your child is involved in (such as sports, boy/girl scouts, church youth groups).	1	2	3	4	5
5. You reward or give something extra to your child for obeying you or behaving well.	1	2	3	4	5
6. Your child fails to leave a note or to let you know where he/she is going.	1	2	3	4	5
7. You play games or do other fun things with your child.	1	2	3	4	5
8. Your child talks you out of being punished after he/she has done something wrong.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
9. You ask your child about his/her day in school.	1	2	3	4	5
10. Your child stays out in the evening past the time he/she is supposed to be home.	1	2	3	4	5
11. You help your child with his/her homework.	1	2	3	4	5
12. You feel that getting your child to obey you is more trouble that it's worth.	1	2	3	4	5
13. You compliment your child when he/she does something well.	1	2	3	4	5
14. You ask your child what his/her plans are for the coming day.	1	2	3	4	5
15. You drive your child to a special activity.	1	2	3	4	5
16. You praise your child if he/she behaves well.	1	2	3	4	5
17. Your child is out with friends you don't know.	1	2	3	4	5
18. You hug or kiss your child when he/she has done something well.	1	2	3	4	5
19. Your child goes out without a set time to be home.	1	2	3	4	5
20. You talk to your child about his/her friends.	1	2	3	4	5
21. Your child is out after dark without an adult with him/her.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
22. You let your child out of a punishment early (like lift restrictions earlier than you originally said).	1	2	3	4	5
23. Your child helps plan family activities.	1	2	3	4	5
24. You get so busy that you forget where your child is and what he/she is doing.	1	2	3	4	5
25. Your child is not punished when he/she has done something wrong.	1	2	3	4	5
26. You attend PTA meetings, parent/teacher conferences, or other meetings at your child's school.	1	2	3	4	5
27. You tell your child that you like it when he/she helps out around the house.	1	2	3	4	5
28. You don't check that your child comes home at the time she/he was supposed to.	1	2	3	4	5
29. You don't tell your child where you are going.	1	2	3	4	5
30. Your child comes home from school more than an hour past the time you expect him/her.	1	2	3	4	5
31. The punishment you give your child depends on your mood.	1	2	3	4	5
32. Your child is at home without adult supervision.	1	2	3	4	5

	Never	Almost Never	Sometimes	Often	Always
33. You spank your child with your hand when he/she has done something wrong.	1	2	3	4	5
34. You ignore your child when he/she is misbehaving.	1	2	3	4	5
35. You slap your child when he/she has done something wrong.	1	2	3	4	5
36. You take away privileges or money from your child as a punishment.	1	2	3	4	5
37. You send your child to his/her room as a punishment.	1	2	3	4	5
38. You hit your child with a belt, switch, or other object when he/she has done something wrong.	1	2	3	4	5
39. You yell or scream at your child when he/she has done something wrong.	1	2	3	4	5
40. You calmly explain to your child why his/her behavior was wrong when he/she misbehaves.	1	2	3	4	5
41. You use time out (make him/her sit or stand in a corner) as a punishment.	1	2	3	4	5
42. You give your child extra chores as a punishment.	1	2	3	4	5

Frick, P. J. (1991). *The Alabama Parenting Questionnaire*. Unpublished instrument, University of Alabama.